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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:	Macroon Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Macroon, Cork
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0000578
Fieldwork ID:	MON-0049623

## About the designated centre

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

Macroom Community Hospital dates from the 1930's. There is significant work being undertaken to modernise and renovate the building. It is a designated centre run by the Health Service Executive (HSE) and is located in the urban setting of Macroom town with nearby amenities of shops, banks, churches and walkways. It is a single storey building. Bedroom accommodation comprises 38 beds with 24 single rooms, four three bedded rooms and one twin bedroom all with shower, toilet and wash-hand basin en suite facilities. Additional toilet facilities are available throughout the centre. Communal areas comprise three day rooms, a quiet library room, two dining rooms with kitchenette facilities. Additional seating areas along corridors have views of the outdoor gardens. Residents have access to three secure outdoor courtyard garden spaces. Macroom Community Hospital 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:	32
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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 11 February 2026	09:00hrs to 17:45hrs	Erica Mulvihill	Lead

## What residents told us and what inspectors observed

This unannounced inspection, was conducted by an inspector of social services over one day as part of ongoing regulatory monitoring of the service and to follow up on previous inspection findings. The inspector had concerns regarding the governance of premises and infection prevention and control as outlined further in the report.

The inspector spoke with residents, visitors and staff and spent time gaining an insight into the daily lives of residents. The inspector met with many of the residents living in the centre and spoke to five residents in more detail, and met with three visitors. The overall feedback from residents was how caring and kind staff in the centre were, with one resident stating "they are extremely busy but will never rush you" and stated that they receive "great care".

Macroom Community Hospital is a single story designated centre for older people registered to accommodate 38 residents, situated in the town of Macroom, Co. Cork. The centre had recently been extended and refurbished with the addition of four three bedded rooms and communal spaces. Two of these three bedded rooms were vacant on the day of the inspection. Bedroom accommodation in the centre overall consisted of 24 single rooms, one twin room and four three bedded rooms. All bedrooms were furnished with large bespoke wardrobes and lockers which were gifted by the hospital's charity partners " Friends of Macroom Hospital". A number of residents and families had personalised their rooms with pictures hung on display and some had furniture brought from home to create a more homely feel. One resident was observed to have their own laptop/tablet and used these throughout the course of the day with good internet access reported.

On arrival to the centre, the inspector saw that the new reception area was not in use despite it being registered for use in June 2025. The staff were continuing to use the ambulance service entrance that was the temporary entrance. At this temporary entrance, there was a sign in procedure, which the inspector followed. The inspector observed signage for visitors to wear masks and posters displaying information to increase awareness of Infection prevention and control which was on the entrance door. The inspector was met by a member of the care staff and was signposted to the Director of Nursing office. The inspector spoke with this staff member to enquire if there were any residents sick or in isolation, having regard for all the signage and masks, to which they were informed there were not.

Upon meeting the person in charge, a walk around of the centre commenced. The inspector observed the daily care environment and staff interactions with residents. The inspector was informed by the person in charge that all residents had chosen to have breakfast in bed. At 1030am, there was only two residents that were dressed and ready for the day. The inspector observed that many residents had high care requirements which required the assistance of two staff. Care staff overall, were seen to be attentive, but were seen to be very busy, having to tend to many

residents intermittently who required assistance. A short introductory meeting was held after, where the person in charge confirmed that one resident was unwell but no infection concerns were indicated.

The centre had a hairdresser who called once a week. On the morning of the inspection, the inspector observed that the hairdresser was unable to perform her duties as one staff who spoke to them, stated the residents were very sleepy. Two residents told the inspector how they had experienced chesty coughs and "had to have the doctor" in the days preceding the inspection. One resident described feeling "very flu-like" and recalled they had seen the doctor for the cough and was told it was "viral". One of the residents spoken to, was being treated for a chest infection as indicated on the care records, was observed to have a very chesty cough which was ongoing and was sitting in the day room being assisted by the activities staff during the morning of the inspection. Furthermore, on reviewing the nursing handover reports, two more residents were confirmed as being unwell over and overnight reports detailed that one of these resident was reported as "very chesty". No isolation precautions were put in place by staff to prevent onward transmission to residents, staff and visitors for these residents. The inspector was concerned that an outbreak had gone undetected in the centre and issued an immediate action to the person in charge and management team to implement their outbreak management plan. Staff only commenced wearing face masks at this time.

Staff were observed to assist residents mid morning who wished to attend the day room where mass was on the television. An activity coordinator, who worked three days a week in the centre, was observed having chats and interacting respectfully with the residents. Residents spoke very highly about the activity staff and one resident stated "its a shame we cant have something on every day, a few days a week are boring as we don't have someone to organise things to keep us busy, the other staff try but are busy with their own work". This lack of social stimulation will be discussed further under Regulation 15: Staffing.

Residents told the inspector the food was "restaurant standard" and that they had plenty of choice. One resident stated "the kitchen staff go above and beyond to make us delicious meals cooked to perfection". Mealtimes looked appetising and residents who required assistance were seated in the adjacent sitting room where staff were noted to be kind and respectful when assisting them. Residents meeting minutes were reviewed and it was evident that residents were asked their opinion on the food served in the centre and any feedback was relayed to the kitchen to continuously improve mealtimes for residents.

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

## Capacity and capability

This was an unannounced inspection over 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. The findings of this inspection were that the governance and management arrangements in place were not sufficiently robust and did not ensure that the service provided to residents was safe and effectively monitored. There were ineffective systems in place in relation to Infection prevention and control and training and staff supervision in this area. Action was also required in relation to care plans and premises to achieve regulatory compliance. These will be detailed under the relevant regulations.

An immediate action was issued on the day of the inspection to the provider as the inspector had concerns that an outbreak had been undetected in the centre for a number of days and had not been recognised or managed. The inspector reviewed four residents records who were reported as having respiratory symptoms, none of the residents had isolation precautions in place during the period of displaying respiratory illness. Nursing staff and the clinical nurse manager had confirmed that none of the residents had been tested for respiratory viruses. One resident who was displaying respiratory symptoms currently, did not have isolation precautions in place. The clinical nurse manager informed the inspector that there was eleven staff out sick at the time of the inspection, one staff member was confirmed to have a respiratory illness. Action was required in relation to staff recognising the infection risk, and ensuring that isolation precautions were in place for residents with respiratory symptoms. The training schedule in place was reviewed and while most of the mandatory training was up to date for staff, training records indicated a number of staff required mandatory refresher training in Infection prevention and control modules as they were out of date. This is outlined further under Regulation 27: Infection prevention and control and under Regulation 16: Training and staff development.

The registered provider of the centre is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a clinical nurse manager and a team of nursing, health care, household, catering, activity, administration and maintenance staff. The person in charge reports to a General Manager in the HSE, who the management team have access to for consultation and support on a daily basis. The service is also supported by centralised departments, such as human resources, fire and estates and practice development. There was evidence of staff meetings and the person in charge was involved in governance meetings with the General Manager and other persons in charge in HSE designated centres for Older Persons.

The provider had been granted a certificate of renewal of registration of the centre which took effect from April 2024. As part of this process, the Chief Inspector assesses the governance and management arrangements of the registered provider. Although it was evident that there was a defined management structure in place and the lines of authority and accountability were outlined in the centres statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centres' registration. The provider was required to review these arrangements and was afforded until the 31st October,

2024 to do so. However, at the time of this inspection, these senior managers had yet to be named on the centres registration.

A review of staff roster records showed that an assigned staff member to provide social stimulation for residents were only available to residents three days a week and opportunities for social engagement outside of these days was limited. The inspector noted overall, that residents living in the centre required high levels of care interventions. Nurses reported to the inspector that they were constantly being called from medication rounds to assist with residents who required assistance during their shift. The centres refurbished Abbey unit had twelve beds of which only six were open, the inspector was informed that this was due to a lack of staffing. The provider was in the process of recruitment and had a plan to use agency staff to assist the shortfall in the interim. This will be actioned under Regulation 15: Staffing.

The provider had not taken action to ensure the premises as registered was fully in operation which will be further outlined under Regulation 17: Premises

### Regulation 15: Staffing

Action was required to ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents living in the centre:

- A review of rosters showed there was a lack of staffing allocated to provide social engagement for residents in the centre. Activities were only provided three days a week, staff in the centre reported difficulties in providing activities outside of these times and two staff stated the day room can remain unsupervised at times during these days.
- nurses reported that due to the dependencies of the residents they were called away from medication administration to provide care and assistance to residents

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Action was required to ensure that staff received training appropriate for their role to ensure that any outbreaks of infection were detected and managed in line with guidelines.

- On reviewing the centres' training matrix, 50% of staff in the centre were required to complete their mandatory infection prevention and control refresher training as they were out of date.

- Supervision of nursing staff was inadequate as evidenced by the failure to recognise that four residents had symptoms of respiratory infection in the days before the inspection and an outbreak of a viral illness was not suspected or managed to ensure residents were provided with appropriate isolation precautions to reduce the risk of onward transmission.

Judgment: Not compliant

### Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centres' registration. This condition stated that: "The registered provider shall, by the 31st October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre".

Management systems in place were not sufficiently robust and required action to ensure the service is safe, appropriate, consistent and effectively monitored

- There was a lack of oversight of staff training with many staff overdue mandatory training in Infection prevention and control modules this is further outlined under Regulation 16: Training and staff development.
- There was a failure in governance and management arrangements to ensure residents were protected due to the delay in the timely detection and effective management of an outbreak (two or more cases) of acute respiratory illness as outlined under Regulation 27: Infection prevention and control

Parts of the centre that were registered for use in June 2025 but the registered provider had not ensured they were in use.

At the time of the inspection.

- Six recently refurbished and registered beds in the centre remained unopened
- The reception area was not in operation
- The oratory was not in use for residents to enjoy
- A hairdressing room, remained unfinished and was used as a storage area by staff.

Judgment: Not compliant

### Regulation 31: Notification of incidents

All incidents recorded in the centre requiring notification to the Office of the Chief Inspector were submitted within the required timeframe as per regulatory requirements.

Judgment: Compliant

## Quality and safety

While the inspector found that residents living in the centre were observed to be content, the findings of the inspection were that ineffective governance and management systems impacted the quality and safety of care to residents. Action was required in relation to Infection prevention and control findings.

All residents had a care plan developed within 48 hours of admission to the centre and validated assessment tools were used. A sample of care plans were reviewed, whilst many were person centred, some assessments were not updated when a change in a residents condition became apparent and therefore the care plan was not updated to direct care for staff. These findings will be discussed under Regulation 5: Individual assessment and Care plan.

Residents had good access to their General Practitioner (GP) and upon reviewing care plans there was good evidence of ongoing review as required. Allied Health professionals were available upon referral to the centre and one resident had physiotherapy in the centre on Fridays. The person in charge assured the inspector that the referral process was providing timely access to services for residents. However, the inspector was not assured that residents were provided with a high standard of evidenced based nursing care in accordance with professional guidelines as detailed under Regulation 6: Healthcare.

Resident meeting records demonstrated that there were opportunities for the residents to meet with the management team and provide feedback on the quality of the service. Records showed that these meetings were held every three months and showed evidence of resident participation and involvement in the running of the centre.

Overall, the general environment and premises including resident bedrooms were well laid out to meet the individual and collective needs of the residents in the centre. Resident bedrooms and available communal spaces were homely and nicely decorated. The centre had access to a large enclosed outdoor garden which had pathways which meandered through the grass areas. There was seating at various points if residents wished to go outside to enjoy the garden.

However, a large part of the centre which was refurbished and registered still remained unused. The large reception area and entrance to the centre which had a

seating area and reception desk was empty at the time of the inspection and the door was locked as the person in charge was still using the temporary entrance as access to the centre. A hairdressing room, remained unfinished and was used as a storage area by staff. Residents accommodated in this area, were using the other day spaces available which included the dining room which was unable to accommodate the 32 residents living there at the time of the inspection. These findings are actioned under Regulation 17: Premises.

One resident told the inspector they spent most of their life attending an adoration chapel daily, they stated they are looking forward to being able to attend the Oratory for reflective time once opened. The oratory in the centre was a large communal space which also remained empty since the refurbished area was registered in June 2025. This is actioned under Regulation 9: Resident rights.

### Regulation 12: Personal possessions

The inspector saw that residents had access to large wardrobe facilities and access to lockable storage in their bedrooms to store their personal belongings. Residents laundry was provided by a local laundry service. Residents spoken with had no complaints in relation to the management of their laundry.

Judgment: Compliant

### Regulation 17: Premises

Action was required to ensure that the premises of the designated centre was appropriate to the number and needs of the residents of that centre as set out in Schedule 6 of the regulations. Evidenced by the following:

- The new reception area had not been used despite its completion and registration and visitors were accessing the centre through the temporary entrance that was in place during the refurbishment.
- resident communal space in the newly refurbished Abbey unit was not in use as a dining space or seating area for residents. Residents from this unit attended the dining room in the main part of the centre. This area was not able to accommodate more than 16 residents and the centre had only one sitting for mealtimes so adequate dining facilities could not be assured for all residents living in the centre.
- The hairdressing room had not been fitted out and was being used as a storage room. The hairdresser who comes on site weekly was using one of the assisted bathrooms at present to provide hairdressing facilities to residents.

Judgment: Substantially compliant

### Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the standards for the prevention and control of health care associated infections published by the Authority were implemented by staff. Several potential contributory factors were evident which impacted early detection and effective control of an outbreak of respiratory illness.

- One resident who had been unwell and was commenced on antibiotics and oxygen therapy prior to the inspection was not tested to detect the presence of a viral respiratory illness and was not isolated as observed in their social engagement records during this time.
- One resident was reported by nursing staff to be chesty, coughing, drowsy, and sweating as per nursing notes and was started on antibiotics without being tested for acute respiratory viruses.
- Two residents reported as unwell the evening before the inspection via the nursing night duty handover notes were not isolated or tested for viral illnesses.
- A delayed introduction of key infection control measures, including immediate recognition of acute respiratory symptoms, mask wearing and isolation of symptomatic residents to prevent onward transmission to residents, staff and visitors.
- PCR testing for influenza, COVID and RSV testing was not undertaken in line with HSPC guidance on testing for Acute Respiratory Infection (ARI) in Residential care facilities.
- Current Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities were not implemented, when residents presented with respiratory symptoms.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Action was required to ensure that care plans were up to date to reflect the changing needs of the residents in the centre. For example:

- One resident had a pressure area detected by staff but a skin assessment and care plan update was not recorded to direct care for other staff. The inspector found a wound dressing record only which detailed the finding.

- One resident who had a known history of depressive episodes did not have an up to date mood and behaviour assessment and care plan to detail their current status.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their choice of GP. There were arrangements in place to ensure residents were supported by and had access to allied health care professionals including a physiotherapist, dietetics and speech and language therapy. Referrals were observed in resident files to reflect this finding.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had not ensured the rights of residents could be upheld as follows:

- The lack of staff to provide meaningful social activities in the centre four days a week meant that a number of residents spent greater time in their bedrooms or in the day room which as reported by staff were unattended at times.
- Access to the new communal parts of the centre were not being offered to residents for occupation and recreational use. The oratory, for example, remained unfurnished which limited access for residents to be able to exercise choice in relation to their religious rights.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Macroom Community Hospital OSV-0000578

Inspection ID: MON-0049623

Date of inspection: 11/02/2026

## 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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• The PIC has reviewed the staff rosters to ensure that an identified staff member is assigned to provide social engagement for residents in the centre daily. In addition, the PIC has reviewed the staff roster to ensure that the day room is supervised. Business case has been submitted for Activities staff.</li> <li>• The PIC has reviewed the staff roster to ensure care delivery is maintained by identified team members while medication administration is being undertaken and Nursing Staff are not to be disturbed.</li> </ul>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• The PIC has devised a training schedule for all staff outstanding in the completion of mandatory infection prevention and control refresher training AMRIC modules in line with community recommendations and IPC team will do virtual "winter preparedness" sessions on the 30th and 31st of March, 2026. All staff will have completed AMRIC modules as per recommendations of IPC by 30th April, 2026.</li> <li>• DON/CNM2 are on duty every day Monday to Friday, Enhanced Senior Staff Nurses are on duty daily and at the weekends. We have daily report, daily safety pause in which all</li> </ul>	

concerns are discussed for follow up. All AMRIC refresher training and education is in progress as per community recommendations and the IPC will do virtual training on the 30th and 31st of March. We have access to link practitioner on site and IPC team for advice and follow-up and increased awareness through education.

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Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Staff training – The PIC has devised a training schedule for all staff outstanding in the completion of mandatory infection prevention and control refresher training AMRIC modules in line with community recommendations and IPC team will do virtual “winter preparedness” sessions on the 30th and 31st of March, 2026. All staff will have completed AMRIC modules as per recommendations of IPC by 30th April, 2026.

Outbreak control: this will be addressed by education and increased awareness to implement POC measures, timely detection and effective management.

IPC policy in place for acute respiratory infection (ARI)

Training and education of staff on how to effectively manage ARI in line with National Guidelines.

Medical Officer will determine the requirement of testing to detect the presence of acute respiratory infection in line with National Guidelines.

All staff are aware of standard precautions and to implement contact and droplet precautions if we have a suspect case.

Isolate to the single room or if unavailable implement precautions at the bedside and notify ipccorkkerry@hse.ie

- Safe staffing recruitment in process to re-open remaining beds through local recruitment campaign and agency
- Reception area keypad access completed 30.03.2026
- Oratory chairs are being sourced to be completed by 31.05.2026
- Hairdressing room –completion 30.05.2026

***The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.***

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Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- Reception area keypad access completed by 30.03.2026.
- Resident communal space in newly refurbished Suaimhneas unit is operational.
- Hairdressing room to be completed and operational by 30.05.2026.

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Regulation 27: Infection control

Not Compliant

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

All staff will be supported to complete the AMRIC modules in line with community recommendations. IPC team will do a virtual Winter preparedness education session on the week of 30th March, 2026. Face to face educational sessions planned for the 27th April 2026.

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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 has ensured that the skin assessment and care plan of the identified resident

has been updated to reflect the pressure are detected.

- The PIC has ensured that the mood and behavior assessment and care plan of the identified resident with a known history of depressive episodes has been updated to reflect their current status.

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Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The PIC has reviewed the staff rosters to ensure that an identified staff member is assigned to provide social engagement for residents in the centre daily. In addition, the PIC has reviewed the staff roster to ensure that the day room is supervised. Business case has been submitted for Activities staff.
- Safe staffing recruitment in process to re-open remaining beds through local recruitment campaign and agency
- Reception area keypad access completed 30.03.2026
- Oratory chairs are being sourced to be completed by 31.05.2026
- Hairdressing room –completion 30.05.2026.

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## 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	31/05/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/04/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	12/02/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/05/2026

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/03/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	11/02/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	11/02/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the	Not Compliant	Orange	31/03/2026

	standards published by the Authority are in place and are implemented by staff.			
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Not Compliant	Orange	31/03/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	11/02/2026
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/05/2026
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	31/05/2026

	that a resident may exercise their civil, political and religious rights.			
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