



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

Issued by the Chief Inspector

Name of designated centre:	Buncrana Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Maginn Avenue, Buncrana, Donegal
Type of inspection:	Unannounced
Date of inspection:	11 June 2026
Centre ID:	OSV-0000614
Fieldwork ID:	MON-0050546

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to provide a caring environment that promotes health, independence, dignity and choice. The person-centred approach involves multidisciplinary teamwork which is evidence-based and aims to provide a quality service with the highest standard of care. Residents are encouraged to exercise their rights and realise their personal aspirations and abilities. It provides 24-hour nursing care to 30 residents both long-term (continuing and dementia care) and short-term (assessment, rehabilitation convalescence and respite care). The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 June 2026	09:00hrs to 15:50hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection, the inspector spoke with some residents, visitors and staff to gain insight into what it was like to live in Buncrana Community Hospital. On arrival the inspector was greeted by the Person in charge (PIC) and together they had a walk around the centre, giving an opportunity to meet with some of the residents and observe their living environment. Call bells were responded to in a timely manner and the interactions of staff with residents was dignified and patient. Residents appeared comfortable and relaxed. Staff were also seen to protect resident's privacy and dignity when tending to personal care. Those spoken to were positive about their experience of living in Buncrana Community Hospital and were complimentary of the service they received. One resident told the inspector 'I love it here'.

There were residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared comfortable and well groomed.

Buncrana Community Hospital is a single-storey building located in Buncrana Town that is close to local amenities. The designated centre is registered to provide care for a maximum of 30 residents. There were 10 residents living in the centre on the day of this inspection. The centre comprises of two units, the Main ward and the recently refurbished Ash ward. The Main ward occupancy is 19 residents, whereas the Ash ward can occupy 11 residents. On the day of inspection, the Main ward was closed and awaiting planned fire safety and premises works refurbishment to commence. The inspector was informed that there was a meeting planned with the Health Service Executive (HSE) management on the 22nd June, 2026 to confirm the start date.

Residents had access to a number of communal spaces, including a day room, a dining room and an unlocked garden space. The inspector observed that communal areas were clean and tidy and comfortably furnished to support residents' use. There was garden furniture in place, and some of the residents told the inspector that they enjoyed sitting in the garden.

Residents' bedrooms that were viewed by the inspector appeared clean, contained storage, and were decorated with personal items. Whilst Health Building Notes (HBN) compliant staff hand hygiene sinks were provided in the bedrooms, the required resident wash hand basins for personal hygiene, as mandated by Schedule 6, were absent.

The previous inspection held on the 7th May, 2025 found the layout of several multi-occupancy rooms was inadequate for high-dependency residents, and there was

insufficient storage space to properly store their personal effects. These works had been completed by the provider, and storage and space had been improved in these rooms.

Similar to the previous inspection, this inspection found that storage organisation required improvement. Storage rooms and areas were cluttered, items were inappropriately stored on the floor, and equipment was not properly segregated from resident supplies. Inadequate storage practices present an infection prevention and control (IPC) risk; storing items on the floor and failing to segregate clinical equipment from resident supplies creates a potential for cross-contamination of clean items. Furthermore, excessive clutter prevents effective environmental cleaning and decontamination of storage areas, leading to the accumulation of dust and the potential spread of infectious pathogens. The inspector acknowledges that a substantial part of the centre was currently closed, further exacerbating storage issues.

There were a variety of activities for residents to choose from. All activities available were displayed on a notice board. During the day of the inspection, several groups of residents were seen enjoying the daily activities.

Some residents were seen to take meals in the dining rooms, and others took meals in their bedrooms. The dining room was bright and well presented. Staff supported residents to get the meals and drinks of their choice. Toilets and changing rooms for catering staff were in addition to and separate from those for care staff.

The centre provided a full laundry service for residents. Residents whom the inspector spoke with were happy with the laundry service. The laundry worker demonstrated a good knowledge of laundry processes, specifically regarding the correct washing and disinfection temperatures and the segregation of linen types.

While the laundry infrastructure was small, it did support the functional separation of clean and dirty linen, a non-compliant hand-hygiene sink was available. The room lacked a dedicated utility sink for general use and environmental cleaning. The inspector was advised that a new laundry facility, designed to address these requirements, is planned as part of the upcoming improvement works.

While the dirty utility room (also called a sluice room is a dedicated room designed to safely manage, clean, and dispose of human waste) was clean, well-maintained, and featured a functioning bedpan washer/disinfector. It was also being used to store a cage of unclean linen awaiting collection from the external laundry provider. This collection occurred twice a week, meaning soiled textiles were held in the area for extended periods. Storing soiled textiles inside a room dedicated to the processing of body fluids and the storage of clean or reusable items such as commode pans, urinals, and commodes compromises infection prevention and may increase the risk of cross-contamination. Furthermore, a cupboard containing cleaning chemicals was in this room. Storing chemical solutions in a dedicated dirty utility space presents an unnecessary hazard and environmental risk; cleaning chemicals should be stored securely within a dedicated housekeeping room.

Alcohol hand-gel dispensers were in place along the corridors and available at the point of care as staff were provided with portable alcohol gels. There were hand-wash sinks available in the centre, which were accessible and compliant as outlined in HBN 00-10 Part C Sanitary Assemblies, which is the standard required for sanitary ware.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

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). This inspection had a specific focus on the provider's compliance with IPC oversight, practices and processes. All nurses held valid registration with Nursing and Midwifery Board of Ireland (NMBI).

The findings of this inspection were that the provider had taken action to improve the quality and safety of the premises for residents. Notwithstanding the progress made, this inspection identified, that Regulation 16: Training and Supervision, Regulation 17: Premises, Regulations 23: Governance and management, and Regulation 27: Infection Control, remain not in full compliance with the regulations. Findings will be discussed in more detail under the respective regulations.

The Health Service Executive (HSE) is the registered provider of the centre. The management team operating the day-to-day running of the centre consists of a person in charge and a clinical nurse manager. Additionally, a structured senior management team is actively in place to provide corporate and operational management support at the regional/organisational level.

The inspector found that the core staff team supporting the management team was multi-disciplinary, encompassing nursing, health care, activities, clerical, maintenance and household personnel.

During the hours of inspection, there appeared to be sufficient nursing and care staff to meet the needs of the residents. This finding was reinforced by feedback from residents and relatives spoken with.

The inspector found the centre very clean. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These

included cleaning specifications and checklists, and colour-coded cloths and mops to reduce the chance of cross infection.

Housekeeping staff spoken to during the inspection demonstrated a good understanding of the day-to-day cleaning needs of the centre. The cleaning carts featured secure, locked compartments to prevent unauthorised resident access to chemicals. However, a string mop was found stored on a trolley; this is not a preferred method for health care cleaning due to the infection risks associated with poor decontamination of string mop heads, and they can trap moisture and bacteria within the cotton fibres.

The provider had nominated three nurses to the role of infection prevention and control link practitioner to increase awareness of Infection prevention and control (IPC) and antimicrobial stewardship. Protected hours were allocated to the role of IPC link practitioner, and they demonstrated a commitment and interest in their role. For example; in completing regular IPC audits and face-to-face support.

There were management systems occurring such as clinical governance meetings, staff meetings and residents' meetings. The registered provider ensured there was a structured, effective communication system in place between clinical staff and management that included daily handover meetings, clinical governance meetings and regular staff meetings. Meeting records included improvement actions and the responsible person whose duty was to address the areas for attention.

The quality and safety of care were being monitored through a schedule of audits, including infection prevention and control. However, the environmental audits were not capturing that inappropriate storage in store rooms and the dirty utility room were not managed effectively. Findings in this regard are detailed under Regulation 17: Premises, Regulation 23: Governance and Management and Regulation 27: Infection control.

The provider had implemented a number of risk assessments in relation to *Legionella* controls in the centre's water supply. For example, infrequently used outlets and showers were run weekly. Documentation was available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

The centre had last experienced an acute respiratory infection (ARI) outbreak in 2025. An effective post-outbreak review and the identification of key learning points had been completed, demonstrating a proactive approach to continuous improvement and future outbreak preparedness.

Regulation 15: Staffing

On the day of the inspection, there was sufficient staff on duty to meet the needs of the 10 residents accommodated in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

While an ongoing training schedule and staff personal development plans (PDP's) were in place to ensure staff possessed the skills necessary for their roles, gaps in mandatory training were identified. Specifically, a number of staff were not up to date with core IPC training. Additionally, there was a deficit in specialist IPC training for nursing staff, with several lacking required updates in aseptic technique and catheter care.

Both local and national IPC policies were available to guide and support staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some management systems pertaining to oversight of infection control were not sufficiently robust to ensure the service was safe and appropriately and effectively monitored: This was evidenced by:

- Oversight and monitoring systems for antimicrobial medication use included various strategies aimed at mitigating the risk of antimicrobial resistance. However, because these measures were not site-specific, they failed to enable a localized analysis of antibiotic usage in terms of volume, indication, and effectiveness.
- The quality and safety of care management systems for infection prevention and control in the centre were not effective. For example, the environmental audits were failing to trigger corrective actions, leading to unaddressed storage in key clinical areas. While monitoring oversight was occurring, the lack of follow-through creates infection risks. For instance, dirty linen awaiting collection stored in dirty utility.
- Deficits in operational oversight were noted regarding environmental hygiene and chemical safety. Existing monitoring systems failed to flag that a chlorine bleach supply had exceeded its expiration date and that a string mop, which is not a preferred method for health care cleaning was being kept on a cleaning trolley.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Overall, residents spoken with said they had a good quality of life. Residents lived in a manner according to their needs and capabilities. There was a focus on social interaction, and residents had opportunities to participate in group or individual activities. Some of the resident feedback included 'I love it here', 'the staff are amazing', and a relative told the inspector 'I hope they have a bed for me when I need one'.

Visitors confirmed that visiting was not restrictive. Residents were able to meet with visitors in private or in the communal spaces throughout the centre. Residents had timely access to their general practitioners (GPs) and specialist on-site services, such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, a dietitian, a dentist and chiropody.

Residents' care plans were accessible. Pre-admission IPC assessments and four-monthly reviews were undertaken. The documentation for the care of catheters (a thin, flexible tube used in health care to drain fluids from the body or deliver medications directly into it) was descriptive and gave a clear record of insertion dates, bag changes, and specific monitoring required to mitigate the risk of catheter-associated urinary tract infection. Similar positive findings were seen in care plans for residents with wound dressings.

Although the National Transfer Document and Health Profile for Residential Care Facilities were not used when residents were transferred to the hospital. The centre used a document that contained details of healthcare-associated infections and colonisation to support the sharing of and access to information within and between services.

The inspector identified some examples of good antimicrobial stewardship. The volume of antibiotic use was monitored each month. However, it did not utilise a localised analysis of antibiotic usage in terms of volume, indication, and effectiveness. Staff had received training on the "skip the dip" campaign, which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing.

There were also some examples of good practice in the prevention and control of infection. For example, staff applied standard precautions to protect against exposure to blood and body substances during the handling of waste and used linen. Appropriate use of personal protective equipment (PPE) was also observed during the course of the inspection.

Despite these positive observations the sharps boxes seen during the inspection were signed and dated, but they were not managed in accordance with safe disposal protocols. Specifically, the temporary closure mechanisms were not deployed on several active sharps bins, leaving the disposal apertures exposed and increasing the risk of needle-stick injuries and cross-contamination. Single use wound dressings and solutions were seen open and partially used. This may impact the sterility and efficacy of these products.

Furthermore, waste management practices required improvement as several yellow health care risk waste bins in use were labelled the incorrect 'non-risk waste' in the centre. This contradictory and inaccurate labelling compromises standard waste segregation protocols and increases the risk of hazardous clinical waste being inadvertently disposed of within the domestic waste stream.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 17: Premises

Action is required to ensure compliance with Regulation 17 and the matters set out in Schedule 6 to ensure that the provider promotes a safe and comfortable environment for all residents. This is further evidenced by the following:

- The inspector acknowledges that a substantial part of the centre was currently closed, further exacerbating storage issues. The provider had not set a definite start date for phase 1 of construction work, meaning there was no confirmed time frame to alleviate the ongoing environmental and storage pressures.
- Internal storage spaces were cluttered, with equipment and resident supplies unsegregated. Items were also stored inappropriately on the floor, hindering effective floor cleaning and environmental maintenance.
- Items that were stored inappropriately; for example,

<ul style="list-style-type: none"> ○ A wheelchair was stored in a linen cupboard. ○ Resident equipment was seen stored in a staff changing room. ○ Dirty linen was stored in the dirty utility room for extended periods due to a twice-weekly external collection schedule. Retaining high volumes of soiled laundry over several days can lead to cross-infection risks and hinder the dirty-to-clean flow in this room. • A non-compliant hand wash sink was in use within the laundry room, failing to meet HBN required specifications. • Resident wash basins for personal hygiene, as mandated by Schedule 6 were absent in bedrooms. • Storing cleaning chemical solutions in a dedicated dirty utility room presents a safety hazard and environmental risk. Cleaning chemicals should be stored securely within a dedicated chemical store within a housekeeping room.
Judgment: Not compliant
Regulation 25: Temporary absence or discharge of residents
Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.
Judgment: Compliant
Regulation 26: Risk management
There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.
Judgment: Compliant
Regulation 27: Infection control
The provider did not fully meet the requirements of Regulation 27 Infection Control and the National Standards for infection prevention and control in community services (2018). The environment and equipment were not managed in a way that

minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- Waste management practices required improvement as yellow health care risk waste bins in use were labelled the incorrect 'non-risk waste' in the centre. This contradictory and inaccurate labelling compromises standard waste segregation protocols and increases the risk of hazardous clinical waste being inadvertently disposed of within the domestic waste stream.
- Sharps boxes were signed and dated, but they were not managed in accordance with safe disposal protocols. Specifically, the temporary closure mechanisms were not deployed on several active sharps bins, leaving the disposal apertures exposed and increasing the risk of needle-stick injuries and cross-contamination.
- Single-use wound dressings and solutions were seen open and partially used. This may impact the sterility and efficacy of these products.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

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

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of health care specialists.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured residents were consulted about the management of the designated centre through participation in residents meetings. Residents also had access to an independent advocacy service.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	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 Buncrana Community Hospital OSV-0000614

Inspection ID: MON-0050546

Date of inspection: 11/06/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• A robust training matrix template is in place to identify personnel with expired or missing certificates• A review identified personnel with expired or missing certificates, Corrective action took place and all affected staff have since provided current certificates.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23: Governance and management Substantially Compliant Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• Monthly monitoring of Healthcare-Associated Infections (HCAIs) and antibiotic consumption in HSE Older Persons' Services is completed and submitted by the Infection Prevention and Control (IPC) Link Nurse. Buncrana Community Hospital submits site-	

specific data on a monthly basis in accordance with HSE reporting requirements. The submitted metrics and inspection findings will be reviewed in further detail at the IPC Committee meeting scheduled for 24/09/2026.

- The auditors have been informed of the findings from this inspection. A repeat environmental audit has been scheduled to evaluate the effectiveness of the corrective actions implemented, provide an accurate reflection of current practice, and inform the development of an updated Quality Improvement Plan (QIP). Completion date: 17/08/2026.
- A new dirty linen storage unit has been sourced and purchased to safely store soiled linen pending collection. This will eliminate the need to store dirty linen in clinical areas and address the identified storage concerns. The unit is expected to be on site by 30/08/2026.
- The out-of-date cleaning product identified during the inspection was removed immediately. A robust stock management system is in place to ensure routine stock rotation and regular monitoring of expiry dates for all cleaning products.
- The string mop identified during the inspection was removed from service immediately and disposed of in accordance with infection prevention and control best practice.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: While IPC appreciate that storage is at a premium and planned works will potentially address the storage issues.

- A comprehensive environmental review was undertaken to identify areas requiring improvement and implement corrective actions.
- All items that were inappropriately stored on the floor were removed to ensure compliance with infection prevention and control (IPC) and housekeeping standards.
- The wheelchair identified as part of the Personal Emergency Evacuation Plan (PEEP) was removed from the linen cupboard and relocated to a designated storage area to ensure accessibility and appropriate storage.
- Equipment previously stored in the staff changing room was removed and relocated to appropriate designated storage facilities.
- A new dirty linen storage system has been sourced to ensure the safe storage of soiled linen while awaiting collection, eliminating the risk of recurrence. Implementation is

scheduled for 30/08/2026.

- The hand hygiene sink in the laundry will be replaced as part of the Phase 1 refurbishment works.
- Hand wash sinks in multi- occupancy bedrooms are for hand washing purposes and only for the resident use. All resident personal hygiene care needs are met by using the adjacent communal bathroom and shower facility. Staff clinical hand washing is met by using adjacent HBN compliant sink wash hand basins, plus they also use their toggle bottles of alcohol hand rub."
- A secure chemical storage unit has been installed in a designated area separate from the dirty utility room. In addition, a stock control and rotation system has been implemented to monitor expiry dates and ensure all chemical products remain fit for use.

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.

Regulation 27: Infection control

Substantially Compliant

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

- The two waste bins that were incorrectly labelled with yellow clinical waste stickers have been replaced with new bins correctly labelled as Healthcare Non-Risk Waste.
- Sharps containers are managed in accordance with the HSE National Policy on the Management of Sharps and Prevention of Sharps Injuries (2025).
- All staff have read, understood, and signed the Sharps Management Policy to confirm their awareness of the required standards and procedures.
- All staff have completed HSEland training on Sharps Management and Healthcare Waste Management in response to the findings relating to sharps container management and the incorrect labelling of waste bins.
- The Tissue Viability/Wound Care Nurse has reinforced a strict protocol requiring the immediate disposal of all single-use dressings, solutions, and wound care products following use. This ensures that no opened or partially used items are retained or reused, in line with infection prevention and control best practice.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2026
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/09/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Not Compliant	Orange	30/09/2028

	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.	Substantially Compliant	Yellow	30/09/2026
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.	Substantially Compliant	Yellow	30/09/2026
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	30/09/2026
Regulation 27(c)	The registered provider shall ensure that staff receive suitable training on infection prevention and control.	Substantially Compliant	Yellow	30/09/2026

