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:	The Mac Bride Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	St Marys Crescent, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	19 May 2026
Centre ID:	OSV-0000647
Fieldwork ID:	MON-0050306

About the designated centre

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

The Mac Bride Community Nursing Unit is registered to accommodate 29 residents who require long-term care or short-term respite care. It is operated by the Health Service Executive (HSE). The centre is located in the town of Westport, Co. Mayo and is a short walk from the shops and business premises in the town. The building is a single-storey building, and residents are accommodated in nineteen single rooms and five double rooms. There are two safe outdoor areas that are accessible to residents and these have been cultivated with plants, ornamental features and bird feeders to provide interest for residents. The philosophy of the centre, according to the statement of purpose, is to deliver the very highest quality of care and service in an organised and well-managed environment where decisions are made in conjunction with residents and their carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 19 May 2026	09:30hrs to 16:30hrs	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 residents and staff to gain insight into what it was like to live in The Mac Bride Community Nursing unit. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. Those spoken to were positive about their experience of living in Mac Bride Community Nursing unit and were complimentary of the service they received. One resident informed the inspector that 'I love the music sessions and staff are very good' another said 'they come when I ring the buzzer'. However one resident did say that the 'mornings are rushed'. This is further discussed in the report.

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.

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 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.

The Mac Bride Community Nursing unit provides long term and respite care for both male and female adults with a range of dependencies and needs. The centre is a purpose-built single storey building situated in Westport, County Mayo. The designated centre is registered to provide care for a maximum of 29 residents. There were 20 residents living in the centre on the day of this inspection. The inspector observed visitors coming and going throughout the day of the inspection. One of the relatives spoken with told the inspector 'mom is really well looked after here, and we are so glad she got a bed here'.

The design and layout of the centre promoted a good quality of life for residents. Residents had access to a number of communal spaces, including a large day room, a dining room and an unlocked courtyard garden in the middle of the centre. The inspector observed that communal areas were clean and tidy and comfortably furnished to support residents' use. However, some outside areas were in need of maintenance to ensure resident safety. For example; the outside spaces needed cleaning and tidying up and some wooden surfaces needed repainting. There was garden furniture in place and residents told the inspector that they enjoyed sitting in the garden.

Residents' bedrooms that were viewed by the inspector appeared clean, contained storage, and decorated with personal items. Resident's bedroom accommodation

was provided in a mixture of single and twin bedrooms. Although the single rooms met the minimum requirements of the regulations, they were small. The five twin bedrooms were more spacious and have en-suite facilities with showers in each. Each bedroom has a ceiling hoist in place. This was useful in the bedrooms where space was limited and would not allow the use of large portable hoist equipment.

Televisions, internet and call bells were provided in these bedrooms. The inspector noted that some items of furniture, doors, and wall surfaces were scuffed and damaged. Because these surfaces are no longer smooth or impermeable, they cannot be effectively cleaned. The provision of suitable premises and infection control are interdependent.

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 including a live music session.

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

The infrastructure of the on-site laundry did support functional separation of the clean and dirty laundry. The room contained correct specification sinks and equipment. However, the cleaning textiles used in the centre were being processed in a domestic style washing machine. Standard domestic washers lack the calibrated controls to guarantee verified thermal disinfection. Using non-commercial equipment for laundering risks the survival of heat-resistant pathogens, which can be reintroduced into the environment during cleaning. Additionally, the washing machine was rusty around the washing powder drawer. The presence of rust can create a rough, porous surface that cannot be effectively cleaned or disinfected.

Furthermore, the arrangements in place were that staff were required to multi-task. For example; the person assigned to laundry was also required to distribute drinks to residents. There was no risk assessment carried out and laundry duties should be segregated from food and beverage service, to reduce the risk of cross contamination to the residents.

There was a clean and well maintained dirty utility room (a dedicated room used for the reprocessing and disposal of items contaminated with body fluids) with a functioning macerator (mechanical device that shreds solid waste into tiny particles so it can be flushed away through standard drainage pipes). Notwithstanding using disposable commode pans and urinals, plastic support moulds to reinforce disposable paper pulp liners were available in this room. The system for processing reusable plastic supports for disposable bedpans lacked a validated decontamination

pathway. Because these holders are reused between residents, the lack of a robust disinfection process creates an infection control risk.

Alcohol hand gel dispensers were in place along the corridors and available at the point of care in resident bedrooms. 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 a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

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, 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 Services Executive (H.S.E) 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 (P.I.C) and a clinical nurse manager. Additionally, a structured senior management team is actively in place to provide corporate and operational management support at a regional/organizational level.

The inspector found that the core staff team supporting the management team was multi-disciplinary, encompassing nursing, healthcare, activities, and household personnel. However, a number of staff vacancies were still present and had not been filled. These vacancies were covered by the same regular agency staff members who were familiar with the centre and the residents. This is a repeat finding from previous inspections 23rd April, 2024 and 4th June, 2025. The persistent reliance on agency personnel over a two-year period indicates that long-term workforce stability and recruitment targets have not yet been successfully achieved.

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 spoken with. However, one resident did say 'I do love it here, but sometimes the mornings feel rushed'

A review of the duty rosters confirmed that night shift coverage consists of one nurse and one healthcare assistant (HCA) to care for the current twenty residents. This may reduce the capacity to respond to resident care needs which requires two persons without leaving the remaining residents unsupervised.

In accordance with the Statement of Purpose, a part time general operative vacancy was identified. While efforts to improve the centre's facilities through HSE area maintenance such as repainting and the replacement of some furniture were noted, these measures did not fully address the infrastructural deficits identified on the day of inspection. Specifically, external communal spaces required cleaning and tidying, and several external wooden surfaces required repainting to prevent further degradation and ensure a cleanable finish. The inspector acknowledges that the provider was actively trying to increase and secure additional contract hours for this maintenance role with an external service provider to address these outstanding works.

The housekeeping room did support effective infection prevention and control (IPC). The room was clean, well-ventilated, organized, and equipped with dedicated janitorial and knee activated hand wash sink, ensuring that cleaning equipment were stored safely and managed with IPC standards. The cleaning carts seen by the inspector were fitted with locked compartments for safe chemical storage therefore reducing the risk of resident access to unsupervised chemicals.

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. However, the inspector noted that more robust management oversight is required regarding disinfectant usage protocols and the tracking of the deep cleaning schedule. The lack of structured supervisory oversight creates a risk where chemical dilution rates, contact times, and deep-clean intervals are not consistently monitored or recorded to verify full compliance.

The provider had nominated two nurses to the role of infection prevention and control link practitioner to increase awareness of IPC and antimicrobial stewardship. Protected hours were allocated to the role of IPC link practitioner and they demonstrated a commitment and interest for 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. However, the exact same findings were recorded for the last three residents' records dated Feb, 2025, Aug, 2025 and Feb 2026. This meant that areas items raised by residents were not been addressed.

The quality and safety of care was being monitored through a schedule of audits including infection prevention and control. However, the environmental audits were not capturing that storage, dirty utility room and housekeeping management were not managed effectively. These were similar findings to the previous inspection on Jun, 2025. Findings in this regard are detailed under Regulation 17: Premises, Regulation 23: Governance and Management and Regulation 27: Infection control.

Whilst some audits did have Quality improvement plans (QIP's) in place, others had no evidence of formal close-out, demonstrating a lack of oversight and escalation by the management team. For example; documentation relating to a dirty utility audit dated 09.07.2025 found disposable wash bowls stored inappropriately within the dirty utility. The same findings were evident on day of inspection.

The organisation of storage space required improvement as storage rooms and areas were cluttered. Items were inappropriately stored on the floor, and equipment and resident supplies were not segregated from each other. Despite, these observations a good standard of cleaning was observed on the day of inspection.

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 provider had implemented a number of risk assessment including in relation to Legionella controls in the centres water supply. For example, infrequently used outlets and showers were run weekly. However, documentation was not available to confirm that the hot and cold water supply was routinely tested for Legionella to monitor the effectiveness of controls.

Regulation 15: Staffing

On the day of the inspection there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of the 20 residents accommodated in the centre. There were a number of vacancies and long-term absences which were impacting on the centre's staffing compliment. This included nursing vacancies, health care assistants, catering post and a general operative role. Vacant shifts were covered by permanent staff and long term agency where possible. This is further addressed under Regulation 23

This is a repeated finding from last two inspections.

Judgment: Compliant

Regulation 16: Training and staff development

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

However, supervision of disinfectant usage, storage, and auditing processes demonstrated that additional targeted infection prevention and control training and supervision was required. Findings in this regard are presented under Regulations 23 and 27.

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:

- Multi-Drug Resistant Organisms (MDRO) are bacteria that have developed resistance to multiple antibiotics, making infections difficult to treat. The Oversight of MDRO surveillance documentation lacked sufficient detail. This absence of data prevents the tracking and monitoring of trends and undermines the capacity to deploy targeted infection control measures.
- 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 centre's auditing systems had previously identified local deficiencies. However, they lacked an associated Quality Improvement Plan (QIP) to drive these findings toward a resolution. For example, local audits had noted that the dirty utility room lacked a dedicated equipment sink and no validated mechanical means to decontaminate plastic commode pans, yet no corrective action had been established to resolve these infrastructure and IPC risks.
- While resident consultation meetings took place, oversight mechanisms were not adequate to ensure that feedback resulted in quality improvements.
- Oversight mechanisms failed to fully include the premises, infection prevention and control, and environmental maintenance. Consequently, risks to residents remained, because internal audits had either failed to identify or failed to address these deficits. Detailed findings are presented below under Regulation 17 (Premises) and Regulation 27 (Infection Control).
- The current staffing resource was not adequate for 29 residents in line with the centre's conditions of registration and statement of purpose. The current

staff vacancies in key areas such as nursing, care, catering and the general operative was overly reliant on the use of agency staff.

Repeated Findings in respect of gaps in oversight mechanisms and staffing shortages continue to limit the provider's ability to sustain an environment and premises for residents that is consistently safe and compliant with infection prevention and control standards.

Judgment: Not 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 an unrestricted 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.

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, dietitian and chiropody.

The inspector observed that walls were decorated with artwork which had been created by the residents and their photographs were displayed underneath each painting.

Resident care plans were accessible. Pre-admission IPC assessments and four-monthly reviews were undertaken, documentation for catheter care were 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 who had Percutaneous Endoscopic Gastrostomy (PEG).

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This document contained details of health-care associated infections and colonisation to support 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 also monitored each month. 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. However, much of this information presented to the inspector consisted of aggregate data from HSE community nursing units as a whole, rather than site-specific data for MacBride Community Nursing Unit (CNU) to utilize and act upon.

While surveillance of healthcare-associated infections (HCAIs) and multidrug-resistant organism (MDRO) colonisation was routinely recorded, the documentation lacked sufficient clinical detail to enable meaningful analysis, trend tracking, or proactive risk management.

The inspector identified 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 handling of waste and used linen. Appropriate use of personal protective equipment (PPE) was also observed during the course of the inspection.

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. These included; scuffed walls and damaged furniture surfaces in multiple rooms rendered these surfaces difficult to clean effectively. Furthermore, outdoor spaces required maintenance to ensure residents safety. For

example; the outside spaces needed cleaning and tidying up, some wooden surfaces needed repainting.

This is further evidenced by the following:

- 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.
- There was no provision for individual toiletry storage within twin-room en suites, compromising resident dignity and increasing the risk of cross-contamination.
- The system for processing reusable plastic supports for disposable bedpans lacked a validated decontamination pathway. Because these holders are reused between residents, the lack of a robust disinfection process creates an infection control risk.
- Sluicing facilities were inadequate, as the dirty utility room did not feature a dedicated sink specifically designated for cleaning and decontaminating non-critical equipment.
- The facility for preparing and storing medications and sterile supplies was not adequate; the drug storeroom lacked a hand hygiene sink to facilitate staff hand washing during medication or dressing preparation.
- The cleaning textiles of the centre were being processed in a domestic style washing machine. Standard domestic washer lack the calibrated controls to guarantee verified thermal disinfection.

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 met the requirements of Regulation 27 Infection Control and the National Standards for infection prevention and control in community services (2018). The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- The provider had implemented several risk management assessments, including those for *Legionella* control; for example, infrequently used water outlets and showers were being flushed weekly. However, documentation was not available to demonstrate that the hot and cold water supply was routinely tested or monitored to verify the ongoing effectiveness of these engineering controls.
- The dirty utility room was being used to store residents' disposable wash bowls; storing clean, single-use personal care items in an environment dedicated to handling soiled equipment creates a cross-infection risk.
- The oversight of waste management was ineffective as incorrect color-coded waste bags were in use in several bins. This breakdown in waste segregation controls risks the accidental cross-contamination of domestic and healthcare risk waste streams, compromising IPC safety.
- Monitoring systems were not adequate to ensure that environmental disinfection procedures were consistently completed to recommended national standards. Increased oversight of disinfection practices was required, specifically regarding the correct dilution of chemical products to guarantee their antimicrobial efficacy and protect residents from infection.
- Monitoring systems were not adequate to ensure that bedroom deep cleans were planned and recorded to track compliance with environmental standards.
- An outbreak learning report was missing following a respiratory outbreak in January 2026. By failing to complete this post-incident review, the provider could not demonstrate a structured mechanism for evaluating its response, capturing operational lessons, or improving future outbreak management protocols.
- The system whereby laundry personnel combined laundry duties with the distribution of drinks to residents was not adequate and lacked a robust risk assessment. To prevent the risk of cross-contamination between soiled textiles and food service, these operational workflows should be segregated.

Judgment: Not 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	Not 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	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Mac Bride Community Nursing Unit OSV-0000647

Inspection ID: MON-0050306

Date of inspection: 19/05/2026

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: Training has been given to all cleaning staff regarding supervision of disinfectant usage and storage. Our HSE IPC colleagues have visited the CNU and have a revised IPC plan going forward. Quality improvement plans are now identified for completion following every audit. IPC training and supervision is currently being done and will be completed by 310826.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: MDRO and antimicrobial medication - We have reviewed our MDRO and antimicrobial medication surveillance documentation in conjunction with our IPC colleagues and have made them more detailed and site specific as appropriate. Quality improvement plans are now in place for all deficiencies identified on audit. We have reviewed how we report our residents meetings and will action issues arising in a planned manner.	

All deficits highlighted following environmental, IPC and audits to the premises are addressed as soon as is possible.

The current staffing resource is adequate for the 20 residents currently residing in the unit.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A contractor has been sought to paint areas that are in need of an upgrade.

The damaged item of furniture has been replaced.

We have a weekly maintenance contracted staff member to manage environmental maintenance.

The internal equipment room has been decluttered – equipment and supplies have been segregated.

Our double rooms are all currently single occupancy and toiletries are stored individually.

Our IPC colleagues have reviewed and advised on cleaning and decontamination of equipment in the unit. Their recommendations are now in place. They did not

There is a sink immediately outside the medication room which is available for use.

A non-domestic washing machine is being sourced at present.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The actions required on legionella flushing, deep cleaning, dilution of chemicals and the use correct colour coded bags has been reviewed with contract cleaners and implemented.

Wash bowls have been removed from the sluice.

The correct colour coded waste bags are in use throughout the unit.

Additional training has been provided to cleaning staff regarding dilution of chemical products.

There is a plan in place regarding deep cleaning throughout the unit.

The rostered shift which incorporated drinks and laundry has now been separated.

National Guidance in respect of outbreaks will be followed

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2026
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.	Not Compliant	Orange	30/09/2026
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	10/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management	Not Compliant	Orange	10/06/2026

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	30/09/2026