

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

Issued by the Chief Inspector

Name of designated centre:	St. John's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballytivnan, Sligo
Type of inspection:	Unannounced
Date of inspection:	11 July 2025
Centre ID:	OSV-0000660
Fieldwork ID:	MON-0047278

About the designated centre

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

The aim of St.John's Community Hospital is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and well-being. The objectives of St. John's Community Hospital include providing a high standard of care in accordance with evidence based practice, providing individualised care to residents and their families respecting the choices, values, dignity and beliefs and ensuring that the residents live in a comfortable, clean and safe environment. St. John's provides a multi-disciplinary approach to the care of residents. The services provided include on-going care of dependant older people, palliative care, dementia care, and physical and mental health care. The centre comprises of four units, Tir na nÓg, Rosses, Cairde and Hazelwood unit. St. John's accommodates male and female residents over the age of 18.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	78
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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
Friday 11 July 2025	09:00hrs to 16:40hrs	Michael Dunne	Lead
Friday 11 July 2025	09:00hrs to 16:40hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

The findings of this inspection confirmed that residents enjoyed a good quality of life in which their care preferences were prioritised, and their independence and autonomy were promoted. Care and support were delivered in an open and positive manner by a dedicated staff team who were clear about the provider's philosophy of care and values. This helped to ensure that care was person-centred, and that residents were supported to maintain their self-care abilities, and to make decisions about their day-to-day routines, and the services they wished to receive.

The inspectors were met by the assistant director of nursing upon arrival at the centre, and a short time later by the person in charge. Following an introductory meeting, the inspectors commenced a walk around the centre, which gave them the opportunity to meet with residents and staff as they prepared for the day.

Communication between residents and staff was of a high standard, with residents commenting that the staff team 'were very helpful and hard working'. Throughout the inspection, it was noted that the staff were very familiar with residents' needs and individual preferences. While staff were often busy, the engagement with residents was positive and supportive at all times. This contributed to a pleasant atmosphere in the centre, and residents appeared comfortable, and safe in their lived environment on the day of the inspection. Visitors who spoke with the inspectors gave very positive feedback about the staff and the facilities. One visitor said 'they are very responsive' while another said 'they keep me updated on any changes'. Visitors to the centre who spoke with the inspectors said there were no restrictions on their visits and that they felt welcomed at all times.

Accommodation is provided across four units in a mixture of single and shared rooms, with one unit designated for residents under 65 years of age, and one for residents with a formal diagnosis of dementia. The remaining two units Cairde and Hazlewood units provide care and support for residents with varying dependencies, and medical conditions. Each unit was self-contained with its own separate dining, visiting and sitting room facilities. In addition, each unit had their own separate staffing arrangements in place.

Overall, the centre was well-maintained and tastefully decorated. There was an ongoing cyclical decoration programme in place, which enhanced both the communal, and resident areas. Hand-hygiene facilities for staff to use when caring for residents in the centre were in line with best practice guidelines. For example, clinical hand-wash basins were available within easy access for staff to wash their hands and alcohol gel dispensers were sufficiently placed for easy access. The provider had addressed the premises issues identified on the last inspection; however, some areas of the premises required further upgrade, these findings are set out under Regulation 17: Premises.

Residents had access to several well-maintained gardens, which were suitable for the needs of the residents. These areas were adorned with flowers, shrubs and raised flower beds. A range of garden furniture and seating was available for the residents who frequented these areas. Residents were observed to be able to move about the centre and access all areas of their units. There were; however, examples of resident mobility equipment stored in communal rooms, which had the potential to restrict residents' access to these facilities in their home.

The inspectors observed that resident bedrooms were personalised with belongings such as photographs, artwork, soft fabric blankets, books, and a selection of ornaments. Residents' bedrooms layout provided sufficient space to meet residents' needs, including adequate wardrobe and storage space for their clothes and personal belongings. Residents had access to television, and call-bells in their bedrooms.

There was a dynamic programme of activities available to cater for residents' social care requirements in accordance with their capacities and capabilities. Activities were provided in small groups, or in one-to-one sessions with the residents. Inspectors observed staff assisting residents to attend the gardens to enjoy the sunshine throughout the day. Residents were provided with sun protection and headwear to protect against the heat of the sun. Activities provided on the day in the various units consisted of exercise games, gardening, arts and crafts, table football and word games. Residents were well-supported to attend events in the community, with several residents looking forward to attending an "Abba night" in a local hotel. Many residents under 65 years of age were able to avail of additional support to attend local amenities in Sligo Town. The provider also ensured that residents maintained links with the local community with several events organised in the centre, including music and dance events such as wise roots, which residents enjoyed. The provider also organised a "World Elder Abuse Awareness Day" under the theme of "Connection is Protection" with a focus on highlighting issues faced by older people in society.

Resident meetings were held every six weeks, where residents from all of the units came together to attend. Minutes of these meetings were made available for the inspectors to review and confirmed that residents' views were accessed on all aspects of the service provided including activities, food, staffing, access to gym equipment and the current position regarding the building upgrades.

Residents who spoke with the inspectors reported that they were content with the quantity and quality of the food provided. Residents confirmed that they were asked each morning which main meal they preferred to have, although there was a range of alternative meals available to choose from. The main meal on the day of the inspection was a fish or chicken option, which appeared appetising and well-presented. There were sufficient numbers of staff available in the centre to assist residents with their eating and drinking, ensuring that this was a pleasant experience for the residents.

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

Capacity and capability

This inspection found that the centre was well-managed by an experienced team who promoted an open and inclusive culture in which residents received person-centred care in line with their needs and preferences. There were systems in place to ensure that care and services were safe, and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in the centre.

This was an unannounced inspection by inspectors of social services carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended). The inspectors also followed up on the compliance plan received from the provider following the previous inspection held in July 2024. The inspectors found that the registered provider had implemented their compliance plan following that inspection. However, there were some areas of current practice that needed additional focus, and these issues found are described in more detail under Regulation 20: Records, Regulation 23: Governance and Management, and under the theme of Quality and Safety, where actions were required under Regulation 17: Premises, and Regulation 27: Infection Control.

The Health Service Executive (HSE) is the registered provider for this designated centre. There is a clearly defined management structure in place that is accountable for the delivery of safe and effective health and social care support to residents. The management team consists of a regional manager, who supports the person in charge with the day-to-day running of the centre. The clinical team also consists of a director of nursing, two assistant directors of nursing (ADON), and clinical nurse managers. A team of nurses, health care assistants, household, catering, maintenance, physiotherapy and occupational therapy support were also involved in the delivery of care to the residents in the designated centre.

The provider had a comprehensive quality assurance system in place, including an audit schedule of key areas such as infection prevention, and control; however, some elements of this system were not effective in identifying areas that required improvement. This is discussed further under Regulation 27: Infection Control. In addition to audits, there were regular management meetings at the local and senior management level, which provided an additional level of oversight of the service. The provider had completed a comprehensive report on the quality and safety of care for 2024, which also included an improvement plan for 2025. The provider actively sought out the views of residents in order to incorporate resident feedback into the quality report.

On the whole, the records were well-maintained, and made available on inspection. Records were found to be stored securely to maintain resident confidentiality. A review of resident care records found that records relating to the transfer of residents to an acute setting were not well-maintained as there was no record on file for three residents who had recently been admitted to the hospital. This meant that there was no record available should a query arise to ensure that all relevant information had been included on the transfer document.

There were sufficient numbers of staff available in the designated centre on the day of the inspection to meet the assessed needs of the residents. Arrangements were in place to maintain staffing levels to cover staff absences. A review of rosters confirmed that cover was available to cover all absences, such as annual leave, sickness and staff training. At the time of this inspection, the provider was recruiting for the post of a clinical nurse manager. Inspectors were informed that 30 % of the current workforce is being covered by agency staff covering a range of nursing, caring, household and catering roles. The inspectors were informed that all agency staff working in the centre were familiar with the needs of the residents, and had been working in the centre on a continual basis.. The local management team informed the inspectors that they have escalated the requirement for these positions to be filled by permanent staff to the senior management of HSE.

There was a comprehensive training programme in place which incorporated a selection of both face-to-face and online training. Records confirmed that all staff were up to date with their mandatory training in safeguarding, fire safety and manual handling. Supplementary training included modules on infection prevention and control, training in medication management, wound management, dysphagia and cardio-pulmonary resuscitation (CPR).

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. A review of records confirmed that there were low levels of complaints received by the provider, while at the same time, there were numerous complementary records on file regarding satisfaction with the quality of care provided.

Regulation 14: Persons in charge

The person in charge meets the requirements of Regulation 14. The person in charge facilitated the inspection process and demonstrated a good understanding of their regulatory responsibilities. They work full-time in the centre, and are well-known to residents and staff.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety, which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend, such as wound management, medication management, dementia, infection prevention and control, dysphasia and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

Regulation 21: Records

Records relating to the transfer of three residents to hospital were not available for inspectors to review in accordance with schedule 3 of the Regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place required further strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- Systems to ensure that residents care records were updated in accordance with the centre's policies required strengthening as discussed under Regulation 21: Records.
- There was insufficient clinical oversight to ensure that environmental hygiene practices were in-line with evidenced-based guidelines. For example, there was inappropriate use of chemicals for cleaning during an outbreak. This is discussed in more detail under Regulation 27: Infection control.

- Audit systems were not identifying risks associated with the storage of items in sluice facilities.
- Routine audits of the environment were ineffective in identifying the storage of residents' transfer equipment in communal areas assigned for residents' use.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified, and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place, and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre, and the inspectors observed that these were acknowledged, and investigated promptly. These records also identified the satisfaction status of the complainant with how the complaint was dealt with or resolved.

Judgment: Compliant

Quality and safety

Overall, the quality of care provided to residents was found to be of a good standard, which met the assessed needs of the residents. Staff were knowledgeable about the residents' needs and preferences, with residents reporting that they felt safe and well-cared for by staff in the centre. Although the provider had made a number of improvements to address sub-compliances found under the previous inspection, further improvements were required to bring the centre's premises and infection prevention measures into full compliance with the regulations.

A review of residents' care records confirmed that residents admitted to the centre had an assessment of their needs completed prior to being admitted to the centre. Upon admission, care plans were developed to meet those assessed needs. There

were robust arrangements in place to review residents' care plans, and update care interventions to cater for residents changing needs. Care plans were well-written with clear goals and interventions describing how the assessed needs would be met.

Residents' clinical care was well-managed with residents supported to access a range of health care services, which included medical officers (MO), general practitioner (GP) and psychiatry of later life. There were arrangements in place for residents to access health and social care services such as dietitians, speech and language therapists and tissue viability nursing (TVN) to provide support with wound care if required. A review of residents' care records confirmed that referrals for specialist healthcare intervention were made in a timely manner and recorded accurately in residents' records.

There were arrangements in place to ensure that residents' food and nutrition requirements were well-managed and regularly monitored by internal audits. Care records confirmed that there was access to specialist support such as dietitians and speech and language therapist as required. The provider recently held a nutrition and hydration week in the centre to promote the importance of adequate hydration and nutrition in relation to maintaining a healthy lifestyle.

While there was a focus on infection prevention and control strategies to maintain an infection-free environment, some current practices, as detailed under Regulation 27: Infection control, impacted on the effectiveness of these strategies. At the time of this inspection, one unit in the centre had an outbreak of Covid-19. Discussions with staff and a review of records confirmed that the provider was managing this outbreak in line with their policy. Regular communication and guidance were provided by the community-based Infection Control Team as required. Inspectors noted that there was an infection prevention and control trained nurse allocated to each unit in the centre.

Overall, the premises were well-laid out to meet the needs of the residents. The centre was clean and tidy. Communal rooms were comfortably furnished and nicely decorated for the comfort of residents. Many resident rooms enjoyed a view of the internal gardens. There were communal spaces available for resident use; however, one of the communal rooms was being used to store resident mobility equipment, such as hoists, on the day of the inspection. Some maintenance upgrades were identified on this inspection as described under Regulation 17: Premises; however, the provider had access to maintenance support to address these issues.

There was a good programme of individualised and group activities available in the centre. The provider maintained their support for residents to access community-based services, which enhanced their social well-being, and maintained their links with the local community. Residents were also supported to attend numerous festivals and events held both in the centre and in the community. For example, there was good attendance at the "wise roots festival" where residents had the opportunity to view craft stands, participate in dancing, and listen to performances from local musicians.

Residents' views on the quality of the service provided were accessed through regular residents' meetings, and through residents questionnaires, where feedback was incorporated into the centre's internal review of the quality of the services provided.

The provider maintained a quarterly newsletter where residents were informed of key events that were upcoming or provided feedback on those events that had already occurred. These documents also provided information on initiatives the provider was organising, such as end-of-life support, information on elder abuse and interesting stories about residents and staff in the centre.

Regulation 10: Communication difficulties

Residents who were assessed as having a communication need were provided with the required levels of support to be able to communicate effectively. For example:

Residents who had difficulty with their hearing or vision had care plans in place to ensure that their hearing aids were well-maintained and that they had eye check-ups when required. Some residents used communication aids such as alphabet cards to enhance their day-to-day communication.

Care plans developed with residents who experienced brain injury identified that these residents required varying degrees of support to help them communicate. Care interventions were based on assessment, and guidance from specialist teams.

Judgment: Compliant

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. On the day of inspection the inspectors observed many residents enjoying the sunshine with their visitors in the well-maintained outdoor spaces.

Judgment: Compliant

Regulation 12: Personal possessions

There were adequate facilities available for residents to be able to store and retrieve their personal items in their rooms. Lockable facilities were in place should residents wish to store items in their own bedrooms. Residents also had access to sufficient storage space to be able to store and access their personal belongings. Residents were happy with the laundry arrangements provided by the centre and those spoken with said that their clothes were well-laundered and that there were no delays in their clothes being returned to them.

Judgment: Compliant

Regulation 17: Premises

While the premises were well-designed and laid out to meet the number, and assessed needs of residents living in the centre, some areas of the premises required maintenance and repair to be fully compliant with Schedule 6 of the Regulations, for example:

- On Rosses Unit, there was a Jacuzzi bath that was not in good working order.
- A door leading to an internal courtyard contained a panel of cracked glass.
- The floor in one of the corridors was damaged and required repair so that it could be effectively cleaned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had regular access to speech and language therapists and dietitians to promote and address their nutritional requirements. Modified diets were available where required, and staff were aware of each resident's dietary requirements in their units. Residents who were at risk of malnutrition had detailed care plans in place to guide staff to manage this assessed need. Dietary supplements were available where required, and records reviewed confirmed that residents were weighed on a regular basis.

The food served to residents appeared to be wholesome and nutritious, and was attractively presented. Adequate quantities of food and drink were made available to residents. There was an appropriate number of staff members to assist residents when required.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of the National standards for infection control in the community services (2018). Further action is required to be fully compliant. For example:

- Waste was not segregated in line with best practice guidelines. For example, two of the sluice rooms had clinical waste bags inside a bin that was marked non-risk waste.
- Clean laundry bags were stored near the bedpan washer in one of the sluice rooms; this increased the risk of cross-contamination.
- Housekeeping staff were not using the appropriate chemical to clean and disinfect surfaces, and there was an insufficient supply of disposable cloths on one unit to adhere to the centre's own colour coding policy. These practices increased the risk of infection spread.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans and related assessments were maintained on a paper-based system. Residents' needs were assessed using a variety of validated nursing assessment tools. Inspectors viewed a sample of residents' assessments and care plans regarding weight loss, pressure ulcers, and infection control and found that they were informed by relevant assessments and were person-centred. Care plans gave detailed information on how care was delivered in accordance with the resident's preferences. Care plans were updated as a resident's condition changed, and at intervals not exceeding four months. Inspectors observed that in all samples reviewed, the newly admitted residents had a pre-assessment in place with care plans completed within 48 hours of admission.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to appropriate medical, health and social care services. A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, the volume and indication of antibiotic use were monitored and analysed each month.

Staff had knowledge of "skip the dip" a national programme to reduce the use of dipstick to determine if a resident had a urine infection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to residents who may display responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff were familiar with residents assessed needs, and were knowledgeable on the triggers that may cause distress or anxiety. Staff had attended a range of training courses, including supporting people with dementia and managing responsive behaviours. They were seen to be implementing the learning from these courses, both in their interactions, and in the care plan records setting out the interventions to meet the assessed needs. Referrals were made to specialist services that included psychiatry of later life.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Residents were supported to engage in activities that aligned with their interests and capabilities. The care staff adopted the role of activity co-ordinators in the centre, and provided a varied and stimulating activities programme every day, such as arts and crafts, quizzes, story-telling, bingo and music session. One-to-one sessions also took place to ensure that all residents could engage in suitable activities to align with their interests. Detailed key-to-me assessments were completed, and residents also had life story books completed which aided good communication.

Residents had access to media such as radio, television, and wireless Internet access. Facilities promoted privacy, and service provision was directed by the needs of the residents. There was access to advocacy services as required.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. John's Community Hospital OSV-0000660

Inspection ID: MON-0047278

Date of inspection: 11/07/2025

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: 1. The person in charge has completed a review of records maintained by the center on the 16.07.2025. Following the transfer of a resident to the acute services all clinical and safety documentation that relates to the safe transfer of the resident will be sent with them and copies maintained within the residents documentation. 2. The person in charge will complete quarterly reviews of records maintained by the centre following the transfer of a resident to the acute services.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The person in charge will complete quarterly reviews of records maintained by the centre following the transfer of a resident to the acute services. 2. The registered provider and person in charge have completed a review of all documentation assigned to all household staff within the centre and developed a household bundle which is stored in each units HMC room on the 16.07.2025. Within the household bundle there are visual guidance documents to direct the constitution of cleaning solutions and use of colour coded cloths, updated cleaning schedules and IPC guidance documentation. This Household bundle is in place from the 21.07.2025. 3. The person in charge has reviewed the audit schedule on the 16.07.25 to include storage of inappropriate items in the sluice room. The domestic supervisor as directed by the person in charge conducts daily review of the all sluice rooms within the centre to ensure there is appropriate storage and sufficient cleaning stock available at all times. 4. The Registered Provider, person in charge and maintenance manager have completed	

a review of the storage facilities 03.09.2025 within the designated centre and have identified an area for storage of resident transfer equipment. The maintenance manager is overseeing the reconfiguration of an identified space to meet the storage needs of residents transfer equipment. This will be completed by 30.11.2025.

Regulation 17: Premises

Substantially Compliant

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

1. The person in charge has overseen the review and servicing of the Jacuzzi bath by the suppliers on the 22.07.2025. Additional supporting equipment is ordered and expected installation by 31.10.2025.

2. The person in charge and maintenance manager have commissioned a replacement of the door leading to the internal courtyard.

This will be completed by the 30.11.2025.

3. The person in charge and maintenance manager have commissioned the repair of the flooring noted to be damaged in the corridor. These repair works will be completed by the 30.11.2025.

Regulation 27: Infection control

Substantially Compliant

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

1. The person in charge has completed a review of all bins and allocated waste bags on the 16.07.2025. A daily review of the waste bins and waste bags throughout the centre is in place. All waste bins within the center are clearly labelled non-risk waste and clinical waste.

2. The person in charge has completed a review of all linen and sluice rooms throughout the centre on the 21.07.25 and all clean laundry bags are stored in the linen rooms. A daily review of the linen rooms and linen bags throughout the centre is in place to ensure compliance with IPC.

3. The registered provider and person in charge have completed a review of all documentation assigned to all household staff within the centre and developed a household bundle which is stored in each units HMC room on the 16.07.2025. Within the household bundle there are visual guidance documents to direct the constitution of cleaning solutions and use of colour coded cloths, updated cleaning schedules and IPC guidance documentation. This Household bundle is in place from the 21.07.2025.

4. The domestic supervisor as directed by the person in charge is facilitating a weekly health and safety meeting with the household team to update on activity or service improvement and to address any concerns/suggestions commencing 08.09.2025.

5. The Person in charge is overseeing the daily review of all sluice rooms throughout the centre to ensure there is appropriate storage and sufficient cleaning stock available at all times.
6. Clean Pass Refresher training is scheduled for all household staff in the use of chemicals and cleaning methods for October 2025, date to be confirmed.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	16/07/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	16/07/2025
Regulation 23(1)(d)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/11/2025

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
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	30/11/2025