

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

## Issued by the Chief Inspector

|                            |                                     |
|----------------------------|-------------------------------------|
| Name of designated centre: | Cara Care Centre                    |
| Name of provider:          | Orbitview Limited                   |
| Address of centre:         | Northwood Park, Santry,<br>Dublin 9 |
| Type of inspection:        | Unannounced                         |
| Date of inspection:        | 24 June 2026                        |
| Centre ID:                 | OSV-0000735                         |
| Fieldwork ID:              | MON-0049369                         |

## About the designated centre

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

Cara Care Centre is a five storey, purpose built nursing home. It is located in Northwood Park in Santry, close to shops and amenities. The registered provider is Orbitview Limited, and the person in charge is supported by the management team and staff such as nurses and healthcare assistants. The centre can accommodate 102 male and female residents, in 62 single en suite bedrooms and 20 double en suite bedrooms. There are facilities in place for social, recreational and religious activities, and there is a pleasant zen garden available for residents to use.

**The following information outlines some additional data on this centre.**

|                                                |    |
|------------------------------------------------|----|
| Number of residents on the date of inspection: | 82 |
|------------------------------------------------|----|

## 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    |
|------------------------|----------------------|------------------|---------|
| Wednesday 24 June 2026 | 08:00hrs to 18:10hrs | Aislinn Kenny    | Lead    |
| Wednesday 24 June 2026 | 08:00hrs to 18:10hrs | Marguerite Kelly | Support |

## What residents told us and what inspectors observed

On the day of this unannounced monitoring inspection the inspectors spoke with residents, visitors and staff to gain their opinion on the service being delivered in Cara Care Centre. Overall, residents spoke positively about the centre and were complimentary about the staff and the care they provided. Residents said "staff are brilliant, and staff are so good". Visitors also shared mostly positive feedback, stating that their loved one was well cared for and that communication with the centre was very good. Two visitors spoken with told inspectors there can be a malodour in the centre and one said that inconsistency of staff can be an issue at times. Inspectors also observed there was a high use of agency staff in the centre.

The centre provided accommodation for a maximum of 102 residents and was laid out across five floors with access to each floor by lift and stairs. The design and layout of the home was appropriate for use by residents. Corridors were wide with assisted handrails throughout. However, inspectors observed that on the day of inspection, cleanliness, storage and the upkeep of premises required attention. This and other areas that did not fully meet the standards will be discussed further in the report.

Inspectors arrived to the centre early in the morning and walked around the premises observing interactions between staff and residents, the lived environment and the morning routine for residents. Inspectors noticed a malodour in some areas of the centre, in particular on the fourth and second floors. The inspectors noted that many areas of the centre, including some resident bedrooms, remained carpeted. This type of flooring is inconsistent with best evidence guidelines (HBN 00-10 Part A (Flooring)) as its porous nature prevents effective deep-cleaning or disinfection. While many of the carpets were generally clean, several areas exhibited visible debris, staining, and wear in communal areas such as staircases, sitting rooms and partial carpeting in the physiotherapy room.

Most of the residents were asleep in their bedrooms and some residents were observed sitting at the nurses stations on each floor and having their breakfast in the dining areas on each floor. Alcohol hand gel dispensers were in place along the corridors and were available at the point of care in resident bedrooms. Accessible hand wash sinks were also available for staff use. The inspector observed there was one clinical room on the ground floor and there were small rooms on the remaining floors for the storage of medications and the dressing trolley. There were clinical hand washing sinks for staff at various points along the corridors. Staff told the inspectors if they needed to wash clinical equipment such as dressing trolleys, they would use the clinical hand wash sink in the dirty utility room, posing a risk of infection.

The inspectors saw that there were staff allocated to all floors and the clinical nurse manager was observed supervising all floors on the day of the inspection. Some

residents required one-to-one care and staff were observed providing this. Later in the morning, inspectors observed that four residents on the fourth floor were watching television in the TV room; the residents were unable to access the call-bell and there was no direct supervision provided by staff. When asked how they would call for assistance, a resident told inspectors "they pop in and out".

The centre provided a full laundry service for residents. Residents told inspectors they were happy with the laundry service. The laundry staff demonstrated a good knowledge of laundry processes, specifically regarding the correct washing and disinfection temperatures and the segregation of linen types. The laundry room's footprint made the functional separation of clean and dirty phases difficult creating a risk of cross-contamination between soiled and processed linens. Inspectors observed clean storage laundry racks were located in the hallway outside the laundry facility, which compromised the required dirty to clean flow as staff had to pass by the clean racks with the dirty linen trolleys.

During the walk around of the premises the inspectors observed the basement area. This area contained the laundry, staff changing areas and an underground car park which was used by residents and visitors. Inspectors saw that spaces on both sides of the entrance door were being used to store a large amount of items intended for use by residents and staff in the centre such as bed bumpers, bins, toilet roll dispensers, evacuation sledges and three carpet cleaners. This practice infringes guidelines for infection prevention and control, by exposing them to external contaminants, moisture, and pests. One carpet cleaning machine was partially full of dirty, stagnant water. This represents a failure in equipment maintenance, introduces a direct reservoir for waterborne pathogens, and creates a risk of cross-contamination across the centre. In addition, inspectors observed flammable items such as four containers of chafing fuel and paint stored alongside combustible items close to the entrance door. Similarly flammable items such as diesel, solvents and varnish were being stored alongside mattresses, cardboard, crash mats and duvets in a plant room located within the car park and inappropriate storage was also observed alongside communications equipment in the maintenance store located in the basement and in a water pump room. Consequently, an immediate action was issued to the registered provider to clear these areas and remove all items from these areas to address the fire safety and infection control risks identified. Photographic evidence was received following the inspection which evidenced that these areas had been cleared. This and further findings are discussed later in the report.

The following two sections of the report outline how the governance and management arrangements of the registered provider determine the quality and safety of care provided and the specific findings are later outlined under individual regulations.

## Capacity and capability

There was a clearly defined management structure in place however, inspectors were not assured that effective management systems had been implemented to protect residents, particularly in relation to the management of fire safety and infection prevention and control. These and other concerns will be discussed under the relevant regulations.

This was an unannounced monitoring inspection, with a particular focus on infection prevention and control (IPC). The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended).

The registered provider was Orbitview Limited. The centre is part of the Emeis Ireland group who own and run a number of centres across the country. A regional manager was in place to provide governance support from the group level. The person in charge was responsible for the local day-to-day operations in the centre and was supported in the role by two assistant director of nursing (ADON), clinical nurse managers (CNM) a team of nursing staff, care staff, housekeeping, catering, administrative and maintenance staff. The provider had nominated two senior nurses to the role of infection prevention and control link practitioner to increase awareness of IPC and antimicrobial stewardship. They demonstrated a commitment and interest for their role. For example, completing regular IPC audits and support. Protected hours were allocated to the role of IPC link practitioner.

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. Staff meeting records included improvement actions and the responsible person whose duty was to address the areas for attention. Overall, on the day of the inspection the provider had adequate staff available to meet the needs of the residents.

The quality and safety of care was being monitored through a schedule of audits including an environmental audit completed in March, 2026. This audit captured findings, for example; floors not clean and smoking areas not clean. These were still unclean on the day of inspection. The improvement plan following this audit did not allocate responsibility to an individual staff member just to staff groups. Consequently, the audit process failed to drive operational improvement or mitigate environmental risks, demonstrating an inadequate system of accountability and oversight in this area.

A review of training records indicated that the staff were mostly up-to-date with mandatory trainings in line with their role in the centre. There were some gaps noted in the training of managing responsive behaviours and the provider had a plan in place to address these. Staff appraisals were in place, supporting a culture of continuous professional development and accountability.

Records of complaints were available for review and the inspectors reviewed a sample of complaints received since the last inspection. Complaints were listened to,

investigated and the complainants were informed of the outcome and given the right to appeal. Residents and their families knew who to complain to if they needed to.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse who worked full-time in the centre and met the regulatory requirements for their role.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection there were adequate staffing levels available to meet the needs of the current residents, taking into consideration the size and layout of the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role.

Judgment: Compliant

#### Regulation 23: Governance and management

Oversight and management of resources, including staff practices and allocations of staff required further review to ensure appropriate assistance and supervision of residents at all times. For example; the practice of staff nurses assisting with mealtimes resulting in a delay to the medication round.

While there were systems in place to oversee the clinical and social care, the systems for the oversight of fire safety, aspects of the premises and the maintenance of the residents' environment were not in place. This was evidenced by;

Management systems in place did not ensure that the cleaning procedures and maintenance in the centre were completed to the recommended standards to protect residents from infection. For example:

- Unclean carpets and non-operational carpet cleaners demonstrates a failure in environmental governance,
- Several en-suite shower drains seen were not clean
- Inappropriate supervision of storage both within the centre and the external car park

The systems for monitoring the service had failed to identify the fire safety risks identified on this inspection.

- An immediate action was issued to the registered provider on the day of the inspection under Regulation 28: Fire precautions and satisfactory assurances were received that corrective action had been taken to address the issues.

Judgment: Not compliant

### Regulation 34: Complaints procedure

Records of complaints were available for review and the inspectors reviewed a sample of complaints received since the last inspection. Complaints were recorded in line with regulatory requirements. The process of how to make a complaint was displayed around the centre to guide both residents and visitors.

Judgment: Compliant

## Quality and safety

Overall, residents were supported and encouraged to have a good quality of life in Cara Care Centre and their health care needs were met. Residents and visitors voiced their satisfaction with the care provided in the home. However, improvements were required in relation to the premises, assessment and care planning, infection prevention and control practices and fire precautions which will be discussed under their respective regulations.

The centre had arrangements in place to ensure 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 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.

Resident care plans were accessible on a computer based system. Pre-admission assessments and four-monthly reviews were undertaken within the required time frame. Documentation reviewed for catheter care 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. However, improvements in this area were required as further detailed under Regulation 5: Individual assessment and care plan. There were good practices observed relating to infection prevention and control such as antimicrobial stewardship and inspectors found that 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. Notwithstanding, other areas were identified that did not meet the requirements of Regulation 27: Infection prevention and control as discussed further under the regulation.

While the premises was appropriately laid out to meet the needs of the residents, storage arrangements in the centre did not provide premises that conformed with Schedule 6 requirements as the provider had failed to maintain safe, segregated, and appropriate storage facilities for clinical and environmental supplies. An external store room located within the public car park was similarly observed to have inappropriate storage practices, with maintenance equipment, industrial tools, and cleaning chemicals stored directly alongside clean resident supplies.

An immediate action was issued to the provider on the day of the inspection under Regulation 28: Fire precautions to address the fire safety risks identified in the basement and underground car park as discussed further under the regulation.

The provider had taken reasonable measures to protect residents from abuse. There was an up-to-date safeguarding policy in place to guide staff, and records indicated that all staff had completed relevant training.

## Regulation 17: Premises

Action was required to be taken by the provider to address the following issues identified, which were not in line with Schedule 6 requirements:

- Store rooms were cluttered, items inappropriately stored on the floor. For example, a hoist was stored in the hydrotherapy room and hoists were observed being stored in bathrooms. Resident equipment and supplies were not segregated from general supplies, making these areas difficult to clean and increasing risk of contamination.
- General waste bins seen in dirty utilities (sluices) had an opening for waste disposal. Waste receptacles in health care should be lidded and foot-operated only and should be easy to clean.

- Incorrect and inconsistent colour-coding system for waste bins was in use across multiple clinical and utility areas.

Judgment: Not compliant

## Regulation 27: Infection control

The provider failed to meet the requirements of *Regulation 27 (Infection Control) and the National Standards for Infection Prevention and Control in Community Services (2018)*. This was evidenced by the following:

- Sharps boxes were seen with temporary closure mechanism in place, but not signed on assembly. This lack of documentation hinders effective traceability and audit of clinical waste management.
- Single use wound dressings and solutions were seen open and partially used. This may impact the sterility and efficacy of these products.
- External health care risk waste bins were seen open and unsecured. In addition, on the ground next to the health care risk waste bins inspectors observed locked sharps boxes which were not appropriately discarded. This practice is inconsistent with national guidelines for the safe management of health care risk waste and poses a risk of unauthorized access and environmental cross-contamination.
- The external waste area was observed to be unclean, poorly maintained, and heavily cluttered with redundant equipment and broken furniture awaiting disposal.
- Cooling and ventilation fans in use across multiple units were visibly unclean and heavily coated in dust and lint.
- Many of the paper hand towel dispensers were faulty and required staff to physically touch a manual wheel mechanism to dispense towels, removing the required hands free operation of drying hands.
- There were toiletries and creams seen around the centre not labelled for a specific resident. Shared toiletries and creams can create a risk of cross-infection between residents.

Judgment: Not compliant

## Regulation 28: Fire precautions

Significant risks were identified in respect of the management of fire safety which required immediate action by the registered provider on the day of inspection.

The registered provider did not take adequate precautions against the risk of fire, and did not provide suitable fire fighting equipment and building services. For example:

- The accumulation of flammable and combustible items noted within the plant room included high risk items such as a power washer with a diesel tank, paint and solvents. These were stored alongside combustible items such as building materials and cardboard. This room was the designated plant room and therefore should not contain any of these high risk items. Photographic evidence and written assurance was received from the provider following the inspection that this area had been cleared.
- Flammable and combustible items were also stored in the underground car park and a water tank storage room. This created a risk of fire within a confined and high risk area. In addition, these items were also stored alongside communication equipment within the maintenance store in the centre which created further risk of fire.

Inspectors were not assured that the arrangements in place for reviewing fire precautions were adequate. For example;

- The fire safety risk assessment submitted following the inspection did not provide assurance that all risks were sufficiently identified and that the compartment sizes were an accurate reflection of the centre. Furthermore, the risk assessment recommended review by a fire competent person within a set time frame and this had not been carried out.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Medication administration required review to ensure adherence to local policy and best practice guidelines:

On the day of the inspection, the medication administration round continued after the prescribed time. This meant that the recommended time-frame within which medications must be administered in line with best evidence practice was not adhered to.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was adequate, however a number of gaps were identified where a comprehensive care plan was not consistently developed and implemented to meet the infection control needs of all residents.

- Descriptive care plans were in place for catheter care, however, although documented in the daily notes, there was no care plan or detail provided for a wound care dressing and specialist drainage tube.
- The care plan for a resident with a Multi-Drug Resistant Organism (MDRO) was inconsistent with national best practice guidelines. This may pose a risk of cross-infection to other residents within the shared environment.

Improvement was required to ensure information was accurately recorded and sufficiently detailed to guide staff in providing care to the residents.

- Conflicting information was recorded in a resident's care plan regarding their level of diet following a dietitian review and referred to the resident following both a Level 7 diet and a Level 3 diet.

Judgment: Substantially 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 8: Protection

Safeguarding measures were in place to protect residents living in the centre. All staff had safeguarding training. The person in charge investigated allegations of abuse and referred residents to the appropriate supports when required or requested.

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                |
|------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                       |                         |
| Regulation 14: Persons in charge                     | Compliant               |
| Regulation 15: Staffing                              | Compliant               |
| Regulation 16: Training and staff development        | Compliant               |
| Regulation 23: Governance and management             | Not compliant           |
| Regulation 34: Complaints procedure                  | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 17: Premises                              | Not compliant           |
| Regulation 27: Infection control                     | Not compliant           |
| Regulation 28: Fire precautions                      | Not compliant           |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and care plan    | Substantially compliant |
| Regulation 6: Health care                            | Compliant               |
| Regulation 8: Protection                             | Compliant               |

# Compliance Plan for Cara Care Centre OSV-0000735

Inspection ID: MON-0049369

Date of inspection: 24/06/2026

## 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 23: Governance and management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All carpets identified as requiring cleaning have been deep cleaned, and non-operational carpet cleaning equipment has been repaired or replaced. A routine carpet cleaning schedule has been implemented and will be monitored by the PIC and Housekeeping Supervisor through environmental audits- complete and ongoing.</p> <p>All en-suite shower drains have been thoroughly cleaned and are now included in the routine cleaning schedule. Regular environmental audits will be undertaken to ensure drains remain clean and well maintained- complete and ongoing.</p> <p>The storage arrangements within the centre were reviewed. Alternative locations will be identified to store activity equipment in each sitting room by 30th November 2026. Supervision of storage areas has been strengthened throughout the centre using the Daily Walkabout completed by the CNMs and ADONs.</p> <p>Redundant items and equipment have been removed, and designated storage areas are being monitored regularly to ensure items are stored safely, appropriately and securely. An external shed has been sourced to meet the additional storage needs in the centre- complete and ongoing</p> <p>All storage in the plant room has been removed. Weekly monitoring checks are in place to ensure this room remains free of storage- complete and ongoing</p> <p>Redundant items and equipment have been removed from car park and water tank room, and designated storage areas are being monitored regularly to ensure items are stored safely, appropriately and securely. An external shed has been sourced to meet the additional storage needs in the centre. A weekly monitoring check is in place to ensure compliance- complete and ongoing</p> |               |

A review of the Fire Safety risk assessment and an action plan devised to address any risks identified will be completed by 31st October 2026

Regulation 17: Premises

Not Compliant

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

The storage arrangements within the centre were reviewed. Alternative locations will be identified to store activity equipment in each sitting room by 30th November 2026. Supervision of storage areas has been strengthened throughout the centre using the Daily Walkabout completed by the CNMs and ADONs.

By 30th September 2026, all general waste bins in dirty utility areas will be replaced with appropriate lidded, foot-operated and easily cleanable waste receptacles, in line with infection prevention and control requirements. By 31st October 2026, all staff will receive refresher training on the appropriate colour coding for correct waste segregation.

Regulation 27: Infection control

Not Compliant

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

All staff have been re-educated on sharps and waste management. Compliance will be monitored through audits and daily managers' walkabouts- complete and ongoing

Any opened or partially used products that cannot be safely stored in accordance with manufacturer guidance are discarded- complete and ongoing

Safety pause meetings were organised to educate the nurses regarding appropriate usage and storage of wound dressing products in accordance with manufacturer guidance- complete and ongoing

The external waste area has been cleared, cleaned and reorganised. Redundant equipment and broken furniture has been removed/disposed of, and the area will be routinely monitored to ensure it remains clean, secure and free from unnecessary clutter complete and ongoing

All cooling and ventilation fans across the units have been cleaned and included in a routine cleaning schedule to ensure they remain free from dust and lint- complete and ongoing

Faulty paper towel dispensers have been identified and repaired/replaced to ensure hands-free operation and compliance with hand hygiene requirements- complete and ongoing

Staff have been reminded that all toiletries, creams and personal care products must be clearly labelled with the individual resident's name and must not be shared between residents. This has been added to the environmental audits to monitor compliance - complete and ongoing

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
All storage in the plant room has been removed. Weekly monitoring checks are in place to ensure this room remains free of storage- complete and ongoing

Redundant items and equipment have been removed from car park and water tank room, and designated storage areas are being monitored regularly to ensure items are stored safely, appropriately and securely. An external shed has been sourced to meet the additional storage needs in the centre. A weekly monitoring check is in place to ensure compliance- complete and ongoing

A review of the Fire Safety risk assessment and an action plan devised to address any risks identified will be completed by 31st October 2026

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

For residents who choose to receive their morning medications later in the day,

individualised medication administration times have been reviewed and appropriately scheduled in consultation with the resident and prescriber, where required. This ensures the resident's preference is respected while supporting timely medication administration and preventing delays to the morning medication round- complete

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A full review of all residents' care plans was undertaken to identify any clinical interventions documented in daily notes but not reflected in the resident's care plan- complete

Any identified care plans were immediately updated to include a care plan for a specialist drainage tube and wound care dressing, MDRO and relevant clinical information and its management and the most recent dietitian assessment/recommendation- complete

Further measures have been implemented to ensure a monthly care planning checklist is completed to monitor that care plans remain accurate, current, comprehensive and reflective of residents' assessed needs, including wound care, specialist devices, infection prevention and control measures, and dietary requirements- complete

## 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. | Not Compliant           | Orange      | 30/11/2026               |
| 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.     | Substantially Compliant | Yellow      | 30/11/2026               |
| Regulation 23(1)(d) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,                                                | Not Compliant           | Orange      | 30/11/2026               |

|                         |                                                                                                                                                                                                                           |               |        |            |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------|------------|
|                         | 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.                                 | Not Compliant | Orange | 03/09/2026 |
| 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 | 03/09/2026 |
| Regulation 28(1)(a)     | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.                   | Not Compliant | Orange | 31/10/2026 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for                                                                                                                                                              | Not Compliant | Orange | 31/10/2026 |

|                  |                                                                                                                                                                                                                                                                                     |                         |        |            |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                  | reviewing fire precautions.                                                                                                                                                                                                                                                         |                         |        |            |
| Regulation 29(5) | The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. | Substantially Compliant | Yellow | 03/09/2026 |
| Regulation 5(1)  | The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).                                                                                                     | Substantially Compliant | Yellow | 03/09/2026 |
| Regulation 5(4)  | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.                           | Substantially Compliant | Yellow | 03/09/2026 |

