



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

Issued by the Chief Inspector

Name of designated centre:	Mount Cara Nursing Home
Name of provider:	Shannore Management Ltd
Address of centre:	Redemption Road, Blackpool, Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	20 August 2025
Centre ID:	OSV-0000747
Fieldwork ID:	MON-0047952

About the designated centre

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

Mount Cara is a purpose built facility located in the north side of Cork city. It is built on an elevated site with panoramic views of the city. It is a single storey building and resident accommodation comprises single occupancy bedrooms; communal areas include the parlour quiet visiting room, two large adjoining day rooms, sun room, small conservatory and large foyer with seating. Patio access to the garden is via the conservatory and sun room. The centre provides respite, convalescent and continuing care for persons assessed as being at low and medium dependency. The centre caters for both male and female residents over the age of 65 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Wednesday 20 August 2025	09:00hrs to 16:20hrs	Erica Mulvihill	Lead
Wednesday 20 August 2025	09:00hrs to 16:20hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over one day by two inspectors of social services. Overall, residents were very content with life in the designated centre. Residents praised the staff and management team, and they told the inspectors that staff were kind and respectful. Residents stated that they "have everything we need" and they felt safe in the centre. Overall, inspectors spoke to the majority of residents in the centre on the day of inspection but spoke to eight in more detail.

Inspectors also spoke with three relatives who were visiting on the day of the inspection. They were very complimentary in their feedback and expressed satisfaction about the standard of care provided. One visitor told inspectors that they considered the centre to be the "best nursing home in Cork".

Upon arrival to the centre, the inspectors were greeted by the person in charge. Following an initial walk through of the centre, where inspectors observed kind interactions between staff and residents, the inspectors and the person in charge had a short introductory meeting.

Mount Cara is a single story building. The main entrance is wheelchair accessible with a call bell system in place for visitors to the centre. The reception area was situated in the hallway with a parlour room that residents could use if they wished as a quiet space to receive visits. The registration certificate, complaints procedure and insurance information were displayed in this area. Also available at reception, was a copy of the statement of purpose and function, previous inspection reports and the current residents guide. A concerns and compliments post box was also situated in this area for residents and visitors to be able to give their views with advocacy information displayed also.

Through the reception area, is a large bright foyer with a large glass dome which flooded light into the centre on the day of inspection. Off the foyer area, to the right, was the dining room which inspectors observed was set for lunch. Inspectors were told that residents requested breakfast in their rooms. To the left was a large bright spacious day room which led into another large room via an archway; both rooms had TV facilities. Residents were seen to be coming and going throughout the day. An activities coordinator was working with residents and all staff were observed to be socially interacting with residents as they were reading the newspapers, chatting and having a morning cup of tea or coffee.

On the afternoon of the inspection a large number of residents were seen enjoying a sing-along. A small number of residents said that they preferred their own company but were not bored as they had access to newspapers, books, radio and television.

Residents said that they enjoyed the home cooked food provided in the centre. The chef was familiar with the residents individual likes and preferences and sought to

cater to their needs. A group of residents attended the dining room for their lunch, while other residents chose to have lunch in their bedrooms or in the lounge.

Adjacent to the day room was the nursing admin office, the oratory, toileting facilities and the nursing clinical room. Bedroom accommodation was along two adjoining corridors across from the day room.

Other communal spaces available to residents included a sun room which had an outside courtyard with garden access. Residents were observed during the day of inspection to receive visitors in these areas. A meeting room which was for residents use, was found on the day of inspection to be used for storage of old furniture, medical equipment and was not conducive to be used as a space that residents could receive visitors. This is further highlighted under Regulation 17: Premises.

All residents were accommodated in single bedrooms. Residents were supported to personalise their bedrooms, with items such as photographs and artwork to help them feel comfortable and at ease in the centre.

While the centre generally provided a homely environment for residents, improvements were required to enhance this. For example, some of the décor and the flooring in a large number of bedrooms were showing signs of wear and tear. Furthermore, commode chairs remained in a large number of bedrooms over the course of the day. Commode chairs left in bedrooms can compromise resident dignity if not managed discretely. COVID- related floor signage also remained in the reception area. While appropriate during the pandemic, it was no longer required and also detracted from the homely atmosphere of the centre.

Sluicing facilities did not effectively support effective infection prevention and control. This posed a risk of cross contamination and will be discussed further in the report.

Two clinical hand washing sinks had been installed, one in a sluice room and another in the treatment room. These conformed to the recommended specifications for clinical hand wash sinks. However, barriers to effective staff hand hygiene were identified during the course of this inspection. Findings in this regard are detailed under and Regulation 27.

Appropriate signage was used on doors where oxygen was stored. Fire signage and extinguishers were visible and were serviced and in date. Fire smoke detectors in some rooms were upgraded but the original holes in the ceiling were not fire stopped and therefore created an increased risk of fire spread into attic vaults. A petrol can was stored inappropriately in the courtyard next to a smoking area. These will be further discussed under Regulation 28: Fire Precautions.

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.

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 also had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspectors reviewed the actions from the previous inspection and found actions were taken in relation to updating of policies and procedures in line with regulatory requirements, however, further improvements were required in relation to governance and management. An immediate action was issued to the provider during the inspection due to an immediate fire safety risk identified. A petrol can was stored inappropriately in the courtyard next to a smoking area. This was removed immediately by the provider once identified by the inspectors.

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

The provider had nominated the person in charge (PIC) to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Infection prevention and control audits were undertaken monthly and covered a range of topics including, hand hygiene procedures, equipment and environment hygiene, waste and sharps management. Full compliance were consistently achieved in recent audits. However, audits had not identified a number of infection prevention and control issues highlighted on the day of the inspection. These findings are set out under the relevant regulations.

The provider had implemented a number of Legionella controls in the centres water supply. For example, unused outlets/ showers were run weekly. However, routine testing for Legionella in hot and cold water systems was not undertaken to monitor the effectiveness of the control.

Complaints were managed well in the centre. The inspectors viewed the complaints log which showed that complaints were recorded appropriately and followed up by the person in charge.

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. Staff had completed training in safe guarding, fire training, dementia awareness and infection prevention and control.

However, staff supervision was not robust and required improvement. For example, staff did not consistently implement the provider's own infection prevention and control policies and procedures in order to ensure care was consistently provided to the required standards. This was evident in cleaning procedures and equipment management procedures observed on the day of the inspection. These findings are set out under the Regulation 27.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. There had been no outbreaks of infection notified to HIQA in 2025 at the time of inspection. Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19 in recent years. A review of notifications submitted, found that outbreaks were generally managed, controlled and reported in a timely and effective manner. Notwithstanding this, inspectors found that robust infection prevention and control practices were not consistently implemented with residents displayed symptoms of infection such as nausea and vomiting. Findings in this regard are presented under Regulation 27.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

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. Staff had completed training in fire safety, safe guarding vulnerable adults, managing behaviour that is challenging and infection prevention and control.

However, staff supervision was not sufficiently robust and required action in the following areas:

- staff were not consistently adhering to local infection prevention and control guidelines. Findings in this regard are presented under Regulation 27.
- a residents who have a documented choking risk was not supervised appropriately at mealtimes.

Judgment: Substantially compliant

Regulation 23: Governance and management

Systems for monitoring the quality and safety of the service required action to ensure the systems were consistently informing ongoing safety improvements in the centre. For example:

- Disparities between the finding of local infection prevention and control audits and the observations on the day of the inspection (as detailed under Regulation 27) indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.
- The antimicrobial stewardship programme was not sufficiently robust and needed to be further developed, strengthened and supported in order to progress. For example, there was no evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives, audits or training.
- Staff had implemented a number of Legionella controls in the centre's water supply. However, routine testing for Legionella in hot and cold water systems was not undertaken to monitor the effectiveness of the controls.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence. All other required notifications were submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There were policy and procedures in place for the management of complaints, which was on display in the centre. Inspectors found that there was a comprehensive recording of complaints and complaint logs were maintained in the centre as per regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures, in accordance with Schedule 5 of the regulations, were in place. These were updated to reflect changes in regulations. These policies were available to staff to guide care practices.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents rights and choice were promoted and respected in this centre. There were no visiting restrictions in place. Visits and outings with family members were encouraged and facilitated.

There was a focus on social interaction led by the activity co-ordinator and residents had daily opportunities to participate in group or individual activities. Residents also had access to local and national newspapers every day. Inspectors were informed that a second activity co-ordinator was being recruited to strengthen the overall activity programme and ensure that residents have greater opportunities for meaningful engagement and social interaction.

Minutes of residents' meetings showed good discussion regarding life in the centre and residents' feedback was sought regarding all aspects of care. Issues highlighted were followed up by the person in charge and actions taken to remedy shortfalls identified.

Residents' healthcare needs were met to a good standard. A review of documentation found that residents' had timely access to general practitioners (GP), specialist services and health and social care professionals, such as physiotherapy, dietitian, speech and language therapists, chiropodist and tissue viability as required. There was a low reported incidence of wounds including pressure sores within the centre.

Residents were seen to enjoy a varied and appetising menu. The chef was observed to be very familiar with the residents' preferences and offered choice at mealtimes if required. Staff were attentive to residents who attended the day room, sitting beside them and assisting them in a calm unhurried manner. However, on review of care plans, one resident with a documented choking risk, was observed having their

meal in the day room, unsupervised. This is further discussed under Regulation 23: Governance and Management.

The centre had an electronic resident care record system. A number of validated assessment tools were used to assess residents' care needs. Care plans were informed through the assessment process and developed in consultation with residents. A sample of care plans focusing on residents' infection control (MDRO), elimination (urinary catheter), wound care plans and resuscitation status were reviewed. Care plans reviewed were noted to be person centred. However, a updated within four months or more frequently if required following assessments and recommendations by allied health professionals. A small number of care plans lacked the detail required to guide staff to deliver effective, person-centred care. This is detailed under Regulation 5; individual assessment and care plan.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

As perviously outlined in the report, an immediate fire safety risk was identified in the courtyard where residents were observed to frequent. Also, areas of fire stopping in ceilings needed attention where recent upgrades to fire detectors were replaced. This will be detailed further under Regulation 28: Fire Precautions.

Inspectors identified some examples of good antimicrobial stewardship practice. The volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, although antibiotic usage was recorded, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives.

The premises were generally designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. However, flooring was damaged in a large number of bedrooms, the housekeeping room and in the treatment room. An equipment store room was observed to be cluttered, and a strong malodour was present within this room.

Inspectors 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. Laundry services had been outsourced since the last inspection.

Notwithstanding the good practices observed, a number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. Inspectors observed manual emptying and rinsing of commodes and urinals.

There were two hydrotherapy (jacuzzi) baths available within the centre. While the external surfaces of the baths were cleaned after use, the pipes/ air jets did not receive routine disinfection. Staff members said that they were not familiar with the use of the integrated cleaning and disinfection system. Findings in this regard are reported under Regulation 27.

Hand hygiene facilities were not in line with best practice and national guidelines. There were a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's bedrooms were dual purpose used by resident's and staff. Disposable hand towels were not available in two rooms. The hand sanitising foam within some dispensers had past it's expiry date. Findings in this regard are presented under regulation 27.

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 through out the centre.

The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits from their nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and generally laid out to meet the number and needs of residents in the centre, some areas required action to be fully compliant with Schedule 6 requirements, for example:

- The décor in some parts of the centre was showing signs of wear and tear. Surfaces and finishes, including flooring, were damaged and as such did not facilitate effective cleaning.
- A store room was observed to be cluttered. A strong odour was also detected in this room.
- There was no racking or storage for bedpans and urinals in one sluice room.
- A communal living space called the meeting room was observed to be cluttered with old furniture and medical equipment preventing this space to be used by residents as social space.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks, refreshments were seen to be offered throughout the day. Menus were displayed outside the dining room, with allergens documented for those with special dietary requirements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital. Copies of transfer documents were filed in the residents charts.

Judgment: Compliant

Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example;

- A review of documentation found that a resident who had recently presented with nausea and vomiting was not managed in accordance with local infection prevention and control guidelines. The resident was not isolated and instead remained in a communal lounge, thereby increasing the risk of potential transmission to other residents and staff.
- Cleaning procedures were not aligned to best practice guidelines. The same cloth was used to clean hand wash basins in multiple bedrooms. This posed a risk of cross contamination.
- The hydrotherapy baths were not effectively cleaned after and between uses. These baths are potentially a high-risk source of fungi and bacteria, including legionella if not effectively decontaminated after use.
- Staff reported that they manually disposed of toilet paper, decanted the contents of commodes and urinals into the sluice and rinsed equipment with a hose prior to placing in the bedpan washer for decontamination. This

increased the risk of environmental contamination. The use of the hose/spray wand also posed a very high risk for environmental contamination. Several urinals and commode basins were observed to be visibly stained. Staff did not consistently follow cleaning protocols for commode chairs that remained in resident bedrooms. Residual soiling was also observed on a number of chairs and the foam lids on a small number of commodes were damaged.

- There was a limited number of dedicated clinical hand wash sinks in the centre and the sinks in the resident's rooms and ensuite bathrooms were dual purpose used by residents and staff. A small number of staff told the inspector that used wash-water was emptied down sinks in resident bedrooms after assisting residents with personal hygiene. This practice increased the risk of environmental contamination and cross infection and was further compounded by staff using the same sink for hand hygiene.
- Alcohol hand sanitiser in some dispensers had passed its expiry date. This may impact its effectiveness.
- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. Inspectors were informed that samples were stored within the a medication fridge. This posed a risk of cross-contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

Action was required, regarding fire safety management, to ensure all measure to prevent, control and protect the centre from fire. For example:

- An immediate risk was identified on the day of inspection. A partially filled petrol canister was situated next to a plant holder with used cigarettes inside in an outdoor resident area. This was just outside the window of the clinical room containing the centres oxygen supply. This was not a designated smoking area for residents or staff. This was removed immediately and placed in a suitable area away from the centre.
- Fire stopping was required in areas of the centre where new smoke detectors were replaced in bedrooms and breaches were observed in ceilings.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure residents' assessment and care planning documentation was maintained in accordance with regulatory requirements:

- A wound assessment and care plan had not been developed for a resident with a head wound.
- One resident who was admitted to the centre did not have their care plan prepared and completed in the required timeframe.
- One residents' file reviewed had a resuscitation directive in their care plan, but evidence of the decision making process between the resident, family member and general practitioner was not documented.
- Another resident who displayed responsive behaviours, had assessments completed but these were not updated in the care plan to reflect the changing needs of the resident.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible for example tissue viability, speech and language therapy (SALT) dietitian, and physiotherapy. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were observed to be upheld in the centre. Interactions on the day of inspection were person-centred and courteous. Residents spoke of exercising choice and control over their day and being generally satisfied with activities available.

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. The inspector was informed that visiting was facilitated during outbreaks with appropriate infection control precautions in place.

Meaningful activities were available to residents in the designated centre. Residents meetings were reviewed and were held quarterly. Any concerns identified were responded to appropriately. Residents were supported to maintain their links to their family, friends and community.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Cara Nursing Home OSV-0000747

Inspection ID: MON-0047952

Date of inspection: 20/08/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will ensure all staff are adhering to local infection prevention and control measures by continuing supervision and training. We have started staff allocation at mealtime to supervise residents with choking risks. Also commenced regular safety pause meetings to discuss safety concerns.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A comprehensive auditing system is in place, ensuring that observations are incorporated to achieve compliance with national standards for infection prevention and control in community services. Staff are trained in multidisciplinary targeted antimicrobial stewardship quality improvement initiatives. Commenced 6-monthly testing for Legionella in hot & cold water systems to monitor the effectiveness of the controls.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Communal room and storage room decluttered. Audit commenced on the premises, which includes décor and flooring. Damaged flooring will be replaced. Racking was installed to store bedpans and urinals in the sluice room.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Regular staff training sessions are commenced to improve the practices at Mount Cara by adhering to local Infection control guidelines. Staff nurses are now aware the importance of immediate actions after observing symptoms of infections. PIC will continue to monitor the situation. Cleaning procedures are highlighted to housekeeping staff, and PIC will ensure and monitor adherence with best practice guidelines. Hydrotherapy baths are now effectively decontaminated after and in between usage. Staff are reminded about the correct sluicing procedures, and PIC will monitor the adherence. Damaged and stained equipment was discarded and replaced. A robust system is in place to ensure appropriate disposal of wastewater after personal hygiene. PIC has commenced an audit to ensure the alcohol sanitisers used are within expiry dates and will ensure adherence. A new fridge is in place to store laboratory specimens.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Maintenance staff are advised to keep flammable substances only in the designated area. Used cigarettes are removed, and PIC will continue to monitor to ensure that the area is not used for smoking. All fire stopping where old bulkheads were removed has now been rectified.	

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: All nurses have now completed training in Care planning and documentation. PIC conducted a staff meeting to highlight the importance of personalised care planning and documentation. The issues highlighted on the day of inspection have been rectified. PIC & CNM will continue auditing and staff training to improve the documentation practice by adhering to regulatory requirements.	

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	26/09/2025
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	01/01/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	26/09/2025
Regulation 27(a)	The registered provider shall ensure that infection	Not Compliant	Orange	26/09/2025

	prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Not Compliant	Orange	26/09/2025
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	26/09/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	26/09/2025
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs	Substantially Compliant	Yellow	26/09/2025

	of each resident when these have been assessed in accordance with paragraph (2).			
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