



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Willow Brooke Care Centre
Name of provider:	Thistlemill Limited
Address of centre:	College Road, Castleisland, Kerry
Type of inspection:	Unannounced
Date of inspection:	10 April 2025
Centre ID:	OSV-0007842
Fieldwork ID:	MON-0046820

About the designated centre

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

Willow Brooke Care Centre is a purpose built facility located in the market town of Castleisland. It is set on 3 acres of landscaped gardens with 2 enclosed courtyards. It is registered for 73 beds. The bedroom accommodation comprises of 55 single rooms and 9 double rooms, all are en-suite with a shower, toilet, wash hand basin and vanity unit. There are several communal areas within the care centre including 5 sittings rooms/ day rooms and an open plan reception area. Willow Brooke Care Centre provides 24 hour nursing care to both male and female residents aged 18 years or over requiring long-term or short-term care for post-operative, convalescent, acquired brain injury, rehabilitation, dementia/intellectual disability/psychiatry and respite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 10 April 2025	09:10hrs to 15:45hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector spoke with eight residents and two visitors and the general feedback was that the centre was a pleasant and safe place to live. Residents described the staff as kind, respectful and patient, and this made residents feel safe in their care. Residents spoke of exercising choice and control over their day and being satisfied with activities available.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

Residents confirmed that there was a wide range of activities taking place, seven days a week. Daytrips and outings to local events including a nearby horse racing meeting were organised by the activities co-ordinator. On the morning of the inspection a large group of residents were observed actively engaging in a group music therapy session facilitated by a music therapist. Feedback from the residents indicated that they looked forward to the weekly music therapy sessions and found them relaxing and enjoyable.

Willow Brooke Care Centre is a purpose-built care facility providing 73 beds, located in the town of Castleisland. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Finishes, materials, and fittings struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. The aesthetics and interior design of communal areas were also of a high standard, with pieces of 'up-cycled' antique furniture and décor that created a soothing, homelike and non-clinical feel.

The centre was located on a spacious site with well maintained landscaped gardens and two enclosed courtyards. Outdoor spaces were well maintained and accessible, allowing residents of varying mobility levels to participate safely. On the afternoon of the inspection, residents were observed enjoying activities in the external courtyard, making the most of the fine weather. The atmosphere was relaxed and cheerful, with residents engaging in conversation, games and sensory activities. Several residents commented positively on the opportunity to spend time outdoors in the sunshine.

Overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean and generally well maintained. While the centre generally provided a homely environment for residents, the paintwork in some parts of the centre was showing signs of minor wear and tear.

These issues were being addressed through scheduled maintenance and renovations.

Bedroom accommodation comprised 55 single bedrooms and nine double occupancy bedrooms. All bedrooms had spacious en-suite bathroom facilities. The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia.

There was a variety of comfortable communal spaces including sitting rooms, day rooms and dining rooms available to residents. Communal areas were seen to be supervised at all times and call bells were answered promptly.

Ancillary areas were also generally well-ventilated, clean and tidy. However, the design and layout of the sluice room on the first floor and the housekeeping rooms were not ideal from an infection prevention and control perspective. For example, this sluice room was small and the clinical hand wash basin did not comply with the recommended specifications for clinical hand wash basins. The provider had identified these issues and had plans to reconfigure the layout of the first floor sluice room. Works had also commenced to convert a store room into a housekeeping room with a janitorial sink.

Clinical hand wash sinks were in the process of being installed within easy walking distance of resident rooms. These complied with the recommended specifications for clinical hand wash basins. Alcohol hand gel dispensers were readily available along corridors for staff use. Staff also carried individual bottles of alcohol hand rub to ensure they had access to gel at point of care, within residents bedrooms.

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

Overall, the registered provider was endeavouring to provide a service compliant with the regulations. The provider generally met the requirements of Regulation 5; individualised assessment and care plan, Regulation 6; healthcare, Regulation 23: governance and management and Regulation 25: temporary absence and discharge, however further action is required to be fully compliant.

Willow Brooke Care Centre is part of a larger organisation known as Windmill Healthcare and was supported by a corporate structure that included access to human resources, finance, quality and facilities management personnel. Within the centre there was a recently appointed full-time person in charge who was supported by a group operations manager, an assistant director of nursing and a team of clinical nurse managers, nurses, carers, catering, housekeeping, activity, administration and maintenance staff.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The provider had nominated an assistant director of nursing to the role of infection prevention and control lead and link practitioner. External infection prevention and control expertise had been sought prior to installing additional clinical hand washing sinks and commencing renovations of hand hygiene facilities, housekeeping and staff changing facilities.

The inspector observed there were sufficient numbers of clinical and housekeeping staff to meet the needs of the centre on the day of the inspection. Residents were seen to receive support in a timely manner, such as providing assistance at meal times and responding to requests for support. The inspector was informed that the registered nursing compliment at night had been increased to three nurses to ensure that there were an appropriate number allocated to ensure clinical supervision of residents.

The provider had a number of effective assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, flat mops and colour coded cloths to reduce the chance of cross infection.

Audits were carried out monthly, with actions taken promptly where required, ensuring a high standard of hygiene was maintained throughout the centre. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent infection prevention and control audits were generally reflected on the day of the inspection.

However, observations of infection prevention and control practices including the use of personal protective equipment (PPE), waste management and sharps safety were not routinely audited. This meant that the provider could not be assured that standard infection control precautions were consistently implemented by staff delivering care.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded. However, records were not accurate and staff were unaware that a small number of residents were colonised with MDROs including Spectrum *Beta-Lactamase* (ESBL) and Vancomycin-resistant *Enterococci* (VRE). As a result accurate information was not recorded in all resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. Laboratory results were reported directly to local GPs to support timely decision-making for optimal use of antibiotics.

However, copies of laboratory reports were not available at point of care within the resident's healthcare record to enable antimicrobial therapy to be streamlined and optimised on the basis of laboratory results by out-of-hours prescribers or for nursing staff to review. This may have contributed to the inaccuracies in the MDRO surveillance records.

Staff had effectively managed several small outbreaks and isolated cases of transmissible infections in recent years including two outbreaks in 2024. There had been no outbreak in 2025 to date. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. A review of notifications submitted found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, 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. Residents said that there were enough staff to provide the care they wanted at the time they wished.

Judgment: Compliant

Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d). However, further action was required to be fully compliant. This was evidenced by the following:

- MDRO colonisation was not accurately monitored and recorded. Staff and management were unaware that a small number of residents were colonised with MDROs including VRE and ESBL. This impacted appropriate antibiotic treatments and the early identification and control of MDROs within the centre.
- The provider 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 undertaken to monitor the effectiveness of the controls.

- Local infection control audit did not include observations of all elements of standard precautions. As a result, the provider did not have sufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by the activity co-ordinators and residents had daily opportunities to participate in group or individual activities.

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.

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, a review of care plans found that sufficient information was not recorded to effectively guide and direct the care of a small number of residents with indwelling urinary catheters and residents that were colonised with MDRO's. Details of issues identified in care plans are set out under Regulation 5.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and

also had access to other health and social care professionals such as physiotherapy, speech and language therapy, dietitian and chiropody.

A version of the National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute hospitals for treatment. However, the infection control section was limited to a record of Meticillin resistant *Staphylococcus aureus* (MRSA) status. Other MDROs included on the national transfer document template were not included. Findings in this regard are presented under Regulation 25; Temporary absence or discharge of residents.

The inspector identified some examples of good antimicrobial stewardship. 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. Staff had received training on the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Findings in this regard are presented under Regulation 6; healthcare.

The premises was designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. The general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

A schedule of maintenance and painting work was ongoing, ensuring the centre was generally maintained to a high standard. Renovations were also ongoing at the time of the inspection to ensure ancillary facilities including sluice rooms, housekeeping facilities and staff changing rooms were equipped to support effective infection prevention and control measures.

The provider had completed a detailed *Legionella* risk assessment and staff confirmed that the control programme had been implemented. For example, unused outlets/ showers were run weekly, water temperature was maintained at temperatures that minimised the proliferation of *Legionella* bacteria and shower heads were regularly cleaned. However, routine testing for *Legionella* in hot and cold water systems was not undertaken to monitor the effectiveness of these controls. The management team were responsive to the issues identified during this inspection and the provider had acted immediately to source a company to undertake *Legionella* testing.

The provider was found to be compliant with Regulation 27; infection control. The inspector identified many examples of good practice in the prevention and control of infection. Staff confirmed that they had received education and training in infection prevention and control practices that were appropriate to their specific roles and responsibilities. Staff were observed to demonstrate a good awareness of standard precautions. For example, care was provided in a clean and safe environment that minimised the risk of transmitting a healthcare-associated infection. Daily cleaning schedules were comprehensive and up to date, with a regular deep cleaning

schedule also in place. Ample supplies of PPE were available and appropriate use of PPE was observed during the course of the inspection.

The provider had substituted traditional needles with a safety engineered sharps devices to minimise the risk of needle-stick injury. Waste and used laundry was segregated in line with best practice guidelines. Colour coded laundry trolleys and bags were brought to the point of care to collect used laundry and linen. The laundry service for all linen and resident's personal clothing was outsourced to an external laundry company.

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 visitor policy had recently been updated and 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 nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer documentation placed significant emphasis on resident's MRSA colonisation history. This led to the omission of other potential MDROs colonisations. As a result, the information provided by nursing home staff on resident transfer to hospital did not consistently include an accurate record of resident's MDRO colonisation status.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider ensured that a comprehensive risk management policy which met the requirements of the regulations was implemented in practice. For example, ensuring risks related to infectious diseases such as *legionella* were assessed and appropriate controls were implemented.

Risk management procedures and outbreak management plans were reviewed and updated in line with national best practice guidelines.

Following outbreaks, the person in charge had prepared detailed outbreak reports in line with national guidelines. Reports included a timeline of events, the number of residents and staff affected and details of the infection control measures implemented. Reports identified learning points and included clear recommendations to improve future responses.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by HIQA were in place and were implemented by staff. Staff were observed to consistently apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of PPE, cleaning and safe handling and disposal of sharp, waste and used linen.

Up-to-date guidance published by the Health Protection Surveillance Centre (HPSC) in relation to infection prevention and control and outbreak management were available and were implemented in the designated centre. Staff were supported in their roles with access to appropriate training and infection prevention and control specialist advice where required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed residents' care documentation and found that care planning required improvement to ensure each resident's health and social care needs were identified and were accurately detailed to guide safe care. This was evidenced by:

- Two care plans for residents with a history of MDRO colonisation contained conflicting infection prevention and control advice. For example; an MDRO care plan appropriately advised that a resident should be cared for with standard infection control precautions. However, the same care plan also advised that waste should be disposed of as clinical waste and laundry should be placed in alginate bags. This may lead to confusion when providing care to these residents.
- A small number of indwelling urinary catheter care plans did not detail measure to reduce or prevent urinary tract infections

Judgment: Substantially compliant

Regulation 6: Health care

While some antimicrobial stewardship measures were in place, further improvements were required to ensure an antimicrobial stewardship programme was implemented which supported the safe and appropriate use of antibiotics within the centre. For example;

- Antimicrobial consumption was monitored however this data was not used to inform or target quality improvement initiatives or analyse the infection trends.
- An antimicrobial stewardship audit tool in use was not fully appropriate to the Irish nursing home setting. As a result, findings from the audit were not reflected in practice within the centre.
- Microbiology laboratory reports were not accessible to nursing staff to inform antimicrobial stewardship audits, trend analysis and MDRO surveillance.

Judgment: Substantially compliant

Regulation 9: Residents' rights

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 also facilitated during outbreaks with appropriate infection control precautions in place.

Judgment: Compliant

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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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Willow Brooke Care Centre OSV-0007842

Inspection ID: MON-0046820

Date of inspection: 10/04/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• The infection prevention and control (IPC) audit tool has been revised to include direct observation of key components of standard precautions, including the use of personal protective equipment (PPE), waste segregation, and sharps safety practices. (revised tool in use from 20/04/2025).• Monthly IPC audits continue to be carried out, and going forward, will incorporate the additional observation domains. Audit results will be reviewed at the centre's clinical governance meetings, with non-compliance addressed through direct feedback and re-education where required (ongoing, with first full revised audit cycle to conclude by 31/05/2025).• A full review of the MDRO surveillance and reporting process was completed to ensure accuracy and clinical oversight. A register of all residents colonised with multi-drug-resistant organisms (including ESBL and VRE) has been updated and cross-checked against laboratory records (completed 18/04/2025). The register will be maintained by the IPC lead and reviewed weekly for accuracy and completeness.• A communication protocol has been introduced to ensure that laboratory results related to MDRO colonisation are received from the general practitioner, reviewed by nursing staff, and appropriately incorporated into the resident's care plan. (implemented 22/04/2025).• The IPC lead nurse is responsible for oversight of the MDRO register and for ensuring that all necessary infection control measures are implemented and reviewed in collaboration with the clinical team (ongoing).• In relation to Legionella prevention, the provider has commissioned routine Legionella sampling and testing to validate the effectiveness of existing water safety controls. The first round of testing has been carried out on 16/04/2025 and will be completed biannually, with results reviewed by the facilities manager and IPC lead (ongoing).	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> • A process is now in place to ensure that comprehensive infection control information, including details of any known MDRO colonisation such as ESBL and VRE, is consistently included with all resident transfer documentation (implemented 22/04/2025). • Where relevant, a supplementary infection control information form is completed by the nurse in charge at the time of transfer, ensuring that clinical teams in receiving facilities are fully informed of the resident's current MDRO status and required precautions (ongoing). • All nursing staff have been briefed on the importance of including complete and up-to-date infection status in transfer documentation, and how to apply this process in practice (completed). • Transfer documentation, including infection control details, will be audited quarterly by the IPC Lead and ADON to ensure ongoing accuracy and compliance (first audit scheduled by 31/05/2025, ongoing). 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All care plans for residents with a known history of MDRO colonisation have been reviewed to ensure infection prevention guidance is clear, evidence-based, and internally consistent. Any conflicting or ambiguous instructions — such as unnecessary clinical waste or laundry segregation — have been corrected to reflect national guidance and standard precautions (completed 22/04/2025). • A review of all indwelling urinary catheter care plans has been undertaken to ensure they include appropriate strategies to minimise the risk of urinary tract infections. This includes guidance on catheter care, fluid intake, hygiene practices, and ongoing monitoring (completed 22/04/2025). • A care plan review checklist has been introduced to guide nurses in evaluating infection-related plans for clarity and consistency during quarterly reviews or upon condition change (implemented 23/04/2025). • The Assistant Director of Nursing (ADON) and IPC Lead will audit a sample of infection-related care plans monthly to ensure accuracy, relevance, and that standard precautions are appropriately applied across resident documentation (first audit scheduled by 31/05/2025, ongoing). 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • The centre has a system to collect and review antimicrobial consumption data on a monthly basis. Going forward, this data will be formally analysed and used to inform targeted quality improvement initiatives such as AMS-related education sessions, prescribing pattern reviews, and trend analysis (ongoing, with structured review meetings commencing 15/05/2025). • The current antimicrobial stewardship audit tool has been replaced with a tool appropriate to the Irish nursing home context, in line with HSE/HPSC guidance for long-term care facilities. The new tool includes specific indicators relevant to residential care and supports both audit and reflective learning (first audit scheduled by 31/05/2025, ongoing). • All microbiology results received from general practitioners are now uploaded to residents' electronic healthcare records upon receipt and flagged to the nurse in charge. This ensures that results are readily available to support antimicrobial decision-making, trend analysis, and MDRO surveillance (procedure introduced 22/04/2025). • Nursing staff have been updated on this change in documentation and how to access and interpret microbiology results to support safe care and contribute to stewardship efforts (briefing completed 23/04/2025; refresher training scheduled 10/05/2025). • The IPC lead and PIC will review antimicrobial prescribing trends quarterly using the updated tool and available lab data, and AMS findings will be reported at the centre's clinical governance meetings for shared learning and planning (first formal review 30/06/2025, ongoing quarterly). 	

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 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	31/05/2025
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Substantially Compliant	Yellow	31/05/2025

	designated centre, hospital or place.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/05/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	31/05/2025