



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Caherass Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Caherass, Croom, Limerick
Type of inspection:	Unannounced
Date of inspection:	09 April 2026
Centre ID:	OSV-0000411
Fieldwork ID:	MON-0050171

About the designated centre

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

Caherass Nursing Home is a purpose-built facility situated on a landscaped two-acre site in a rural setting, just outside the villages of Croom and Adare, 15 minutes from Limerick City. It is registered to accommodate a maximum of 50 residents. It is a two storey building and the bedroom accommodation comprises 48 single rooms all with en suite facilities of toilet and hand basin, and 1 twin room with shared en suite facilities. Additional bath and toilet facilities are available throughout the centre. Communal spaces comprise dining areas, day room/lounge, quiet room, balcony, smoking room and hairdressers. Caherass Nursing Home provides 24 hour nursing care for male and female dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care whose dependency range from low to maximum care needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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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 9 April 2026	08:30hrs to 16:00hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

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.

The inspector met with the majority of the 42 residents living in the centre, and spoke with nine residents in more detail to gain a view of their experiences in the centre. All residents reported that they felt safe in the centre and that their rights, privacy and choices were respected. One resident said that staff 'go above and beyond' while another said that staff 'can't do enough' for them.

Residents appeared to be relaxed and enjoying being in the company of staff. All interactions were observed to be respectful towards residents. It was evident, from talking with management and staff, that they knew the residents very well and were familiar with each residents' daily routine and preferences. Those residents who could not communicate their needs appeared comfortable and content.

Residents confirmed that there was a wide range of activities taking place, seven days a week and residents were encouraged to engage in meaningful activities throughout the day of the inspection. They were observed moving freely around the centre, and were observed to be socially engaged with each other and staff. On the afternoon of the inspection a large number of residents were seen enjoying and interacting with a visiting animal experience, which included a variety of small mammals, birds and reptiles.

The inspector also spoke with two relatives who were visiting on the day of the inspection. Both were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. The outdoor courtyard area was very well maintained and readily accessible, making it easy for residents to go outdoors independently or with support, if required.

While the centre generally provided a homely environment for residents, the inspector observed that the décor in the centre was showing signs of minor wear and tear. Surfaces and finishes including wall paintwork and bedside lockers in some resident bedrooms were worn and poorly maintained and as such did not facilitate effective cleaning. The provider was endeavouring to improve existing facilities and

physical infrastructure at the centre through ongoing maintenance, painting and furniture replacement.

Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean.

Ancillary facilities generally supported effective infection prevention and control. The treatment room on the first floor had been renovated and fitted out with surfaces and finishes that readily facilitated cleaning.

The centre provided a laundry service for residents. Residents' whom the inspector spoke with on the day of inspection were happy with the laundry service.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were complimentary of the food choices and homemade meals made on site by the kitchen staff.

A new bedpan washer had recently been installed in the ground floor sluice room. However, because there was no janitorial sink in the housekeeping room, housekeeping staff used the first-floor sluice room to empty dirty water and to rinse and clean cleaning equipment. This posed a risk of cross contamination.

Handwashing sinks were accessible and located on the corridors within close proximity of resident bedrooms, in the treatment room and sluice rooms so that they were convenient for staff use. However, alcohol hand gel dispensers were not placed to ensure alcohol hand gel was available at point of care in resident bedrooms. Findings in this regard are detailed under Regulation 27.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Findings of this inspection were that further action was required by the registered provider to improve the governance and oversight of the service. Management systems in place to identify and monitor the quality and safety of care provided to residents, with regard to outbreak detection and infection prevention and control, required improvement. Action was also required pertaining to care planning and communication at transitions of care, to achieve regulatory compliance. Issues identified will be detailed under the relevant regulations.

The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection and found that they were endeavouring to address infection prevention and control findings. For example, linen skips and activities equipment were found to be appropriately stored.

Mowlam Healthcare Services Unlimited Company is the registered provider of Caherass Nursing Home. There was a clearly defined management structure in place. The director of care services and a healthcare manager participated in the management of the centre at a senior level. The person in charge (PIC) was supported in their role by a clinical nurse manager and a team of nurses, administration, healthcare assistants, housekeeping, catering and maintenance staff.

There were clear lines of accountability and responsibility in relation to governance and management of prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the PIC. A staff nurse had been nominated to take up 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.

There were sufficient numbers of housekeeping staff on duty on the day of the inspection and all areas of the centre were observed to be clean and tidy. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths and mop heads to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

Infection prevention and control audits were undertaken monthly. However, disparities between the findings of the most recent audits, which achieved almost full compliance, and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. Findings in this regard are presented under Regulation 23 and Regulation 27 respectively.

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. The housekeeping supervisor had attended a nationally recognised specialised hygiene training program for support staff working in healthcare. The remaining members of the housekeeping team were also scheduled to attend this training. Training had also been provided on the use of the early warning system ('Stop and Watch') to help staff identify and promptly respond to signs of clinical deterioration in residents.

Surveillance of multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. Carbapenemase Producing *Enterobacterales* (CPE) is considered endemic within the Mid-West region of Ireland. This elevated regional burden was reflected in the number of residents admitted to the centre who had been identified as being colonised with CPE while in hospital. However, findings on

the day of inspection indicated that further training was required in the documentation and management of residents that were colonised with CPE.

There has been a notable increase in reported scabies cases across the country in recent years. The inspector was informed that a resident had been recently diagnosed with suspected scabies. Management in the centre were engaging with Public Health and had implemented the recommended controls and treatment. Staff continued to monitor residents for signs and symptoms consistent with scabies. Due to the long incubation period associated with scabies, it was too early to confirm that there had been no further transmission within the centre.

The oversight and review of documentation required attention. Resident records confirmed that infection rates were not routinely analysed to identify trends, detect increases in the incidence of infection or recognise potential outbreaks early. For example, several residents received treatment for respiratory tract infections in February 2026. While they received timely treatment and all made a full recovery, management did not adequately detect or respond to emerging infection trends in the centre at this time. This may have contributed to ongoing transmission in the centre. Findings in this regard are presented under Regulation 23 and are discussed further in the quality and safety section of this report.

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.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

However, practices observed coupled with evidence of ineffective detection of potential outbreaks and management of residents with a history of CPE colonisation demonstrated that additional targeted infection prevention and control training and supervision was required. Findings in this regard are presented under and Regulation 27.

Judgment: Substantially compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- 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.
- Oversight and management of CPE required improvement to ensure the risk of onward transmission was minimised. Findings in this regard are presented under Regulation 5, Regulation 25 and Regulation 27.
- Improved oversight of the systems in place was required to assure that potential outbreaks are detected and managed in a timely manner. These findings are set out in detail under the quality and safety section of this report.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents living in Caherass Nursing Home 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. All interactions observed on the day of inspection were person-centred and courteous.

There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Residents confirmed that they could choose to socialise and participate in activities and there was a varied and flexible activities schedule each day.

Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them. Visits took place in communal areas and residents bedrooms where appropriate.

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. Multidisciplinary support and care was also provided by the Integrated Care Programme for Older People (ICPOP) Community Specialist Team.

An early warning system ('Stop and Watch Tool') had recently been incorporated into resident's electronic care record and staff handovers to alert staff to early signs of clinical deterioration. The tool was used to highlight when a resident was 'not their usual self' and aimed to support care staff to recognise and respond to residents becoming unwell.

Resident care plans were accessible on a computer based system. 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.

However, the review of care plans found that appropriate information was not recorded in five care plans to effectively guide and direct the care of residents with a known history of MDRO colonisation. In addition, urinary catheter care plans were not detailed to guide safe and effective care. (A urinary catheter is a thin, flexible tube used to drain urine from the bladder when a person cannot pass urine normally.) Findings in this regard are presented under Regulation 5; individualised 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. However, relevant information regarding a resident's CPE colonisation status was recorded when they were transferred to hospital on three separate occasions. Findings in this regard are presented under Regulation 25.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, there was a low level of prophylactic antibiotic use within the centre, which is good practice. Nursing staff were also engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing.

Individual records of antibiotic use were maintained in resident files. This enabled staff to monitor treatment effectiveness and supported traceability in prescribing practices for individual residents. However, this information was not routinely analysed to identify overall trends, detect increases in the incidence of infection or recognise potential outbreaks early. A review of resident files on the day of the inspection found that several had developed symptoms of respiratory infection in February 2026. The inspector was informed that staff were aware of the increase in respiratory tract infections at this time and that universal wearing of masks had been implemented when providing care to symptomatic residents.

While the timing and clinical presentations met the case definition of an ARI outbreak, Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections were not implemented. The Department of Public Health was not notified of the potential outbreak when two or more residents first presented with respiratory symptoms within the same five day window. The inspector was informed that PCR testing for influenza, COVID and respiratory syncytial virus (RSV) was not undertaken in line with National Guidance.

Furthermore, general outbreak control measures such as twice daily active surveillance for symptomatic residents, isolation of symptomatic residents and enhanced cleaning measures were not implemented. This may have contributed to ongoing transmission within the centre.

In addition, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, the environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. These findings are set out in detail under the 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 throughout the centre.

The updated 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 nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the individual and collective needs of residents. The centre was clean and generally well maintained and it met the requirements of Schedule 6 of the regulations. There were sufficient communal spaces for residents and their visitors to enjoy. Bedroom and communal areas were clean and bright with comfortable furnishings.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The MDRO colonisation status of a resident was not communicated on their transfer to hospital on three occasions. This meant that appropriate infection prevention and control precautions may not have been in place when caring for this resident while in hospital.

Judgment: Substantially compliant

Regulation 27: Infection control

Guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management was not effectively implemented in the designated centre. For example;

- A potential acute respiratory infection (ARI) outbreak was not detected and managed in a timely manner. The failure to respond to the potential outbreak in line with national guidelines impacted effective infection prevention and control within the centre and may have contributed to onwards transmission.

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). The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- While all residents had access to en-suite toilet facilities, the inspector was informed that residents with a history CPE colonisation occasionally used the communal toilets located near the day room during the day. Furthermore, the inspector observed that shared shower facilities were not appropriately decontaminated after use by a resident with a history of CPE colonisation. These practices presented a potential risk for cross-transmission of CPE.
- There was no janitorial unit within the housekeeping room. Housekeeping buckets were prepared and emptied within sluice rooms which posed a risk of cross contamination.
- The detergent in the bedpan washer on the first floor had expired. This may impact the effectiveness of decontamination.
- Alcohol hand rub was not readily available at point of care (within or directly outside each resident bedroom). This may impact the effectiveness of hand hygiene.
- The provider had introduced a tagging system to identify equipment that had been cleaned. However this system had not been consistently implemented at the time of inspection. For example, several items of shared equipment had

not been tagged after cleaning and tags were not removed before using a some items of equipment.

- Resident wash basins were emptied, washed and stored in residents sinks. This practice posed a risk of bacterial growth and the spread of MDROs including CPE, within the sinks.
- A dedicated specimen fridge was not available for the storage of laboratory samples awaiting collection. Staff informed the inspector that if samples required refrigeration they would be stored within the medication fridge. This posed a risk of cross-contamination.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- In five of six care plans reviewed, CPE colonisation status was not recorded to effectively guide and direct the care of residents with a known history of CPE colonisation.
- Catheter care plans for two residents with a urinary catheter did not provide sufficient detail to guide and direct staff in the safe and effective management of residents with indwelling urinary catheters.

Judgment: Substantially compliant

Regulation 6: Health care

Residents living in the centre had good access to medical care and from a review of records, it was evident that residents were reviewed regularly and when required. Residents were referred to health and social care professionals such as physiotherapy, dietitian, speech and language therapists, tissue viability specialists as required. Community palliative care specialists also attended the centre as required.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, internet, television and radio was available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Caherass Nursing Home OSV-0000411

Inspection ID: MON-0050171

Date of inspection: 09/04/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The Person in Charge (PIC) will complete further Infection Prevention and Control (IPC) training both on-site and online with HSELand to ensure that all infection outbreaks are recognized at an early stage, that appropriate contingency plans are in place and implemented in the event of a suspected outbreak of infection. • The PIC will schedule on-site training sessions which will ensure all staff have received refresher courses in IPC so that residents will be provided with appropriate care and treatment in the event of an infection outbreak and the risk of onward transmission is kept to a minimum. This will include targeted Infection and Prevention control in relation to residents that are either colonized or currently infected with CPE. • The PIC has enrolled a Senior Staff Nurse on the IPC Link Practitioner course for October and will ensure that she is familiar with the most up to date public health guidance on the correct management of respiratory outbreaks along with availing of the support available from local CHO IPC lead. • The PIC and Clinical Nurse Manager (CNM) will ensure that the ISBAR handover sheet is used at both daily handover and safety pause meetings, and that all IPC concerns are discussed with staff to ensure that everyone understands what to do in the event of an outbreak of infection. • The PIC will ensure during the daily management walkaround that staff are supervised and observed in Handwashing Techniques and correct use of PPE. Where deficits are identified these will be seen as an opportunity for further training and refresher courses will be provided. • The PIC will continue to monitor the Training matrix to ensure that Mandatory Training such as IPC are always up to date.	

Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • There is a monthly management team meeting in the home chaired by the PIC, which reviews all operational aspects of the home, including key performance indicators, risk management, incidents, and complaints. The HCM will attend the meetings to ensure that there is effective communication with staff regarding all relevant issues in the home. • The PIC will ensure that there are clear guidelines in place for the effective management of potential/suspected and actual outbreaks and that all staff are aware of the measures to be implemented in the event of a suspected infection outbreak so that residents and staff are protected from the risk of onward transmission. • IPC surveillance and outbreak management will be discussed as part of the monthly management meeting in the home. • A suitable candidate for IPC Link Practitioner has been identified and will attend training in October. In the meantime, meetings will continue to be held monthly with representatives from all departments to discuss all aspects of IPC and minutes will be available for all staff. • The PIC/CNM will continue to attend handover/safety pause meetings and ensure all information regarding residents' health and wellbeing, and any areas of concern are discussed and escalated in real time. • The PIC will ensure that all information regarding residents MDRO status is captured during pre-admission assessment and communicated to all staff. • The PIC will ensure that PCR testing for Influenza, COVID and RSV will be undertaken in line with current HPSC Guidance on testing for Acute Respiratory Infection in Residential Care Facilities; the results of these tests will be documented in electronic records and communicated to GPs and Public Health (PH). • The PIC will ensure that if there are 2 or more residents with respiratory symptoms despite underlying medical conditions will carry out PCR testing as a minimum precaution. • The PIC will communicate with Public Health (PH) and local CHO IPC lead to ensure all appropriate measures are in place. In the event of an outbreak a line listing will be submitted to PH by the PIC and will be updated daily. • The PIC will ensure that a notification if required will be submitted to the authority within the appropriate timeline. • The PIC will ensure a specimen fridge is provided for the storage of specimens and will monitor as part of Manager daily walkabout. • The PIC will ensure there is an appropriate number of hand sanitizing dispensers available in corridors. • The PIC with facilities team will review the lack of a janitorial unit in housekeeping room and a plan will be developed to remedy this situation. • A Quality Improvement Plan (QIP) for the management of ARI outbreak has been developed by the Quality Team and is available for all staff in the Mowlam documents repository online.	

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Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: • The PIC/CNM will ensure that all resident information is entered into the electronic medical record. This will ensure that the National Transfer Document is prepopulated with relevant information when a resident requires transfer. • The PIC/CNM will monitor documentation and will ensure that one-to-one reflective practice meetings are carried out with nurses when deficits are identified. • The PIC will ensure that MDROs are discussed as part of daily handover and safety pause meetings.]	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • The PIC will ensure that all staff and the management team in the home are aware of the copy of the most recent Public Health guidance on IPC/management of infection outbreaks in residential care settings and a copy of the Health Protection Surveillance Centre's (HPSC) guidance will be readily available for staff. • The PIC will ensure that appropriate infection prevention and control procedures are implemented during a suspected outbreak and that all staff are familiar with same, including appropriate use of PPE. • The PIC, supported by the HCM, will ensure that an IPC/Outbreak Quality Improvement Plan (QIP) is developed and made available to staff. Implementation of this QIP will be monitored by the HCM and reviewed at monthly management meeting. • The PIC will ensure that all shared facilities such as showers will be appropriately decontaminated after use by resident with a history of CPE colonization. • The PIC/CNM will ensure that staff encourage those residents with a history of colonization to use the bathroom in their room where practicable. • The PIC with facilities team will review the lack of a janitorial unit in housekeeping room and a plan will be developed to remedy this situation. • The PIC/CNM will monitor bedpan washer detergent expiration dates to ensure they have not expired. • The PIC will ensure that there are appropriate numbers of hand sanitizing dispensers in Home to ensure effective hand hygiene.	

- The PIC/CNM will ensure that the tagging system for cleaned equipment is effectively used, this will be monitored as part of the manager's daily walkabout.
- The PIC will review the storage of clean basins and provide an alternative storage solution that reduces the risk of cross contamination with MDROs including CPE.
- The PIC will ensure that a separate fridge for storage of specimens is available and all staff are aware to use it.
- The PIC will adhere to the procedure for escalating incidents and information to the HCM for advice and support.

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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:

- The PIC will ensure that residents' care plans are person-centered and developed in consultation with the resident and/or their representative.
- The PIC will ensure that the care plan includes relevant information to effectively guide care. Where resident is colonized with an MDRO this will be documented in care plan so that all staff are aware of how best to prevent any cross contamination. This information will also be shared at handover and safety pause.
- The PIC will ensure that residents' care plans are reviewed and updated post any change in condition to reflect their current care needs.
- The care plan will focus on what matters to the resident and will incorporate the Age Friendly framework, the 4 Ms (what matters to me, medication, mentation and mobility).
- The PIC/CNM will complete a care plan audit monthly and more frequently should the need arise such as when there is a change in residents' condition.
- The PIC will develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.

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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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2026
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.	Not Compliant	Orange	31/07/2026
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	Substantially Compliant	Yellow	31/07/2026

	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 designated centre, hospital or place.			
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	31/07/2026
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	31/07/2026
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	Substantially Compliant	Yellow	31/07/2026

	that resident's admission to the designated centre concerned.			
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