

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

Issued by the Chief Inspector

Name of designated centre:	Drakelands House Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Drakelands, Kilkenny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	25 June 2025
Centre ID:	OSV-0000224
Fieldwork ID:	MON-0047395

About the designated centre

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

Drakelands House Nursing Home is situated close to Kilkenny city and is convenient to all of the city's amenities. Originally a period house it has been developed and extended over time and now accommodates up to 70 residents. The registered provider is Costern Unlimited Company. Bedroom accommodation consists of one twin bedroom and 68 single rooms. Some bedrooms are en-suite and those that are not have access to shared bathrooms. There are several communal rooms throughout the centre and residents have free access to safe outdoor spaces at first floor and ground floor levels. The centre caters for male and female residents over the age of 18 for long and short term care. Residents with varying dependencies can be catered for from low to maximum dependency. Care is provided to persons with dementia, acquired brain injury, young chronically ill, post-operative care, convalescent care, palliative care and people who need residential care for social and physical reasons. Services provided include 24 hour nursing care with access to allied health services in the community and privately via referral.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64
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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 25 June 2025	09:00hrs to 17:55hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector met with the majority of the 64 residents living in the centre, and spoke with seven residents and six visitors in more detail to gain a view of their experiences in the centre. Residents were complementary of the person in charge, staff and the services they received. Residents' told the inspector that they 'got the best of attention' and that they felt safe in the centre. One resident told the inspector that, having lived in a number of other centres prior to relocating to Drakelands, it was 'the best nursing home in the country' where 'staff couldn't do enough' for them.

The weekly activity schedule was provided to all residents. Residents confirmed that there was a wide range of activities taking place, seven days a week. Residents were encouraged to engage in meaningful activities throughout the day of the inspection. On the afternoon of the inspection a large number of residents were seen enjoying chair yoga followed by a lively game of bowls in the upstairs sitting room. 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.

There was a calm and welcoming atmosphere in the centre over the course of the inspection. There was a low level of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and staff were familiar with what might trigger a resident's responsive behaviours and how best to support those residents when they became anxious or agitated.

Those residents who could not communicate their needs appeared comfortable and content. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences. It was evident that residents' choices and preferences in their daily routines were respected. For example, one visitor told the inspector that their relative always wore make-up in the past and that, in order to support her dignity, staff continued to apply her make up every day as she was no longer able to do this independently.

Residents and visitors confirmed that they were aware of who to speak to should they have a concern or a complaint. One resident said that they would have no hesitation raising a concern as they always 'tell it like it is', but that they were 'very well looked after and couldn't fault' the staff at all.

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. There was no booking system for visits and the residents who spoke to the inspector confirmed that their relatives and friends could visit anytime. Visitors whom the inspector spoke with were complimentary of the care and attention received by their loved ones. One resident

said that visitors are always welcomed and that staff 'always put the kettle on' when they had visitors.

Residents were also complimentary of the home cooked food, the choice and the dining experience in the centre. One resident told the inspector that 'if I don't like it, I can have something else'. There were adequate staff to provide assistance, where required, and to ensure a pleasant experience for residents at meal times. The dinner time meal was appetising and well presented. Staff were observed to be respectful when offering clothes protectors and discreetly assisted the residents, as required, during the meal times.

The centre was located in a two-story building and was divided into two wings, the Linden wing and the Laurel wing. Bedroom accommodation comprised 68 single and one twin bedroom. The single rooms in the more modern Laurel wing contained en-suite toilet facilities. In contrast, the single bedrooms on Linden wing were generally smaller and did not contain en-suite toilet and shower facilities.

Overall, the general environment and equipment viewed appeared visibly clean. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing renovations and refurbishment. Many areas of the centre had recently been redecorated. Finishes, materials, and fittings in the communal areas and resident bedrooms generally struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. For example, new curtains and artwork had been hung in communal rooms, new armchairs had been purchased and flooring had been replaced in some corridors, communal areas and in a large number of bedrooms in the Linden wing. A hand wash basin had recently been installed in a single room on this wing. Works to fire doors and door frames were ongoing at the time of the inspection.

There was a variety of communal spaces available to residents. Communal areas were seen to be supervised at all times and call bells were answered promptly.

The outdoor courtyard and garden area was well maintained and readily accessible with appropriate seating available, making it easy for residents to go outdoors independently or with support, if required. On the morning of the inspection a large number of residents were enjoying time in the roof garden on the first floor balcony. They enthusiastically showed the inspector the wide variety of fruit and vegetables they had planted in the raised planters.

The main kitchen was clean and of adequate in size to cater for resident's needs. The chef served meals to the residents from the serving pass which created a smooth and efficient connection between the kitchen and care staff, allowing home cooked meals to be served quickly and in portions that suited resident's individual preferences and dietary requirements. The recently redecorated dining rooms appeared homely and comfortable. Tables were tastefully set with bright tablecloths and decorative centre pieces.

The infrastructure and equipment in the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Washing machines and dryers were of an industrial type that included a sluicing cycle.

Storage rooms were clean and well organised. However, the ceiling in one store was extensively water damaged following a leak. The person in charge confirmed that repairs to this area had been scheduled.

However, the design and layout of one sluice room on Linden wing did not support infection prevention and control. This room was small and poorly ventilated. There was a strong odor within this sluice and staff confirmed that space restrictions made this sluice difficult to effectively clean. Furthermore, due to the space restrictions within the sluice rooms, commode chairs were permanently stored within a large number of single bedrooms on the Linden wing. The presence of toileting equipment within bedrooms added to an institutional feel and impacted the boundary between clinical care and resident's personal living space.

Conveniently located, alcohol-based product dispensers were readily available along corridors. However, there were a limited number of dedicated clinical hand wash sinks within close proximity of resident bedrooms and the sinks in the resident's rooms and en-suite bathrooms were dual purpose used by residents and staff. This arrangement was not supported by a risk assessment. Details of issues identified are set out under Regulation 27.

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.

The inspector also followed up on the provider's progress with completion of the infection prevention and control related actions detailed in the compliance plan from the last inspection and found that they were endeavouring to strengthen oversight and improve existing facilities and physical infrastructure at the centre through ongoing maintenance and renovations. However, issues with the sluice room on the Linden wing had not been fully addressed.

Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The inspector found

that the provider generally met the requirements of Regulation 5; Individual assessment and care plan and Regulation 27: infection control, however further action is required to be fully compliant.

Costern Unlimited Company is the registered provider for Drakelands House Nursing Home and is part of the wider Trinity Care group who operates a number of other designated centres nationally. There was a clearly defined overarching management structure in place. The person in charge (PIC) was supported on site by an Assistant Director of Nursing (ADoN), a Clinical Nurse Manager (CNM) and a team of nurses, health care assistants, domestic, activity, catering, maintenance and administration staff.

A review of the duty rotas found that staffing levels and skill mix were appropriate for the occupancy of the centre, and the size and layout of the building. The team providing direct care to residents consisted of at least two registered nurses on duty at all times, and a team of healthcare assistants. Staffing requirements were monitored and reported to the group head office via a weekly capacity report.

The provider had nominated a CNM to the role infection prevention and control link practitioner to increase awareness of infection prevention and control and antimicrobial stewardship issues locally, as recommended in national infection prevention and control guidelines.

There were a number of management systems in place to monitor and review the quality and safety of the service. The person in charge submitted a weekly report to the group clinical operations manager outlining key performance indicators within the centre, such as hospital admissions, antibiotic usage, risk management, wound care, infections and maintenance matters. Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded.

The PIC had recently conducted a night-time inspection to assess the quality and safety of care provided during night shifts. A report was generated which provided assurances of key care delivery areas including personal care routines, call bell response times, infection prevention and control practices, waste management and overall hygiene standards. Additionally, residents care plans were reviewed to ensure they were up to date and reflective of current care requirements.

There were sufficient numbers of housekeeping staff to meet the infection prevention and control needs of the centre. Two housekeeping supervisors had completed a nationally recognised specialised hygiene training program for support staff working in healthcare. These staff members were found to be knowledgeable in cleaning practices and processes and demonstrated a commitment and enthusiasm for their role.

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

Maintenance requests were logged electronically with details and photos uploaded via a mobile phone application. The software used a traffic light system to track status updates when maintenance requests had been logged, received, completed and closed. The person in charge confirmed that maintenance issues were generally addressed in a timely manner.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by nursing management and covered a range of topics including hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits were reflected on the day of the inspection.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. There had been no outbreaks of notifiable infections in 2025 to date. The early identification and management of a recent isolated case of COVID-19 had contained the spread of infection and prevented an outbreak. Notwithstanding this, further improvements were required in the implementation of transmission based precautions to prevent onwards transmission of infection. Findings in this regard are presented under Regulation 27.

The provider had a *Legionella* management programme in place. Water testing reports provided the assurance that the risk of *Legionella* was being effectively managed in hot and cold water systems in the centre.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that the majority of staff had received infection prevention and control training to ensure they had up-to-date mandatory training specific to their roles. Training had been booked for a small number of staff that were due to attend refresher training.

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

The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities. Staff were observed to be appropriately supervised and supported.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents.

The provider had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. The PIC ensured that service delivery was safe and effective through ongoing infection prevention and control audit and surveillance.

Judgment: 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 infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Observations and discussions with residents, visitors and staff indicated that there was a rights-based approach to care in Drakelands nursing home. Residents told the inspector that they had access to a range of activities for social engagement. Staff and residents also confirmed that social outings were also encouraged and facilitated. For example, residents, families and staff had recently enjoyed a summer barbeque with live music. The inspector was also told about a planned outing to the beach next week.

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 psychiatry of old age, physiotherapy, dietitian and speech and language, as required. Residents had

access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital.

Some positive indicators of quality care were identified on inspection. For example, there were no residents with pressure ulcers on the day of the inspection. The risk of urinary catheter associated infections were also minimised as there were a low number of residents with indwelling urinary catheters in the centre.

Comprehensive assessments were completed for residents on or before admission to the centre by the PIC or ADoN. 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, improvements were required in the recording of antibiotic prophylaxis and MDRO history and management in care plans. Findings in this regard are presented under Regulation 5.

When residents returned from the hospital, the inspector saw evidence that relevant information was obtained upon the residents' readmission to the centre. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document was incorporated into the electronic care record and contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. The inspector reviewed transfer documentation from five recent transfers and found that residents MDRO status and vaccine history was consistently communicated on transfer to hospital.

Antimicrobial stewardship initiatives reviewed provided some assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. Staff also were 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 which does not benefit the resident and may cause harm including antibiotic resistance.

A large number of residents were prescribed prophylactic antibiotics to prevent infection. However, these prescriptions were not routinely audited by nursing staff and there was no reference to the use of prophylactic antibiotic use within residents care plans. Findings in this regard are presented under Regulation 5.

The overall premises were designed and laid out to meet the needs of the residents. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

The inspector observed examples of good practice in the prevention and control of infection. Staff were observed to consistently apply standard precautions to protect against exposure to blood and body substances during handling of waste and used linen. Personal protective equipment (PPE) stations were available on corridors to

store PPE. Adequate stocks of PPE were available and staff confirmed that additional stock was readily available at all times.

Notwithstanding the many 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, appropriate transmission based precautions were not consistently implemented where caring for a resident in isolation. Findings in this regard are presented under Regulation 27; infection control.

Barriers to effective staff hand hygiene were also identified as there were limited clinical hand washing sinks dedicated for staff use. Resident's sinks were multi - purpose and were used for disposal of waste water in addition to staff hand washing. A risk assessment had not been carried out and a remedial programme had not been implemented to address issues with the the location, number and specification of clinical hand wash sinks (for staff use).

The provider had introduced a tagging system to identify items of shared clinical equipment that had been cleaned between use. However, implementation was not supported by written guidelines and the new system had not been audited to ensure it had been effectively and consistently implemented. 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

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises were well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013. Communal areas areas were spacious with surfaces, finishes and furnishings that

readily facilitated cleaning. Outdoor space was independently accessible and safe for all residents living in the centre.

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.

Judgment: Compliant

Regulation 26: Risk management

The provider had ensured that a comprehensive risk management policy and risk register 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.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action was required to be fully compliant. This was evidenced by;

- The door to a bedroom accommodating a resident with a respiratory viral infection remained open over the course of the inspection. National guidelines advise that doors should be kept closed where possible and safe to do so, to contain the spread of infection. Furthermore, the infection prevention and control signage displayed to alert staff to the precautions required on entry to the room, did not ensure confidentiality.
- The sluice room on the ground floor of the Linden wing was small in size, poorly ventilated and as such did not support effective infection prevention and control.

- There was a limited number of dedicated clinical hand wash sinks in the centre. The sinks in the resident's rooms and en-suite bathrooms were dual purpose used by residents and staff. Residents personal hygiene products and denture containers were stored on sinks in a large number of bedrooms, which exposed them to a risk of cross contamination.
- Staff told the inspector that used wash-water was emptied down residents sinks after personal hygiene activities. This practice increased the risk of environmental contamination and cross infection and was further compounded by staff using the same sink for hand hygiene.
- There was no hand towel dispenser in one treatment room and the dispenser in one sluice room was not working. This impacted effective hand hygiene in these areas.
- The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system was not fully embedded in practice and the inspector identified some ambiguity regarding the use of this system.
- One cleaning trolley (which was stored in a housekeeping room) was visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, further action is required to be fully compliant. For example;

- A review of care plans found that accurate infection prevention and control information was not recorded in two care plans to effectively guide and direct the care of residents that were colonised with an MDRO.
- Care plans for a significant number of residents who were administered long term prophylactic antibiotics did not no reference their use, indication or intended duration of treatment.

Judgment: Substantially compliant

Regulation 6: Health care

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. Nursing staff were 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. However, prophylactic prescriptions were not routinely audited by nursing staff. This is further detailed under Regulation 5.

Judgment: 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. For example, individual residents were cared for in isolation when they were infectious, while and social activity between residents continued for the majority of residents in smaller groups or on an individual basis with practical precautions in place. The inspector was informed that visiting was always facilitated for residents being cared for in isolation with appropriate infection control precautions in place.

One resident was being cared for with transmission based precautions on the day of the inspection. The inspector observed staff accompanying this resident outside with appropriate precautions implemented to prevent the spread of infection.

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	Compliant
Regulation 23: Governance and management	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	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Drakelands House Nursing Home OSV-0000224

Inspection ID: MON-0047395

Date of inspection: 25/06/2025

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none">• We acknowledge that the bedroom door of a resident with a respiratory viral infection remained slightly open during the inspection. Staff have been re-educated on the importance of keeping doors closed, where safe to do so, to contain infection in line with national guidelines.• Going forward, a risk assessment will be documented to support door management decisions, balancing infection control with resident safety and comfort. The resident that was in isolation at the time of inspection has a high history of falls and serious injury sustained previously. Resident went into isolation on the 20.06.25 and had a fall on the 20.06.25. On the day of inspection following time out in the garden, due to the heat ADON spoke with staff and as all other residents were out of their rooms a decision was made for safety and ventilation purposes, the door was left slightly ajar.• A review of the clinical hand sinks is in progress with a view to adding an additional one on each floor.• The infection control signage has been reviewed and updated to ensure that it communicates essential precautions clearly to staff while maintaining resident dignity and confidentiality. The sinks in the residents bedrooms – The PIC will source new vanity cabinets to reduce the risk of cross contamination.• PIC is currently sourcing new hand towel dispensers to change from battery operated dispensers• A new SOP has been developed for the clean tag system and discussed daily at handover.• The unclean condition of one cleaning trolley was addressed immediately following the inspection. Cleaning staff have received additional guidance on the importance of cleaning equipment hygiene. Daily checks have been introduced to ensure that all trolleys and housekeeping equipment are maintained to a high standard.	

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> <ol style="list-style-type: none"> 1. Both residents identified as having MDRO's are now on epicare register and have care plans in place for same. All staff made aware of infection status. 2. Seven residents that were on prophylactic antibiotics reviewed by the GP and five residents prophylactic antibiotics were discontinued by the GP. Two residents that remain on prophylactic antibiotics now have reference to same in their care plans. 	

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 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	28/02/2026
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 that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2025