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:	Kilcara House Nursing Home
Name of provider:	Mertonfield Limited
Address of centre:	Kilcara, Duagh, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	18 March 2026
Centre ID:	OSV-0000241
Fieldwork ID:	MON-0049336

About the designated centre

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

Kilcara House Nursing Home is a family run designated centre set in a rural location within a few kilometres of the towns of Abbeyfeale and Listowel. It is registered to accommodate a maximum of 29 residents. It is a two-storey building with lift access to the upstairs accommodation. Downstairs it is set out in three wings: Abbeyfeale Duagh and the new wing and upstairs has six beds. Bedroom accommodation comprises single and twin rooms and some have en suite shower and toilet facilities. Communal areas comprise two sitting rooms, a day room and two dining rooms. There is a secure enclosed courtyard with seating and there is a mature garden with walkways and seating at the front entrance to the centre. Kilcara House nursing home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term, convalescence care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

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 18 March 2026	16:30hrs to 20:00hrs	Breeda Desmond	Lead
Thursday 19 March 2026	08:30hrs to 14:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This unannounced inspection took place over two days in Kilcara House Nursing Home. The purpose of which was to follow up on recent inspection findings and to inform the renewal of registration process. The inspector met with many of the 28 residents and spoke with 9 residents in more detail to gain a view of their experiences in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspector met with two visitors and they were extremely happy with the care and attention their relative received, as well as the kindness and consideration shown to them and their family. Visitors said that they were 'blown away' by the thoughtfulness of all the staff, they spoke of how effective communication was regarding all aspects of their relative's care, and the empathy of staff.

Kilcara House Nursing Home is situated in a rural area, between the towns of Listowel and Abbeyfeale, in North Kerry. The centre is a two storey facility, on a large well maintained site. The location, design and layout of the centre is generally suitable for its stated purpose and meets residents' individual and collective needs with some exceptions. To the front and side of the centre there is seating and tables available for residents, under mature trees overlooking well maintained gardens. The enclosed courtyard can be access via the dining room and conservatory. Residents were observed to use this space on the second day of inspection and reported that they loved it. Other residents sat outside by the fountain, wearing sunhats as it was a gorgeous day; staff chatted with them and encouraged other residents to come and join them.

On entry to the centre, the inspector saw that the place was decorated for Valentine's, St Patrick's Day, Mothers' Day and Easter, and was lovely, bright and colourful. The suggestion box and reading material such as the residents' guide, statement of purpose and risk management information were displayed for residents' perusal.

The communal areas in the centre comprise the front dayroom, two dining rooms, a conservatory, and a second larger sitting room which was situated in the back corridor of the premises. There was an ample amount of seating in these rooms for residents use.

On the evening of the first day of inspection, the inspector spoke with three residents in the dining room while they were waiting their evening meal. Residents reported that they loved the food and could ask for 'whatever you want'. While there is a menu, you can 'ask for something different if you didn't fancy what's on'. Staff were seen to actively engaged with residents. Two residents' spoken with after their supper said they usually go back to their bedrooms; one said they liked to read at this time, and the second said they liked to do their artwork. Several residents

were seen to go to the day room after tea and there was a member of staff there to help and supervise residents.

Most residents came to the dining room throughout the morning for their breakfast following personal care delivery. There were adequate numbers of staff available to residents that required assistance at meal-times and they were supported with their meals in a respectful and dignified manner. There was a calm and relaxed atmosphere within the centre and it was evident that staff knew residents well and were familiar with each residents' daily routine and preferences.

There was a varied programme of activities provided. Activities were facilitated by an activity co-ordinator Monday to Friday, and nursing and care staff at weekends, and activities were tailored to suit the expressed preferences of residents. The activities staff was seen to call to all residents, explaining the day's activities and inviting them to the back day room for activities. Residents' spoken with said they really enjoyed activities and looked forward to 'whatever was happening'. They explained to the inspector that they had their own St Patrick's Day parade in the centre. Residents said the activities person made 'hula skirts and head-gear' for them to dress up and they had great fun parading up and down the corridors of the centre. During the inspection, a variety of different activities were facilitated and approximately 17 residents attended these in the back day room. The local priest visited the centre regularly and was on site during the inspection and residents were delighted to see him and chat.

Bedroom accommodation in the centre comprises 21 single and four twin rooms. The majority m of bedrooms have en-suite facilities. Residents had personalise their bedrooms with items such as photographs and artwork. The privacy curtains in some twin bedrooms did not enclose residents' bed spaces; for example, one did not fully enclose the bed, others did not enclose the bedside locker or chest of drawers. While the centre generally provided a homely environment for residents, some of the decor and finishes were showing signs of minor wear and tear.

Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. However, these rooms did not facilitate effective infection prevention and control measures. The housekeeping room door remained ajar enabling unrestricted access to cleaning chemicals. Jugs and vases were left on the hand wash sink and in the janitorial sink. The clinical room alongside the dining room remained open, enabling access to items on shelving such as needles. During the first evening of inspection it was noted that the medication trolley was not secured to the wall in line with professional guidelines.

Bed linen and residents' clothing was laundered on-site. The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process. However, there continued to be inappropriate storage here. While there was a separate handwash sink in the laundry, a mop head was left in it.

New alcohol-based hand-rub wall mounted dispensers were readily available along corridors, however, there was no advisory signage to indicate what they were, or

the information regarding appropriate usage. Dedicated clinical hand hygiene sinks were not available within easy walking distance of all resident's bedrooms, and those available did not comply with mandated national standards. As found on the previous inspection, the unsecured storage press opposite the main dining room had a variety of items stored here including a container with communal toiletries such as shampoo, body wash, mouth cream, and medicated granules for spillages.

The clinical room was secure. There were two sinks available here, with one designated as the clinical hand wash sink; there were boxes of supplements stored on both sinks. The bathroom with hairdressers' sink had handwash signage displayed over it. In this bathroom the call bell hung over the sink; the chord was very long and dangled into the waste bin.

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, to follow up on the previous inspection findings of November 2025, and to inform the renewal of registration process.

Improvement was noted regarding staff knowledge of regulations underpinning the service; the current regulations were now available to support and inform the service. An audit was completed of the premises and painting and refurbishment was due to commence the week following the inspection. Other improvements noted included records relating to petty cash records whereby there were now two signatures per transaction; upon return of a resident's property, items returned were itemised to safeguard both the resident and the staff member returning money and valuables. Regarding staffing, an additional household cleaning staff was recruited since the last inspection to enable cleaning over seven days a week. The duty roster was reviewed and showed adequate staff to the size and layout of the centre, and assessed needs of residents.

Notwithstanding these improvements, findings of this inspection were that further action was required by the registered provider to improve oversight of the service. Management systems in place to identify and monitor the quality of the service provided to residents required improvement and this is discussed under Regulation 23: Governance and Management. Action was also required regarding information relating to Schedule 2 (staff files) and Schedule 3 (residents' records, risk

management, infection prevention and control); these are reported on under the relevant regulations.

Mertonfield Ltd. is the registered provider of Kilcara House Nursing Home. The company director was the person nominated to represent the provider and they work in the centre on a daily basis. The management structure in place had clearly identified lines of authority and accountability. There was a person in charge with responsibility for the day-to-day operation of the centre. They were supported by an assistant director of nursing (ADON), and a team of nurses, healthcare assistants, catering, household, activities and maintenance staff.

A sample of staff files were examined and these showed deficits in records as specified under Schedule 2 of the regulations. The training matrix was examined and while there were some dates included in the training records, there were no dates available for training related to behaviours that challenge, safeguarding or moving and lifting for non-clinical staff.

Audits were undertaken by nurse management, and included clinical and environmental aspects of the service. Some audits were actioned immediately with reports seen that included liaising with the provider, with dates of completion of works undertaken. Others showed that high levels of compliance were consistently achieved, however, as described throughout the report, audits had not identified a number of issues highlighted on the day of the inspection, particularly in relation to infection prevention and control. This was a repeat finding and is further detailed under the relevant regulations.

Regulation 14: Persons in charge

There was a person in charge. It was reported to the inspector that they were full time in post. They had the necessary requirements of nursing and management experience as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The duty roster was examined and showed adequate staffing for the size and layout of the centre, and assessed needs of residents. Improvement was noted in staffing following the findings of the last inspection with recruitment of an additional household cleaning staff to ensure full cover for cleaning over a seven-day period.

Judgment: Compliant

Regulation 16: Training and staff development

As identified on the previous inspection:

- there were no dates included in training records relating to (a) managing behaviours that challenge, (b) safeguarding, (c) and moving and lifting for non-clinical staff. While it was reported to the inspector that these trainings had been completed, there were no records available to confirm they were undertaken. This was repeat finding.

Judgment: Not compliant

Regulation 21: Records

Action was required to ensure all records were maintained in accordance with regulatory requirements, as follows:

re Schedule 2 (staff files):

- there was no date of birth or photographic identification for one staff file
- full employment history was not in place in two staff files
- a written reference was not available from the staff's most recent employer for one staff file
- there were two written references in place in one file, however, they were from the same person but from two different locations in the country, so it could not be assured that references were verified as part of their safeguarding process.

re Schedule 3 (residents' records):

- care plans evaluations were regularly updated with the daily narrative status of the resident, which made it difficult to elicit relevant information to differentiate between the daily update status and the assessed care needs of the resident,
- 'as required PRN' medication administration records did not include the dosage of medication given to residents, to mitigate the risk of medication errors (as some PRN prescriptions gave the option of either one or two tables.)

re Schedule 4 (other record):

- staff training records were not retained in accordance with specified regulatory requirements (7 years from the date of their making).

Judgment: Not compliant

Regulation 23: Governance and management

Action was required to ensure that the management systems in place ensured that the service provided was consistent and effectively monitored:

- while there was a schedule of audit, it was not comprehensively adhered with to ensure effective monitoring to enable quality improvement; in addition, some audits were neither signed or dated,
- disparities between audits results and the inspection findings indicated that there were insufficient assurance mechanisms in place to enable quality improvement
- there were deficits in oversight of infection control as the mandated national standards relating to infection prevention and control had not been implemented into practice as detailed under Regulation 27: Infection control
- some Schedule 5 policies had not been implemented into practice
- there were deficits in oversight relating to risk management as some clinical rooms and offices were unsecured and had items such as medications and needles, which could be accessed by residents or visitors [this was a repeat finding]; the medication trolley was not secured to the wall (in line with professional guidelines) in the unsecured above mentioned clinical room; the household cleaners room, which contained chemicals, remained routinely unsecured; medicated granules were stored in an unsecured cupboard on the main corridor.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and accidents records were reviewed and showed that associated notifications were submitted to the regulator in accordance with specified regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure displayed was updated following the findings of the last inspection; they reflected the requirements of the regulations such as the time-lines and review officer.

Judgment: Compliant

Quality and safety

Both residents and visitors described a rights-based approach to care; they reported that staff and management respected the rights and choices. Residents lived in an unrestricted manner according to their needs and capabilities; there were very few restrictive practices evidenced. There was a focus on social interaction, and residents had daily opportunities to participate in group or individual activities. There were no visiting restrictions in place. Visits and social outings were encouraged and facilitated.

Overall, the inspector found that the provider was, in general, delivering a good standard of care; however, there were gaps in oversight, as mentioned in the Capacity and Capability section, which impacted the quality of life for the residents living in the centre.

While there was some improved noted regarding assessment with medical histories informing care planning process, care plans evaluations were regularly updated with the daily narrative status of the resident, which made it difficult to elicit relevant information. One resident was recently transferred back into the centre following acute care, however, their care records were not updated to include their multi-drug resistant status (MDRO), consequently, upon transfer back to acute care, their transfer letter did not include their MDRO history to inform the receiving centre, to enable them implement possible precautions.

Residents had timely access to general practitioners (GPs), medical and nursing services including community palliative care specialists as necessary. Residents also had regular access to allied health and social care professionals such as physiotherapy, chiropody, tissue viability and dietician as required. Multidisciplinary support and care was provided by the Integrated Care Programme for Older People (ICPOP) Community Specialist Team.

Medication management was examined. Controlled drugs were maintained in accordance with professional guidelines best practice. A sample of medication administration charts were examined and these showed improvement in that photographic identification was in place in the sample viewed. An antibiotic log was maintained as part of medication charts that enabled easy access to a resident's antibiotic history. This log detailed the specific antibiotic, and the infection type. Also maintained as part of medication charts were six-monthly medications and the next due-date, as well as catheter changing records. Nonetheless, 'as required PRN

medication' records required action as the administered dosage of the PRN medication was not routinely recorded when a resident was prescribed one or two tablets. Following the previous inspection findings, the medication fridge was serviced to ensure it remained effective and medications were safely stored in accordance with manufacturers' guidelines, to ensure it operated at an optimal temperature that safeguarded the integrity of the medications stored in it.

The premises was designed and laid out to meet the individual and collective needs of residents. Some bedrooms were personalised and residents had ample space for their belongings, however, as described heretofore, the positioning of some privacy curtain rails in twin bedrooms did not always enclose a resident's bed space and personal storage. An environmental audit was undertaken since the last inspection and a programme of works was devised to address the premises issues. The provider representative assured that painters were due on site the week following the inspection, to commence refurbishment.

Wall-mounted disposable single use hand sanitiser cartridges containers were displayed, however, there was no advisory signage indicating their appropriate use. Controls to mitigate the risk of Legionella had not been implemented comprehensively. Weekly flushing regimes were scheduled every Monday, however, infrequently used water outlets such as the bath had not been identified to ensure this was flushed to mitigate the risk associated with Legionella.

Regulation 13: End of life

Relatives spoken with during the inspection gave heartfelt feedback regarding the care their relative was given. They spoke of the wonderful attention their relative was receiving, and had received over the previous weeks during their end-of-life care.They related how attentive staff were to their relative and to them as a family, and the excellent communication of staff informing them of all aspects care including medication management to ensure the comfort of their relative, for which they were most grateful.

Judgment: Compliant

Regulation 17: Premises

The provider assured that painting and refurbishment was to commence the week following the inspection, and this was welcomed as action was required to ensure the premises conformed with specified regulatory requirements, as the décor in some parts of the centre was showing signs of wear and tear. Surfaces and finishes including doors, handrails, architraves, seating and bedroom furniture were worn and unsightly.

Other issues relating to the premises included:

- the placement of privacy curtains did not ensure adequate distribution of bedroom area to enable the bed and possibly residents' storage units to be maintained within their personal space such as bedside lockers,
- one resident in a twin room did not have access to a TV.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Action was required to ensure transfer letters were comprehensive to inform resident care:

- one resident was recently transferred to acute care setting, however, their transfer letter did not include their MDRO history to inform the receiving centre, to enable them implement possible precautions to safeguard all.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure the requirements of Regulation 27: Infection control, and the National Standards for Infection Prevention and Control in Community Services (2018) were met:

- there were a limited number of dedicated clinical hand wash sinks in the centre and these sinks did not comply with current mandated guidelines associated with clinical handwash sinks [the provider representative assured that HBN-10 sinks had been procured, and they were awaiting delivery],
- controls to mitigate the risk of Legionella had not been implemented in accordance with current national guidelines; this was a repeat finding
- along the front corridor there was a small storage cupboard; this had a variety of items stored here including a container with communal toiletries such as shampoo, body wash, toothpaste, mouth cream and medicated granules; this was a repeat finding,
- there were boxes of food supplements stored on both sinks in the clinical room near the back corridor
- the hairdressers' sink had handwash signage displayed over it. In this bathroom the call bell hung over the sink; the chord was very long and dangled into the waste bin, which posed a risk of cross contamination
- in the cleaners' room, the designated handwash sink had chemicals and jugs in the sink

- there was a cleaning mop-head in the handwash sink in the laundry
- there were several blood glucose monitors available, however, one was not labelled with the resident's name, to prevent inappropriate usage and cross infection
- none of the aforementioned were identified as part of the recent infection prevention and control audit.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvement was noted following the findings of the previous inspection in that there were photographic identification in place for residents as part of their medication management.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical, specialist and allied health professional expertise. Multidisciplinary support and care was provided by the Integrated Care Programme for Older People (ICPOP) Community Specialist Team to enable better outcomes for residents. Residents had access to community palliative care to support their care needs; relatives gave very positive feedback about the support they gave the centre and their relative.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were very little restrictive practices in the centre. Improvement was noted following the findings of the previous inspection, whereby, there were assessments completed to inform the implementation of restrictive practices such as bed rails.

Judgment: Compliant

Regulation 9: Residents' rights

Feedback from residents and relatives, and observation on inspection showed that a rights-based approach to care was promoted and residents' independence was promoted and respected. Residents had access to meaningful activation on a daily basis and resident reported that they 'looked forward' to the daily activities.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0049336

Date of inspection: 19/03/2026

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	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Although training in managing challenging behaviours and safeguarding had been completed by non-clinical staff prior to the inspection, these records had not been formalized within the training matrix. The matrix has since been fully updated to reflect this. Additionally, moving and handling training for all non-clinical staff has been scheduled. All staff training records are now comprehensive, verified, and maintained within the central training matrix to ensure ongoing oversight and compliance.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Going forward, management will ensure that all appropriate documentation is obtained for each staff member's file. We acknowledge that written references from previous employers can be difficult to secure, as some organizations only provide references via telephone. Consequently, in instances where references are taken over the phone- as was the case for one staff member (had two references with same handwriting), management will ensure these records are co-signed to verify their authenticity. To maintain these standards, audits of staff files will be conducted more regularly to ensure ongoing compliance Any alterations in a resident's health status, behavioural patterns, or medication regimens shall be recorded in both the daily narrative and the individualized care plan. This ensures continuity of care, as daily narrative entries are periodically archived. Furthermore, all PRN (as required) medications will be recorded to ensure variable doses	

(e.g., one or two tablets), the exact amount given is recorded to mitigate any risk of medication error. All RGN'S informed following staff meeting and will be monitored by auditing.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Management will implement daily oversight of Infection Prevention and Control (IPC) through regular floor walks and more comprehensive audits. All persons conducting audits have been informed of importance of including date and signature. Management will oversee same. The full-time IPC Lead remains available to all staff for guidance and will increase the frequency of audits and inspections to ensure full compliance with Regulation 27.
new HBN-10 clinical sinks have been delivered and are awaiting installation by contracted tradespeople
To mitigate Legionella risks, the flushing protocols previously active in unoccupied bedrooms have now been extended to include all communal baths.
All opened toiletries to be individually labelled and stored within residents' private rooms. Additionally, dedicated storage is being arranged in the clinical room to ensure food supplements are stored appropriately and away from clinical sinks.
The call bell cord in the bathroom has been shortened, and signage at the hairdressing sink has been removed
To maintain environmental security, management, the IPC Lead, and all Registered General Nurses (RGNs) have been briefed to ensure that doors to cleaning, clinical, and drug rooms remain closed and inaccessible to unauthorized persons at all times. Finally

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Bed-screen curtain tracks will be reconfigured to ensure an equitable distribution of floor space. This adjustment will allow each resident to keep their essential furniture, including bedside lockers and storage units, within their own private partitioned area.

The room layouts will be modified to ensure that all residents in twin-occupancy rooms have individual and unobstructed access to television facilities.

In addition to bedroom layout changes, a schedule of painting and refurbishment has and will continue to address wear and tear on surfaces, finishes, and furniture, ensuring all premises meet the required regulatory standards Proprietor is on the premises most days, will continue to carry out walk arounds and contact appropriate tradesman as required.

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:

One resident on return from hospital had treatment completed for MDRO same was recorded in their care record

However, on transfer back to acute services 24hr later the RGN on duty did not highlight MDRO history on Transfer letter. The transfer letter has since been updated to specifically highlight MDRO status and history All RGN's informed regarding same following a meeting

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
New HBN-10 clinical sinks have been delivered and are awaiting installation by contracted tradespeople.
To mitigate Legionella risks, the flushing protocols previously active in unoccupied bedrooms have now been extended to include all communal baths.
All opened toiletries to be individually labelled and stored within residents' private rooms. Additionally, dedicated storage will be arranged in the clinical room to ensure food supplements are stored appropriately and away from clinical sinks.
The call bell cord in the bathroom has been shortened to mitigate risk of cross contamination and signage at the hairdressing sink has been removed
Management will oversee the secure storage of chemicals within the cleaning and laundry facilities. Staff have been reinformed following a meeting on health and safety protocols regarding restricted access to hazardous substances. To ensure sustained compliance, the IPC Lead and the Registered General Nurse (RGN) on duty will conduct regular oversight of these areas. All staff have a duty to ensure this door are kept always

closed for safety of unnotarized persons.
All the glucose monitors are labelled by end of inspection and 1 RGN has been delegated responsibility to ensure this practice is continued

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.	Not Compliant	Orange	28/05/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	01/04/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	12/06/2026
Regulation 21(5)	Records kept in accordance with this section and set out in paragraphs	Not Compliant	Orange	01/05/2026

	(7) and (8) of Schedule 4, shall be retained for a period of not less than 7 years from the date of their making.			
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	29/05/2026
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 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.	Substantially Compliant	Yellow	01/04/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Not Compliant	Orange	29/05/2026

	Authority are in place and are implemented by staff.			