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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Kilcara House Nursing Home
Name of provider:	Mertonfield Limited
Address of centre:	Kilcara, Duagh, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	30 April 2025
Centre ID:	OSV-0000241
Fieldwork ID:	MON-0046833

## 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 and can accommodate 29 residents. It is a two-storey building with stairs and lift access to the upstairs accommodation. Downstairs it is set out in three wings: Abbeyfeale Duagh and the new wing and upstairs has eight 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:	27
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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 30 April 2025	09:15hrs to 16:15hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

The inspector met with the majority of the 27 residents living in the centre and spoke with seven 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.

Notwithstanding the positive feedback, the inspector found that there were a number of areas of the service that required actions to ensure the service provided met the assessed needs of the residents. These areas are discussed in more detail under the relevant regulations and under the themes of Quality and Safety and Capacity and Capability.

There was a calm and relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences.

Groups of residents attended the two dining rooms for their meals, while some residents chose to have lunch in their bedrooms. 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. Residents said that they enjoyed the home cooked food in the centre.

There was a varied programme of activities provided seven days a week. Activities were facilitated by an activity co-ordinator, nursing and care staff and were tailored to suit the expressed preferences of residents. To the front and side of the centre there was seating and tables available for residents, under mature trees overlooking well maintained gardens. On the afternoon of the inspection a large number of residents were outside relaxing in the sunshine, enjoying ice cream and cold drinks. The inspector observed staff actively engaging with residents in a respectful and kind manner ensuring their needs were responded to.

Kilcara House Nursing Home is situated in a picturesque 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 was generally suitable for its stated purpose and met residents' individual and collective needs with some exceptions. For example, the lift connecting the two floors, could not be used independently by residents as it required repair. This was an ongoing issued that was first identified on an inspection completed in September 2023.

The communal areas in the centre comprised the front dayroom, two dining areas, a conservatory and a second larger sitting room which was situated in the back corridor of the premises. There was an ample amount of furniture available for

residents use in the sitting rooms, however, a number of upholstered armchairs were stained and required steam cleaning.

Bedroom accommodation in the centre comprised 21 single and four twin rooms. The majority (22) of bedrooms had en-suite facilities. Residents were supported to personalise their bedrooms, with items such as photographs and artwork to help them feel comfortable and at ease in the home. While the centre generally provided a homely environment for residents, some of the décor and finishes were showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting.

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

The main kitchen was of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff.

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. Flooring was damaged within the housekeeping room and the detergent in the bedpan washer had expired several years ago.

Laundry and resident 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, improvements were required in the management and handling of soiled laundry.

Alcohol-based hand-rub wall mounted dispensers were readily available along corridors. However, dedicated clinical hand hygiene sinks were not available within easy walking distance of all resident's bedrooms. The inspector was informed that sinks within residents rooms were dual purpose used by both residents and staff. 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.

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, in particular with regard to infection prevention and control, required improvement. Action was also required pertaining to care planning, risk management, antimicrobial stewardship and the premises to achieve regulatory compliance. Issues identified will be detailed under the relevant regulations.

Mertonfield Ltd. is the registered provider of Kilcara House Nursing Home. The company has two named directors, one of whom works in the centre full-time. The management structure in place had clearly identified lines of authority and accountability. The person in charge worked full time and was responsible for the day-to-day operation of the centre in addition to providing oversight of clinical issues. They were supported by an assistant director of nursing, and a team of nurses, healthcare assistants, catering staff, domestic, activities and administration staff.

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The provider had also ensured that there were sufficient staff available to support residents to engage in meaningful activities in line with their interests and capacities.

The provider had arrangements in place to respond to staff shortages on the day of the inspection to ensure continuity and appropriate care. On the day of the inspection the ADON took charge of the centre in the absence of the person in charge.

There was only one housekeeper employed in the centre. The inspector was informed that housekeeping was undertaken by the provider at weekends. The provider had run a recruitment campaign for additional housekeeping staff. However, the successful candidate had recently resigned from this position. Current arrangements were not sustainable and may impact on effective infection prevention and control and the quality of environmental hygiene during outbreaks or during extended periods of unplanned leave.

The provider had nominated a staff nurse to the role of infection prevention and control link practitioner. However, protected hours were not allocated to this role and the inspector was informed that this person only worked in the centre two to three hours weekly. As a result, insufficient time was available to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Improved oversight of care planning and residents records was required to ensure that residents needs were consistently documented and communicated to all nursing and care staff. For example, the majority of residents had generic respiratory tract

infection care plans when there was no indication for their use. These care plans were not aligned with best practice infection prevention and control guidelines.

Infection prevention and control audits were undertaken by nursing management and covered standard infection control precautions, hand hygiene and antimicrobial stewardship. High levels of compliance were consistently achieved in recent audits. However, the audit programme did not serve as a tool to improve quality improvement as local audits had not identified a number of infection prevention and control practices highlighted on the day of the inspection. Details of issues identified are set out under Regulation 27.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. However, discussions with staff and a review of documentation concluded that improvements were required in clinical supervision of nursing and care staff. For example, nursing staff described inappropriate procedures for obtaining a urine samples from urinary catheters and care staff described inappropriate management of soiled laundry and equipment.

### 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 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

All staff received mandatory education and training in infection control that is commensurate with their work activities and responsibilities and is regularly updated.

However, practices observed coupled with evidence of ineffective detection of potential outbreaks demonstrated that additional 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:

- There was a lack of oversight of the systems in place to assure that potential outbreaks were detected in a timely manner. This is further discussed under the Quality and Safety section and Regulation 27.
- Disparities between the finding of local infection prevention and control audits 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.
- There was a lack of oversight of care plans as a review of care plans found that accurate information was not recorded in resident care plans to effectively guide and direct the care residents with suspected infections.
- The provider had implemented a number of legionella controls in the centre's water supply. However, routine testing for legionella in hot and cold water systems was undertaken to monitor the effectiveness of the controls.
- The infection prevention and control link practitioner only worked two to three hours per week in the centre, which was not enough time to adequately guide and support staff in safe infection prevention and control practices.

Judgment: Not compliant

## Regulation 31: Notification of incidents

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

However the inspector was not assured that outbreaks were detected and managed in a timely manner. Findings in this regard are presented under Regulation 27; infection control.

Judgment: Compliant

## Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff 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 nursing care; however, the gaps in oversight, as mentioned in the Capacity and Capability section, impacted on the quality of life for the residents living in the centre. Non-compliances in relation infection control found on inspection also posed a risk to the safety and well being of residents. Further improvements were required to be fully compliant in care planning, healthcare, risk management and premises.

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

Staff and residents were offered vaccinations in accordance with current national recommendations. Records confirmed that COVID, influenza and pneumococcal vaccinations were administered to eligible residents with their consent.

However, the inspector was informed that the community based x-ray service was no longer available to come to the centre due to staffing issues within the service. This may result in unwell or injured residents having to travel to the local Emergency Department for x-rays. This arrangement increased the risk of exposure to hospital acquired infections on the occasion they may need access to an x-ray in an acute hospital.

A sample of care plans and assessments for residents were reviewed. Overall, pre-printed care plans lacked the detail required to guide staff to deliver effective, person-centred care. This is detailed under Regulation 5; individual assessment and care plan.

The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Staff were not engaging with the national "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing.

Prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antimicrobials. However, copies of laboratory reports were not available at point of care within the resident's healthcare record to enable antimicrobial therapy to be streamlined and optimised on the basis of

laboratory results by out-of-hours prescribers or for nursing staff to review. Findings in this regard are presented under Regulation 6; healthcare.

The premises was designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. The general environment including residents' bedrooms, communal areas and toilets appeared visibly clean. A schedule of maintenance and painting work was ongoing, ensuring the centre was generally maintained to a high standard with some exceptions. For example, damaged flooring was observed within the housekeeping room and cracked tiles were observed within the treatment room.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in Regulation 26. However, the centre's risk register did not contain sufficient detail regarding control measures to mitigate these risks. While the provider had implemented a number of legionella controls in the centres water supply, including flushing unused outlets/ showers, and maintaining water temperature at temperatures that minimised the proliferation of legionella bacteria, other controls including cleaning of storage tanks, shower heads and thermostatic mixing valves were not detailed. In addition routine testing for legionella in hot and cold water systems was not undertaken to monitor the effectiveness of existing controls.

Infection prevention and control systems and staff practices were found to be inadequate and carried an associated actual and potential risk of residents acquiring a healthcare-associated infection. For example, appropriate infection prevention and control procedures were not followed by nursing staff when handling soiled laundry, decontaminating used commodes and urinals and collecting urine samples from indwelling urinary catheters.

In addition, a review of documentation found that a potential acute respiratory infection (ARI) outbreak was not detected and effectively managed in line with national guidelines. Issues identified are detailed under Regulation 27; infection control.

## Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

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

Judgment: Compliant

### Regulation 17: Premises

The registered provider generally provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013. However, the lift connecting the two floors, was awaiting repair. This was a longstanding issue.

In addition, the décor in some parts of the centre was showing signs of minor wear and tear. Surfaces and finishes including flooring and tiles in the housekeeping room and treatment room were damaged and as such did not facilitate effective cleaning.

Judgment: Substantially compliant

### Regulation 26: Risk management

The registered provider did not ensure that the risk management policy set out in Schedule 5 included the measures and actions in place to control the risks identified. For example;

- The legionella risk assessment was not comprehensive and did not detail all the required controls to minimise the growth of legionella within the centre's water system.
- Outbreak management plans were not reviewed, updated and implemented in line with revised public health advice.

Judgment: Substantially compliant

### Regulation 27: Infection control

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

A review of antibiotic consumption records found that six residents had developed symptoms of acute respiratory infection (ARI) within the same week in January 2025. While the timing and clinical presentations met the case definition of an acute respiratory infection (ARI) outbreak, appropriate infection prevention and control measures were not implemented in line with national guidelines. The failure to identify and early rapid response to a cluster of respiratory infections impacted

effective infection prevention and control and may have contributed to onwards transmission. For example;

- A line listing was not commenced and a Public Health Risk Assessment was not undertaken as recommended in national guidelines when these residents presented with respiratory symptoms.
- The Department of Public Health were not notified of a suspected outbreak of acute respiratory infection when a cluster of residents presented with symptoms compatible with COVID-19 or influenza.
- Staff confirmed that PCR testing for influenza, COVID and RSV testing was not undertaken in line with HPSC Guidance on testing for Acute Respiratory Infection (ARI) in Residential Care Facilities (RCF) – Winter 2024/2025. This had the potential to delay detection and controls and may have contributed to onwards transmission
- Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities Symptomatic were not implemented when residents first presented with respiratory symptoms. For example, symptomatic residents were not cared for with transmission based precautions and the inspector was informed that universal mask wearing was not recommended for staff during this time period.

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

- Nursing staff told the inspector that the dedicated sampling port was not used to collect urine samples from indwelling urinary catheters. Practices described increased the risk of catheter associated urinary tract infection.
- Staff told the inspector that heavily soiled laundry was manually rinsed in the sink in the sluice room before being placed in an alginate bag and washed in the washing machine. This posed a risk of cross infection.
- Staff informed the inspector that commodes and urinals were emptied and manually rinsed prior to decontamination in the bedpan washer. This also increased the risk of environmental contamination and the spread of MDRO colonisation. The detergent in the bedpan washer had expired. This may also have impacted the effectiveness of decontamination.
- Equipment was generally clean with some exceptions. For example, several upholstered armchairs were stained. A nebuliser, commode and wheelchairs were also observed to be unclean.
- A large number of dispensers containing alcohol gel and soap dispensers were topped up and refilled. National guidelines advise that disposable single use cartridges or containers should be used to reduce the risk of contamination.
- 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. In the interim of improving staff access to clinical handwashing facilities, there was no risk assessment or additional controls implemented to support this practice

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Action was required to ensure that care plans were reviewed and updated at regular intervals when there was a change in the resident's condition and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to a resident. For example;

- Further work was required to ensure that all resident files contained resident's current health-care associated infection status and history. A large number of residents had generic respiratory tract infection and urinary tract infection care plans when there was no current indication documented for their use.
- Respiratory tract infection care plans were not aligned to best practice guidelines and did not consider the potential of communicable infections or the requirement for infection prevention and control measures.
- Respiratory tract infection care plans advised that vital signs (temperature, pulse, respiration, blood pressure and oxygen levels) be monitored daily. There was no evidence that this was done.
- Several residents were prescribed antibiotics (prophylactically) to prevent recurrent urinary tract infections. However, some infection care plans did not include details of when or why these antibiotics were prescribed.
- Some visiting care plans contained outdated visiting and infection control protocols such as a limit of four visits per week by up to two people. Discussions with visitors confirmed that these restrictions were no longer in place.

Judgment: Substantially compliant

### Regulation 6: Health care

While antibiotic usage was recorded, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives.

Microbiology laboratory reports were not accessible to nursing staff to inform antimicrobial stewardship audits, trend analysis and multi-drug resistant organism (MDRO) colonization surveillance.

There was no evidence of daily monitoring of vital signs including; temperature, pulse, respiration, blood pressure and oxygen levels in residents with symptoms of respiratory infection in January 2025. As a result, early signs of deterioration may not have been detected in a timely manner.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

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

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

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0046833

Date of inspection: 30/04/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff have been trained in-house by IPC nurse on the up to date practices on Infection Prevention and Control. Management will continue to supervise at floor level and Infection Prevention and Control Training has been booked again for all staff awaiting dates.</p> <p>IPC lead will be available more often in the nursing home for staff supervision and guidance.</p> <p>Plans are in place for a full-time member of staff to complete training as IPC lead.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management will ensure that if three or more residents develop symptoms, PCR testing will be completed in line with HPSC guidance on testing for acute respiratory infection. A public health risk assessment will be completed, and a line list will be put in place as recommended by national guidelines.</p> <p>Management will notify public health of any suspected outbreaks within the nursing home.</p> <p>IPC measures will be carried out in the event of any outbreak to reduce the spread of</p>	

infection.

All information will be clearly documented in residents care plan and updated daily.

When residents have recovered, the care plan will be removed.

Management will ensure that following audits on care plans results will be discussed at the quality management meeting and all staff are updated on outcomes.

RGN and senior HCA with guidance from IPC link will monitor that all staff are compliant with the national standards for infection prevention and control.

Management will carry out regular spot checks on infection control management.

Risk assessments will be carried out and updated at regular intervals or as changes occur.

Training has been rebooked for all staff on infection prevention and control.

The infection prevention and control link practitioner is now available three mornings per week, plus available over phone for guidance.

Plans are in place for a full-time member of staff to complete training on same.

IPC link along with management will carry out regular spot checks on compliance with national standards for infection prevention and control within the nursing home.

The registered provider will ensure that routine testing for legionella will take place within the nursing home. The same has been completed and regular auditing will ensure compliance

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

The registered provider will continue with the maintenance and upkeep of the nursing home.

The walk arounds will be carried out more regularly and findings reported to maintenance.

Plans are in place to renew flooring in the housekeeping room and tiles have been repaired in the drug room.

The issue with lift is ongoing and the proprietor is in regular contact with mid-western lifts who visit nursing home to service lift at regular intervals.

All residents are supervised using the lift and a risk assessment has been completed for the same.

Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>The registered provider has completed a more comprehensive risk assessment for legionella. Also, the risk management policy has also been renewed, and appropriate measures are in place to control risks identified.</p> <p>The outbreak management plan has been reviewed, updated and implemented in line with public health advice. Regular auditing of same will be carried out to ensure compliance.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Management will ensure that if three or more residents develop symptoms, PCR testing will be completed in line with HPSC guidance on testing for acute respiratory infection. A public health risk assessment will be completed, and a line list will be put in place as recommended by national guidelines.</p> <p>Management will notify public health of any suspected outbreaks within the nursing home.</p> <p>IPC measures will be carried out in the event of any outbreak to reduce the spread of infection.</p> <p>Infection prevention and control training has been re-booked for all staff awaiting dates. IPC lead has completed in-house training with the following areas covered,</p> <p>Best practice when collecting urine samples.</p> <p>Dealing with heavily soiled laundry.</p> <p>Best practice when dealing with used commodes and urinals.</p> <p>All HCA and RGN have been informed of the best practice to help reduce risk of cross infection.</p> <p>RGN and senior health care assistants will supervise the same at floor level, IPC lead and management will carry out regular inspections/spot checks of same.</p> <p>Risk assessments will be carried out and updated regularly. Regular auditing which will include all aspects of infection prevention and control will ensure compliance with finding discussed at quality management meetings.</p> <p>The registered provider has plans in place for the upholstery of some armchairs.</p> <p>Nebulizers are checked and cleaned each night, same signed by RGN.</p> <p>All wheelchairs are cleaned weekly and signed by maintenance.</p> <p>The center has many alcohol gels on corridors which are single use non-refill.</p>	

<p>A risk assessment has been carried out for the use of sinks in residents' rooms for handwashing. Single-use non-refill soap dispensers have been ordered for each room in line with national guidelines.</p> <p>Management along with IPC link will monitor infection prevention and control throughout nursing home. Regular audits will be carried out with findings discussed at management and quality management meetings. Risk assessments will be carried out and updated at regular intervals or as changes arise.</p>	
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> <p>Residents care plans are updated three monthly or as condition changes. Residents with diagnosed infections going forward will have observations recorded daily in care plan along with communication notes.</p> <p>Residents who are prone to UTI/RTI management had kept their care plan active for close monitoring. Going forward for best practice care plan will be removed once resident has fully recovered.</p> <p>A specific care plan has been put in place for residents requiring prophylaxis antibiotics and GPs are informed of the same to review at regular intervals. Management will liaise with all GPs with a view to reducing prophylactic antibiotics usage.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All residents' care plans are updated at least three monthly or as condition changes. G/Ps and MDT if required are involved in plan of care.</p> <p>Going forward management will liaise with GPs for copies of all lab reports. At present some send copies automatically.</p> <p>A new prophylaxis antibiotic care plan is now in place for all appropriate residents which will be reviewed by GPs with a view to changing or discontinuing prophylaxis antibiotics. All GPs have been informed of the same.</p> <p>Usage of prophylaxis antibiotics is monitored within the weekly collection of data.</p> <p>All residents' observations are taken regularly when commenced on antibiotics and recorded in daily communication notes.</p> <p>Going forward all RGNs have been informed to document in care plan for continuity of</p>	

care. All care plans will be kept updated with appropriate medical and health care.

Regular audits will be carried out on care plans and any findings will be discussed at a quality management meeting.

## 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	29/05/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/05/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	27/06/2025
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	Not Compliant	Orange	29/05/2025

	effectively monitored.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	30/05/2025
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	08/05/2025
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	01/05/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	01/05/2025



	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	14/05/2025