



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

## Issued by the Chief Inspector

Name of designated centre:	Padre Pio Nursing Home
Name of provider:	B.M.C. (Nursing Home) Limited
Address of centre:	Graiguenoe, Holycross, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	10 November 2025
Centre ID:	OSV-0000267
Fieldwork ID:	MON-0048389

## About the designated centre

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

Padre Pio Nursing Home is a two-storey facility situated in a rural setting within close proximity to the village of Holy Cross, Co. Tipperary. The centre is registered to accommodate 49 residents. Bedrooms comprise of single and twin rooms, some with en-suite shower and toilet facilities; all bedrooms have hand-wash basins. There is chair lift access to the upstairs accommodation. There are two dining rooms, two day rooms, a sun room and a large quieter seating area in the Poppy wing which also accommodates the oratory and hairdressers salon. Residents have access to the secure well maintained garden via several points around the centre. Padre Pio Nursing Home provides 24-hour nursing care to both male and female residents. It can accommodate older people (over 65), people requiring long-term care, convalescent care, respite and palliative care and younger people whose assessed care needs can be met. Residents with maximum, high, medium and low dependency needs are accommodated in the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	48
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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
Monday 10 November 2025	09:30hrs to 18:30hrs	Leanne Crowe	Lead
Monday 10 November 2025	09:30hrs to 18:30hrs	Marguerite Kelly	Support

## What residents told us and what inspectors observed

Overall, the residents living in Padre Pio Nursing Home told inspectors that they were well-supported and cared for by the staff team, who were kind, caring and responsive to their needs.

This was an unannounced inspection. Upon arrival to the centre, the inspectors met with the person in charge before undertaking a walk around the premises. The inspectors met with residents and staff, observed the care environment, and observed the overall standard of care being provided. There was a busy atmosphere in the centre. Staff were observed carefully attending to residents throughout the morning.

The nursing home is a two-storey building that can accommodate up to 49 residents in single and twin bedrooms, some of which contain ensuite facilities. Communal shower rooms, toilets and a bathroom were located throughout the building. There were a number of communal areas available for residents' use, including an oratory, multiple sitting rooms and a large dining room. A large garden area was accessible to residents, and contained seating, shaded areas, flowers and shrubbery. Residents were facilitated to move between the floors using a stairs or a chair lift, with staff ensuring that this was managed safely at all times.

Overall, the general environment and equipment throughout the centre was visibly clean on the day of the inspection. Residents' communal sitting and dining rooms were bright, spacious and well-decorated in a domestic style that was familiar to residents. The registered provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing renovations and refurbishment. A number of residents voiced their appreciation for the ongoing maintenance, with one resident telling inspectors that "the new decor makes the place feel so much cosier".

Residents who spoke with the inspectors were complimentary about their experience of living in the centre, describing it as "top class" and "it couldn't be better". Another resident told inspectors "I love it here". Feedback provided by relatives was also positive, with one person saying that they felt "lucky" that their parent is living in this centre. Residents and visitors told the inspector that staff were alert to their needs and there were usually no delays to staff answering their call bells.

Residents' bedrooms were tidy and well-maintained. Each bedroom contained suitable furniture and soft furnishings. Many residents had personalised their bedrooms with ornaments, photographs and other items. The inspectors spoke with a number of residents, all of whom were satisfied with the layout of their bedroom and the storage available to them.

The inspectors observed that interactions between residents and staff were empathetic and respectful. Care staff were observed asking residents' permission before providing any care. Residents were highly complimentary of the staff team, saying "they always get it right" and "they're my family".

Visitors attending the centre throughout the inspection were welcomed by staff. Residents and visitors confirmed that flexible visiting arrangements were in place and that they were satisfied with such arrangements. Residents said that they could spend time with visitors in communal areas or in the privacy of their bedroom.

The inspectors observed that the activity programme took place primarily in the centre's communal areas and was enjoyed by many residents throughout the day of the inspection. A number of residents who participated in the activities felt that they were fun and sufficiently varied.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was a one day unannounced risk inspection, carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), with particular focus on the provider's compliance with infection prevention and control oversight, practices and processes. The inspection was prompted by solicited information, received from the provider, in relation to an ongoing outbreak of an infection in the centre. The inspectors also followed up on the provider's compliance plan response from the previous inspection in November 2024 regarding Regulation 23, Governance and management, Regulation 17, Premises, Regulation 27, Infection control and Regulation 5, Individual assessment and care plan. This inspection found that all aspects of the provider's compliance plan response had been completed.

The findings of this inspection were that while this was a generally well-managed centre where residents were supported to have a good quality of life, the systems of infection prevention and control were not fully effective and therefore did not ensure that residents were reasonably protected from the spread of infection within the designated centre. Since September 2024, a number of infection outbreaks have been declared in the centre. Following the declaration of an outbreak by the Public Health team on 30 September 2024, the registered provider implemented measures to manage the outbreak, including extensive deep-cleaning and the treatment of staff and residents. However, between May 2025 and July 2025, a significant

number of residents had begun to show signs of reinfection. The Public Health team again declared an outbreak in relation to a number of residents.

While there was no confirmed infections at the time of this inspection, a number of residents were receiving precautionary treatment in response to exhibiting symptoms of the infection. A review of the outbreak management processes identified that the registered provider's infection outbreak response was hindered by a national shortage of medication to treat the infection and a number of practices which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, the management of laundry, clinical waste and some environmental hygiene practices. Additionally, the oversight of infection prevention and control did not ensure that any deficits were identified and addressed as needed. Findings in this regard are further discussed under the relevant regulations.

The registered provider of Padre Pio Nursing Home is B.M.C. (Nursing Home) Limited. There are five company directors, one of whom represents the registered provider entity and attends the centre on a regular basis. They were present in the centre on the day of the inspection. The centre's general manager worked full-time in the centre and participated in the management of the centre. The person in charge was supported by a clinical nurse manager, who deputised in their absence. The remaining staff complement comprised a team of nurses, care staff, activities, catering, house-keeping, laundry, administration and maintenance personnel.

There was a clearly defined management structure in place, whereby the management team were aware of their individual lines of authority and accountability.

There were sufficient resources available to ensure the delivery of care in accordance with the centre's statement of purpose.

There were systems in place to monitor the quality and safety of the service. Management meetings took place on a weekly basis, with a standing agenda of key information relating to the operation of the designated centre, such as health and safety, staffing levels and fire safety. A programme of audits was completed by the management team, which evaluated clinical and operational aspects of the service. Analysis of these audits was also discussed at the management meetings and also informed the development of quality improvement plans. However, inspectors noted that the oversight of infection prevention and control was not included as a standing agenda item, which did not support ongoing monitoring of infection control measures. Additionally, the provider had not completed a review of their management of the previous infection outbreaks, limiting the opportunity to identify and implement improvements in their outbreak management processes.

An annual review of the quality and safety of care delivered to residents in 2024 had been completed. This contained an overview of key areas of the service and included a quality improvement plan for 2025.

There were sufficient numbers of staff on duty on the day of the inspection to meet the assessed needs of the residents. Up-to-date rosters were available for review, which reflected the configuration of staff on duty.

The inspectors reviewed a sample of staff files. These contained all of the information and documentation required by Schedule 2 of the regulations, including evidence of An Garda Síochána (police) vetting disclosures and nursing registration with the Nursing and Midwifery Board of Ireland (NMBI).

Staff were facilitated to attend training that was appropriate to their role, including infection prevention and control, fire safety and moving and handling practices. Other training was made available to staff, such as dementia care and the management of restrictive practices. Staff who spoke with the inspectors demonstrated a good understanding of the training they had completed to date.

There was a policy and procedure in place regarding the management of complaints. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had recently applied to renew the registration of the designated centre. All prescribed documentation was received, in line with regulatory requirements.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge had commenced in their role in June 2025. They were a registered nurse with the required experience in nursing management and in the care of older persons. They were suitably qualified for the role and worked full-time in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of the inspection, the staffing level and skill mix were appropriate to meet the needs of residents, in line with the centre's statement of purpose. There

was sufficient nursing staff on duty at all times, and they were supported by a team of healthcare staff.

Judgment: Compliant

### Regulation 16: Training and staff development

A programme of mandatory training was available for staff to complete. Records of the training undertaken by staff was maintained and monitored to ensure that staff remained up-to-date with relevant training as required.

Judgment: Compliant

### Regulation 23: Governance and management

While the registered provider had established systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, the oversight and management of infection prevention and control practices were not always effective. This is evidenced by:

- Deficits relating to the management of infection outbreaks were identified on this inspection and the centre's previous inspection in November 2024
- The centre's local infection prevention and control policy did not reflect relevant Health Protection Surveillance Centre (HPSC) guidance regarding outbreak management, particularly in relation to the isolating of residents and cleaning of soft furnishings
- The management of the centre's laundry, clinical waste, the sluice rooms and other storage areas required review to ensure that they mitigated infection control risks
- The provider had not completed a review of their management of the centre's infection outbreaks in 2024 and 2025, which which did not support learning from their previous outbreak responses.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. Each contract outlined the fees to be paid by the resident, and the terms and conditions of the accommodation.

All contracts had been signed by the resident and/or their representative.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

A review of the records found that complaints were recorded, managed and responded to, in line with the regulatory requirements.

Judgment: Compliant

## Quality and safety

For the most part, residents received a good standard of person-centred care and support from an experienced staff team. However, the management of some infection control measures posed a potential risk to the safety and wellbeing of the residents living in the centre.

Overall, there were processes in place to maintain good environmental hygiene throughout the centre. There were cleaning specifications and checklists to reduce the risk of cross-contamination. Housekeeping staff who spoke with inspectors demonstrated a good understanding of the cleaning needs of the centre.

The inspectors identified examples of good practice in relation to the prevention and control of infection. The provider had implemented a number of Legionella controls in the centre's water supply. For example, infrequently used outlets and showers were run weekly and records demonstrated that the hot and cold water supplies

were routinely tested for Legionella to monitor the effectiveness of the controls in place.

Notwithstanding the good practices observed, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, there were no separate catering staff changing rooms available, and the centre's laundry facilities had a singular door for entry and exit, both of which increased the risk of cross contamination occurring.

Some alcohol hand gel dispensers contained out of date products, and the centre's clinical store room did not contain a handwashing sink, impacting on staff's ability to comply with hand hygiene processes.

The organisation of storage space, and the management of some stored equipment, was not fully in compliance with the requirements of the regulations. For example, the management of equipment in a sluice room, the storage of items in the centre's clinical store room and the management of residents' toiletries in both communal and ensuite sanitary facilities. These findings are discussed under Regulation 27, Infection control.

Residents had access to appropriate medical and allied health care support to meet their needs. Residents had timely access to their general practitioners (GPs) and specialist services such as tissue viability and physiotherapy as required. Residents also had access to other health and social care professionals such as speech and language therapy, dietitians and chiropody.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These assessments were used to develop care plans that were person-centred and reviewed on a regular basis. Inspectors found that records relating to residents' MDRO history and management were not always recorded in residents' care planning documentation.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support in line with their individual needs. Care plans were developed for these residents, which outlined appropriate de-escalation strategies to guide staff.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the use of restrictive practices in the centre, in line with local and national policy.

There were systems in place to protect residents from abuse. There was an up-to-date policy and procedure in place in relation to safeguarding, which guided staff

practice. Staff also completed regular training in the prevention, detection and response to abuse. The provider did not act as pension agent for any residents at the time of this inspection, but did manage small amounts of money and valuables on behalf of some residents. There were systems in place to ensure these were stored safely.

There was an activity schedule in place, which ensured that residents were provided with opportunities for social engagement and to participate in activities that were aligned to their capacities and capabilities.

Residents' rights were promoted in the centre. There were opportunities for residents and their representatives to consult with management and staff regarding the operation of the service. Residents' meetings were convened regularly, and minutes of these meetings evidenced that feedback provided by residents was acted upon to improve their experience of the service. Residents has access to a variety of media including newspapers, televisions, and radios. Residents could avail of the support of an independent advocacy service, if they so wished.

The provider had arranged for a fire safety risk assessment be carried out in relation to the designated centre in 2024, which had identified a number of risks. A detailed action plan had been developed, which outlined the works required to address these issues. Documentation was provided to inspectors to demonstrate that all works had been completed, and these works had been signed off as being completed to the required specifications by a competent person.

The fire alarm system, emergency lighting system and fire fighting equipment were serviced at the appropriate intervals. The provider maintained records of daily, weekly and monthly checks in relation to aspects of fire safety including means of escape and tests of the alarm system. Residents' personal emergency evacuation plans (PEEPs) identified the different evacuation methods applicable to individual residents for day and night evacuations. Evacuation drills took place on a regular basis throughout the centre. Records of these were comprehensive and highlighted any areas of improvement that were identified.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not restrictive. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

## Regulation 11: Visits

There were no visiting restrictions in place. The visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access and arrangements for residents to receive visits from their nominated support persons during outbreaks.

Judgment: Compliant

### Regulation 13: End of life

There were systems in place to ensure residents approaching end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the premises was suitable to the number and needs of the residents living there. Communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Outdoor space was accessible and safe for all residents living in the centre.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The national transfer document was incorporated into the centre document management system. Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

Judgment: Compliant

## Regulation 27: Infection control

The provider did not meet the regulatory requirements and the National Standards for infection prevention and control in community services (2018). For example:

- The centre's clinical store room did not contain any hand washing facilities
- There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. However, a review of care plans revealed a need for more detail to ensure that all resident files accurately reflected their current MDRO colonisation status
- The systems of surveillance of Multi-Drug Resistance Organisms (MDROs) required strengthening in order to support infection control and containment. Additionally, residents' care plans did not always accurately reflect their current MDRO colonisation status
- The systems in place to mitigate the risk of antimicrobial resistance were not fully effective. There was poor evidence of analysis of antibiotic usage in terms of volume, indication, and effectiveness, and therefore could not fully inform quality improvement plans regarding antimicrobial therapy
- A sluice room did not contain a drip tray for bedpans and urinals, which may cause environmental contamination and the spread of infection. Additionally, a resident washbowl was stored incorrectly within one of these sluice rooms
- Items and equipment to be used for resident care were not being stored correctly. For example; numerous storage rooms and areas were cluttered, items were inappropriately stored, and equipment and resident supplies were not segregated from each other
- The infrastructure of the laundry facilities did not support the functional separation of the clean and dirty phases of the laundering process
- Inspectors observed that opened single-use items were being stored for re-use. For example; single-use wound dressings and large bottles of iodine and saline was seen open and partially used, impacting the sterility and efficacy of these products. Single-use items are intended to be used on an individual person during a single procedure and then discarded, due to the risk of contamination
- Alcohol hand rub was available at the point of care, but many dispensers were out of date. This meant that there was an increased risk of the spread of infection
- Storage bins for sharp objects such as needles and syringes were not signed on assembly, which impacted on accountability and traceability
- Opened and unlabelled resident toiletries, as well as incontinence wear, were being stored in shared shower rooms. Similarly, opened toiletries were observed in a number of ensuite facilities in shared bedrooms, but these were stored in a single, shared cupboard and were did not identify the owner of

the toiletries. This posed a risk in terms of infection control but also impacted on residents' privacy.

Judgment: Not compliant

### Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment. Staff completed training in fire safety on an annual basis.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The needs of residents were appropriately assessed and used to inform the development of comprehensive care plans. There were arrangements in place to ensure that care plans were revised on a four monthly basis, or more frequently if required.

Judgment: Compliant

### Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of health care specialists.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The implementation of restrictive practices was informed by risk assessments, which were reviewed regularly.

There were systems in place to ensure that staff were appropriately skilled to support residents with responsive behaviours.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse. Staff had up-to-date training in relation to the prevention, detection and response to abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider ensured residents were consulted about the management of the designated centre through participation in residents meetings. Residents also had access to an independent advocacy service.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Padre Pio Nursing Home OSV-0000267

Inspection ID: MON-0048389

Date of inspection: 10/11/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider will strengthen governance, oversight and assurance systems to ensure that infection prevention and control is effectively monitored, consistently implemented and embedded into routine management structures.</p> <p>The following actions have been taken and will be implemented to address the identified deficits:</p> <ol style="list-style-type: none"> <li>1. Formal Review of Previous Outbreaks and Organisational Learning <ul style="list-style-type: none"> <li>o While outbreak management actions and operational reviews occurred during the 2024 and 2025 outbreaks, a formal consolidated documented retrospective review had not been completed at the time of inspection.</li> <li>o A structured Outbreak Learning Review has now been undertaken by the Person in Charge and senior management to ensure that learning is formally captured and embedded into governance systems going forward.</li> <li>o This review examined outbreak timelines, decision-making processes, isolation practices, laundry management, environmental hygiene, staffing deployment and communication pathways.</li> <li>o A written Outbreak Learning Report has been developed and key learning points have been translated into a centre-specific Infection Prevention and Control Improvement Action Plan.</li> </ul> </li> <li>2. Revision of Local IPC Policy in Line with HPSC Guidance <ul style="list-style-type: none"> <li>o The centre's Infection Prevention and Control Policy has been fully revised to align with current Health Protection Surveillance Centre (HPSC) guidance, particularly in relation to: <ul style="list-style-type: none"> <li>▪ Outbreak identification and escalation</li> <li>▪ Isolation and cohorting of residents</li> <li>▪ Cleaning and management of soft furnishings</li> <li>▪ Environmental decontamination standards</li> </ul> </li> <li>o The updated policy has been approved by senior management and disseminated to all</li> </ul> </li> </ol>	

staff.

o Staff sign-off sheets and refresher training records are maintained to evidence implementation.

o Completed: 30 November 2025.

### 3. Strengthened Oversight of IPC as a Governance Priority

o Infection Prevention and Control is now a permanent standing agenda item at weekly management meetings.

o This includes routine review of:

- Surveillance data and MDRO trends
- Audit findings
- Antimicrobial usage
- Environmental hygiene compliance
- Laundry, waste management and storage standards

o Issues identified are recorded, assigned

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Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The Registered Provider is implementing a comprehensive Infection Prevention and Control (IPC) corrective action programme to ensure full compliance with regulatory requirements and the National Standards for Infection Prevention and Control in Community Services.

The following actions have been taken and will be implemented to address all identified deficits:

#### 1. Hand Hygiene Infrastructure

o A dedicated clinical hand-washing sink has now been installed in the clinical store room to ensure staff can comply with hand hygiene requirements at the point of use.

o All alcohol hand rub dispensers across the centre have been audited and replaced with in-date stock.

o A monthly consumables expiry audit has been introduced to prevent recurrence.

o

#### 2. MDRO Documentation and Care Planning Accuracy

o All resident care plans have been reviewed and updated to ensure accurate documentation of current MDRO colonisation status.

o A requirement for immediate care-plan update following any MDRO diagnosis or clearance has been formalised.

#### 3. Strengthened MDRO Surveillance Systems

o A centre-wide MDRO surveillance log has been implemented to track colonisation trends, containment actions and outcomes.

o Surveillance data is now reviewed weekly by the Person in Charge and IPC Lead and escalated through governance meetings.

#### 4. Antimicrobial Stewardship and Resistance Mitigation

- o An antimicrobial usage register has been introduced to monitor:
  - Volume of antibiotics prescribed
  - Indications
  - Duration
  - Clinical effectiveness
- o Quarterly antimicrobial review meetings will now take place with GP input to inform quality improvement actions.
- o Findings will be used to update antimicrobial stewardship plans.

#### 5. Sluice Room Standards

- o Drip trays have now been installed for bedpans and urinals in all sluice rooms.
- o All inappropriate items, including washbowls, have been removed from sluice rooms.
- o A sluice room usage and storage protocol has been implemented and staff retrained.

#### 6. Safe Storage and Equipment Segregation

- o All cluttered storage rooms have been cleared and reorganised.
- o Clean and dirty equipment and supplies are now fully segregated using a colour-coded storage system.
- o A weekly storage compliance audit has been introduced.

#### 7. Laundry Infrastructure and Workflow Separation

- o The laundry workflow has been redesigned to ensure functional separation between dirty and clean phases.
- o Clear zoning, signage and directional flow systems have been introduced.

#### 8. Single-Use Item Controls

- o All opened single-use items have been immediately discarded.
- o A strict single-use policy has been re-issued to all clinical staff.
- o Weekly spot-check audits are now in place to ensure compliance.

#### 9. Sharps Bin Accountability and Traceability

- o All sharps bins are now signed and dated on assembly.
- o A sharps compliance checklist has been added to the IPC audit programme.

#### 10. Resident Toiletries, Incontinence Wear and Privacy

- All resident toiletries and incontinence products have now been individually labelled.
- Communal storage of opened toiletries has ceased.
- Individual bedside or locked storage units have been introduced in shared bedrooms.
- Shared shower rooms have been cleared of resident-specific items.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/01/2026
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	30/01/2026