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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:	Teach Altra Nursing Home
Name of provider:	Newmarket Nursing Home Limited
Address of centre:	Scarteen, Newmarket, Cork
Type of inspection:	Unannounced
Date of inspection:	06 February 2025
Centre ID:	OSV-0000297
Fieldwork ID:	MON-0046242

## About the designated centre

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

Teach Altra is a nursing home operated by Newmarket Nursing Home Ltd which is situated in Newmarket County Cork. The centre is registered to provide care to 43 residents. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs and to short-term residents requiring rehabilitation, post-operative, convalescent and respite care. The centre is located within mature grounds and within walking distance from the local town. The centre comprises 24 single bedrooms and nine twin bedrooms. Communal space comprised a large conservatory sitting room, dining room, a library, an oratory, numerous quiet areas and outdoor space in the form of enclosed gardens and walkways around the centre.

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

Number of residents on the date of inspection:	39
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 6 February 2025	09:00hrs to 17:35hrs	Kathryn Hanly	Lead
Thursday 6 February 2025	09:00hrs to 17:35hrs	Marguerite Kelly	Support

## What residents told us and what inspectors observed

Inspectors met with and observed residents throughout the day of inspection. Based on the observation of the inspectors, and discussions with residents, visitors and staff, Teach Altra Nursing Home was a nice place to live. Residents looked well cared for and had their clothing and hair done in accordance to their own preferences. Inspectors spoke with nine residents. They were complementary of the person in charge, staff and the services they received. Residents' stated that the staff were kind and caring and that they felt safe and trusted the staff.

There was a calm and welcoming atmosphere in the centre. Throughout the day staff were observed engaging with residents in a respectful and friendly manner and being kind and courteous to residents at all times. Visitors were observed to be welcomed by staff and it was evident that staff knew visitors by name and actively engaged with them.

Some residents were living with dementia and were unable to detail their experience of the service, however, they were also observed by the inspectors to be content and relaxed in their environment and in the company of other residents and staff.

Communal areas were seen to be supervised at all times and call bells were answered promptly. The daily and weekly activity schedule was displayed in resident's bedrooms and in communal areas. Residents confirmed that there was a wide range of activities taking place, seven days a week and residents were encouraged to engage in meaningful activities throughout the day of the inspection.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The inspectors observed that there was a variety of communal spaces available to residents. These areas were tastefully decorated with comfortable furnishings. The outdoor spaces included two inner courtyards which were accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The centre comprised of a single storey building with 24 single bedrooms and nine twin bedrooms. Almost all of the bedrooms were en-suite with a shower, toilet and wash hand basin. The privacy and dignity of the resident's accommodation in the twin rooms was protected, with adequate space for each resident to carry out activities in private. There was enough space in these rooms to store residents' clothes and other personal belongings, such as photographs and other memoirs.

Ancillary facilities supported effective infection prevention and control. The main kitchen was clean and of adequate in size to cater for resident's needs. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment

and a sluice room with a bedpan washer for the reprocessing of bedpans, urinals and commodes. Ancillary areas were well-ventilated, clean and tidy.

Improvements had been made to the premises since the previous inspection. For example, some areas of the centre had been painted, small televisions in resident bedrooms had been replaced with larger ones and some en-suite bathrooms had been refurbished. However, the walls in some bedrooms were showing signs of minor damage. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting.

Improvements were also required in respect of premises and infection prevention and control, which are interdependent. For example, several bedrooms and the communal bathroom were visibly unclean on the day of the inspection.

Two clinical hand washing sinks had been installed on corridors to support effective hand hygiene. These complied with current recommended specifications for clinical hand hygiene sinks. However, alcohol hand rub was not available at point of care within bedrooms as recommended in national guidelines.

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

## Capacity and capability

This was an unannounced risk inspection to monitor compliance with the care and welfare of residents in designated centres for older people, regulations 2013. This inspection focused on the infection prevention and control related aspects of the Regulations.

Overall, the findings of this inspection were that some improvements had been made by the provider since the last inspection to enhance the premises. The provider generally met the requirements of Regulation 6: healthcare, Regulation 15: staffing, Regulation 16: training and staff development and Regulation 23: governance and management however further action is required to be fully compliant. Action is also required to achieve regulatory compliance with Regulation 27; infection control. Where areas for improvement were highlighted during the inspection, the person in charge was responsive and committed to addressing these in a timely fashion.

Teach Altra Nursing Home is a residential care setting operated by Newmarket Nursing Home Ltd. The organisation structure comprised two directors of the

company, an operations manager, the regional operations manager, human resources manager and financial manager.

The person in charge was supported on site by a clinical nurse manager, nurses, health care assistants, domestic, activity, catering, maintenance and administration staff. Healthcare assistant and nurse staffing levels were appropriate having regard for the size and layout of the centre. The person in charge had identified that housekeeping resources were not sufficient to meet the needs of the centre. However, this had not been addressed at the time of this inspection. Inspectors also found that improved local oversight and supervision of cleaning practices and processes was required.

There were clear lines of accountability and responsibility in relation to governance and management of prevention and control of healthcare-associated infection. Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge.

Two nurses had been nominated to the roles of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Both had completed the link practitioner training and protected time had been allocated to support their roles.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded. KPIs, which included information regarding the number of infections, were maintained on a weekly basis and these informed the weekly and monthly clinical governance meetings which were held with the operations manager, regional manager and the person in charge.

Infection prevention and control audits were undertaken quarterly and covered a range of topics including hand hygiene, use of personal protective equipment (PPE), equipment and environment hygiene and laundry management. However, disparities between the findings of the most recent infection prevention and control audit, which achieved full compliance, and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. Findings in this regard are presented under Regulation 23 and Regulation 27 respectively.

The provider also had implemented a number of *legionella* controls in the centres water supply. For example, unused outlets/ showers were run weekly. Some testing for *legionella* in hot and cold water systems had been undertaken to monitor the effectiveness of these controls. However, samples had not been taken from any resident en-suite facilities.

A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of outbreaks of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of its occurrence.

Infection Prevention and Control (IPC) National Clinical Guidelines were available to staff. 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, observations on the day of the inspection and discussions with staff indicated that further training was required in cleaning practices and processes, urinary catheter care and antimicrobial stewardship. Findings in this regard will be detailed under the relevant regulations.

### Regulation 15: Staffing

The provider had not ensured that sufficient housekeeping resources were available to maintain acceptable levels of environmental hygiene within the centre. This impacted on effective infection prevention and control and the quality of environmental hygiene within the centre. Staff supervision also needed to be strengthened with respect to household and cleaning duties.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. However, inspectors identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of urinary catheters, antimicrobial stewardship and cleaning practices and processes.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c). However, further action was required to be fully compliant. This was evidenced by the following:

- Disparities between the findings of the most recent local infection prevention and control audit 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. Details of issues identified are detailed under Regulation 27.

- Improvements were required in local assurance and oversight mechanisms to ensure that the environment was effectively cleaned and decontaminated.
- Some legionella controls were in place and water samples had been tested to assess the effectiveness of local legionella control measures. However, only two samples (from the kitchen and storage tank) had been tested. This was not a representative number of samples based on the number of outlets in the water system and did not provide assurances that water supplies with en-suite bathrooms were safe.

Judgment: Substantially 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 all outbreaks of 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.

Judgment: Compliant

### Quality and safety

Inspectors found that the interactions between staff and residents were kind and respectful throughout the inspection. There was a rights based approach to care in this centre. Staff promoted the residents independence and their rights. Residents said that they were involved in their care and had choice in the time they wished to go to bed and when they could get up. The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not overly restrictive.

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, dietitian and chiropody.

Safety huddles were in place where staff met at a specified time to highlight safety and risk issues such as antibiotic prescriptions and infection. The volume of antibiotic use was monitored each month. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and

supported in order to progress. Findings in this regard are presented under Regulation 6; healthcare.

Resident care plans were accessible on a computer based system. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. However, appropriate information was not consistently recorded in care plans to effectively guide and direct the care of residents that were prescribed prophylactic antibiotics. Findings related to antimicrobial stewardship are presented under Regulation 6; healthcare.

Processes were in place for receiving and sharing information with other health and social care providers. Staff told the inspectors that they received enough information about residents' wishes and needs when they were first admitted to the centre, and when they were discharged back to the home after any time spent in hospital.

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

The location, design and layout of the centre was appropriate to the needs of the residents and promoted their privacy and comfort. Improvements had been made to the layout of bedrooms following the previous inspection. For example, the occupancy in the three bedded room had been reduced to two residents.

Inspectors identified some examples of good practice in the prevention and control of infection. Waste and used linen was segregated in line with best practice. Appropriate use of PPE was observed over the course of the inspection and equipment was generally clean and well maintained.

However, 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, appropriate infection prevention and control procedures were not followed by nursing staff when collecting urine samples from indwelling urinary catheters or when routinely monitoring resident's blood sugar levels. In addition, the environment and cleaning textiles were not consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. Findings in this regard are presented 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.

Judgment: Compliant

### Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

Judgment: Compliant

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

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services and copies of transfer forms were kept in the centre.

Upon residents' return to the centre, the staff made efforts to ensure that all relevant information was obtained from the hospital and follow-up appointments and referrals were attended.

Judgment: Compliant

### Regulation 27: Infection control

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

- Nursing staff told inspectors that the dedicated sampling port was not used to collect urine samples from urinary catheters. Practices described increased the risk of catheter associated urinary tract infection. 'Single use' night urine drainage bags were re-used. This practice also increased the risk of catheter associated urinary tract infection.
- Individual, resident allocated, blood sugar testing machines were not used when routinely checking blood sugar levels. Use of shared machines posed a risk of cross infection.

- Several bedrooms and the shared bathroom were visibly unclean. The underside of several shower grids in en-suite showers were also heavily stained. Housekeeping staff confirmed that shower trays were not included on the cleaning schedule.
- There was ambiguity among cleaning staff with respect to the correct preparation of cleaning chemicals. For example, chlorine tablets were routinely added to cleaning and disinfection chemicals. Mixing chlorine-based tablets with other cleaning chemicals can lead to the release of harmful gases and can cause respiratory irritation.
- Improvements were also required in the management of cleaning textiles. A domestic washing machines was used to wash used mops and cleaning cloths. As a result, inspectors were not assured that correct thermal disinfection temperatures were reached to ensure that textiles were washed at a minimum of 65° for ten minutes or 71° for four minutes.
- The provider had not introduced safety engineered sharps devices as an alternative to sharps without safety engineered features. This increased the risk of needle stick injury.
- Barriers to effective hand hygiene practice were identified. Alcohol hand gel was not available at point of care within resident bedrooms. The impacted the effectiveness of hand hygiene while delivering care to residents.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents.

However, improvements were required in the recording of antibiotic prophylaxis in care plans. Findings in this regard are presented under Regulations 6; healthcare.

Judgment: Compliant

## Regulation 6: Health care

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

Staff had access to relevant laboratory results required to support timely decision-making for optimal use of antimicrobials. However, a review of documentation found that available microbiology culture and sensitivity reports were not reviewed prior to administering antibiotics. This may lead to inappropriate antibiotic use, which can contribute to resistance.

Audits of prophylactic prescriptions were not undertaken by nursing staff. Several residents were receiving prophylactic antibiotics to prevent urinary tract infections (UTIs). However, care plans did not include details of UTI history or measures to prevent UTIs. One resident continued to receive a prophylactic antibiotic despite their medication care plan advising that the antibiotic should have been discontinued in October 2024.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

All residents who spoke with inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities, seven days a week.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Altra Nursing Home OSV-0000297

Inspection ID: MON-0046242

Date of inspection: 06/02/2025

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Household shift patterns were reviewed on the day of inspection and the inspectors were informed that staff would be increased on the weekends.</p> <p>Further to the inspection, we have reviewed our staffing over the full 7 days and have increased the staffing Monday - Friday also to ensure deep cleaning is performed. These additional staffing hours will be reviewed again and may be titrated up or down as the needs of the home dictate.</p> <p>In addition to this, the PIC &amp; IPC lead perform daily walkarounds &amp; spot checks of different areas throughout the home to monitor compliance with the cleaning standards.</p>	
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>As noted during the inspection, all of our mandatory training topics are up to date. We have proceeded with continuing our booking for 2025 training dates.</p> <p>Our household, laundry, kitchen and some senior staff members have all renewed their Coshh training on 24.02.25.</p> <p>IPC training is booked for the 12th and the 13th of March, which will include the following: specimen collection, MDRO, AMS, UTI in addition to chain of infection, standard precautions, transmission based precaution, outbreaks, cleaning &amp; hand hygiene.</p>	



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>Further Legionella samples have been taken from 3 bedrooms room numbers 3, 18, and 27, and sent for testing on the 12-02-25, report received back on the 25-02-25 and was not detected. The increased sampling of sources is included in our management of legionella.</p> <p>The PIC, IPC lead conduct daily walkarounds to oversee and supervise the cleaning of the home. Spot checks are carried out. Staffing has been increased to address the shortcomings and will be reviewed and adjusted as necessary after a 3 month period as the needs of the home are reassessed. The ROM also conducts weekly walkarounds of the home during this visit.</p> <p>The cleaning schedules for the home have been reviewed – see Reg 27.</p> <p>All household staff have renewed their Coshh training and chemical preparation was part of this.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Emergency RGN meeting was held following the inspection &amp; all matters that arose during the inspection have been discussed. All RGN are clear on the manner in which a sample may be taken from a u/c. This will be included also in our upcoming ipc training day.</p> <p>The reuse of single use urine drainage bags has been stopped.</p> <p>All Residents who require their blood sugars to be checked either regularly or irregularly have their own individually named Glucometer. All RGN are aware of the location of these.</p> <p>Household staff have received COSHH training, staffing has been increased &amp; cleaning schedules have been reviewed and discussed at length with household staff. This is to ensure that all staff are fully aware of their responsibilities within the home. PIC, IPC lead &amp; ROM conduct walkarounds/spot checks on areas to ensure compliance.</p> <p>Chemical preparation has been reviewed and re-education has been completed in this regard.</p> <p>Safety engineered sharps devices have been received and all other needles have been correctly disposed of.</p>	

We have ordered, received and increased the number of alcohol gel stations throughout the home.

We have reviewed the management of cleaning textiles – the machine used to wash used mops and cleaning cloths has been replaced to ensure correct temperature being reached for the required amount of time.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

Monitoring of infections within the home, is part of our regular kpi. We review infections and the prescribed medication for each. This is then discussed with our GP.

We have implemented the "skip the dip" approach to managing any potential urinary tract infections.

All Residents who were prescribed prophylactic antibiotics have been reviewed by their GP. Some antibiotics have been discontinued and some have not as per the directions of the Residents GP. This review has been added to the Residents medical notes & the Resident care plans include this review and reasoning for same.

CNM & IPC lead are to ensure that all microbiology culture and sensitivity reports received for our Residents are reviewed with their GP prior to any further medication being prescribed.

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	07/02/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	13/03/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	07/02/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	07/02/2025

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	14/03/2025
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	28/02/2025