

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

Issued by the Chief Inspector

Name of designated centre:	Riverdale House Nursing Home
Name of provider:	Cosgrave Nursing Consultancy Limited
Address of centre:	Blackwater, Ardnacrusha, Clare
Type of inspection:	Unannounced
Date of inspection:	11 March 2025
Centre ID:	OSV-0000448
Fieldwork ID:	MON-0046543

About the designated centre

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

Riverdale House is a two storey nursing home. It can accommodate up to 29 residents. It is located in a rural area, six kilometres from Limerick city and close to many local amenities. Riverdale house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters predominantly for older persons who require general nursing care, palliative care, respite and post operative care. The centre does not accommodate persons with acquired brain injury or intellectual disability. It does not have a dementia specific unit. Bedroom accommodation is provided on both floors in 11 single and nine twin bedrooms. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors' room. Residents also have access to a secure enclosed garden area.

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
Tuesday 11 March 2025	08:55hrs to 16:00hrs	Marguerite Kelly	Lead
Tuesday 11 March 2025	08:55hrs to 16:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Over the course of the inspection the inspectors spoke with residents, staff and visitors to gain insight into what it was like to live in Riverdale House Nursing Home. The inspectors spent time observing the residents daily life in the centre in order to understand the lived experience of the residents.

There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff.

On arrival to the centre, the inspectors were greeted by the person in charge who is also a director of the company. Following an introductory meeting, the inspectors and person in charge completed a walk around the centre.

The person in charge worked full time in the centre and displayed good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to the residents. Residents were observed sitting in communal rooms, walking along corridors and some residents remained in their bedrooms to rest in line with their preferred daily routines. The inspectors spent time talking with many of the residents during this walk around the centre and also during the day of inspection. However, inspectors spoke in more detail with six residents. Residents spoken with conveyed satisfaction of how well staff cared for them and appeared content living in the centre.

Visitors were observed attending the centre on the day of the inspection. Two visitors spoken to were complementary of the staff and the care that their family members received.

Located in rural Ardnascrusha, Co. Clare, Riverdale Nursing Home is registered to provide long-term and respite care to a maximum of 29 residents. On the day of inspection, there were 27 residents accommodated in the designated centre. The centre was a purpose-built, two-storey facility, with stairs and passenger lift available to access the two floors.

Resident bedroom accommodation was laid out over both floors of the centre and it consisted of single and twin-occupancy bedrooms, some with en-suite facilities. The inspectors saw that residents had access to storage facilities for their personal possessions. However, the layout in one of the twin-occupancy bedrooms seen did not fully support the needs of the residents. Access to the ensuite would not be available to the second resident when the first resident's privacy curtains were closed around their bed.

Residents' bedrooms were clean and decorated with personal memorabilia, such as photographs, personal items and soft furnishings. Televisions and call bells were provided in all bedrooms.

Throughout the inspection staff were seen to be engaging positively with residents. It was apparent staff knew residents care and support needs, and preferred communication approaches. For example, providing the preferred snacks and drinks of individuals and knowing their chosen routines.

Some residents were seen to take meals in the dining room, on trays and others took meals in their bedrooms or in the sitting room. Feedback from residents was mainly positive about the meals, and choices available. However, two residents mentioned the menus needed more variety and one resident said the food was 'lack lustre'. The dining room was bright and well presented, and staff supported residents to get the meals and drinks of their choice. Some residents required support taking their meals, and this was provided discreetly by staff who sat with them to provide support and encouragement.

There was a variety of activities for residents to choose from. All activities available were displayed on a notice board. During the day of the inspection, inspectors observed several groups of residents enjoying the daily activities. Including watching the "Cheltenham Races" on the television, partaking in chair yoga and bingo. There was good interactions between staff and the residents. Daily newspapers and a centre touch screen tablet were also readily available for residents to access and read.

While the centre provided a homely environment for residents, further improvements were required in respect of premises and infection prevention and control. For example, the inspectors observed that the décor, including wood finishes and paintwork in the centre was showing signs of minor wear and tear in some bedrooms, sinks, laundry, housekeeping room and communal areas.

The Inspectors noted items such as wheelchairs and hoists stored on the corridor, which should be kept clear.

Whilst the designated centre had housekeeping and sluice room facilities some improvements were required to ensure that these areas could support effective infection prevention and control practices. These findings are set out under Regulation 27.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

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) Regulation 2013 (as amended). This inspection focused on the infection prevention and control related aspects of Regulation 5: Individualised Assessment and Care Planning, Regulation 6: Health Care, Regulation 9: Residents Rights, Regulation 11: Visits, Regulation 15: Staffing, Regulation 16: Training and Staff Development, Regulation 17: Premises, Regulation 23: Governance and Management, Regulation 25: Temporary Absence and Discharge, Regulation 27: Infection Control and Regulation 31: Notification of Incidents.

Overall, the registered provider was endeavouring to provide a service compliant with the regulations. The provider generally met the requirements, however further action is required to be fully compliant.

This was a well managed centre with a defined management structure in place. The registered provider of this designated centre is Cosgrave Nursing Consultancy Limited. A director of the company was also the person in charge of the centre. The person in charge had support in their role from an Assistant Director of Nursing (ADON), Clinical Nurse Manager (CNM) and a team of nurses and healthcare assistants. The ADON deputised when the person in charge was absent. A facilities manager was employed in the centre. They managed the laundry, house-keeping and catering teams. They also supported the person in charge with staff training records and human resource management. Activities, administration and maintenance personnel also make up the staffing complement.

The nursing and health care assistant staff rosters, reflected the number of staff on duty on the day. The staffing levels were suitable for the size and layout of the centre and number of residents accommodated at the time of inspection. Staff were observed being attentive to residents and call bells were answered in a timely manner. The provider had appropriate resources to ensure effective staffing levels, and a training program to ensure staff received appropriate access to training. The ADON held responsibility for infection prevention and control (IPC) and antimicrobial stewardship, and had completed the HSE link practitioner course.

The centre had well-designed systems for monitoring quality and safety. There was a schedule of audits in place including care planning, multi drug resistance organism (MDRO) surveillance, medication management, falls, infection prevention and control and hand hygiene. The inspectors saw that action plans were developed in response to audit findings. An annual review of the quality and safety of care delivered to residents in 2024 was available in the centre for review.

Notifications were recorded electronically in the centre and from a review of these records incidents were notified in line with the regulation. The complaints procedure was displayed in the centre and residents who spoke with inspectors were aware how to make a complaint.

There were regular governance and management meetings. Information was shared appropriately with residents and staff. Furthermore, staff were made aware of any areas identified for improvement and were clear about their role in implementing

any changes that were required. Meeting records included improvement actions and the responsible person.

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and their regulatory remit. The inspectors observed that the person in charge was well known to the residents, relatives and staff.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 26 residents living in the centre on the day of inspection. Staff were attentive towards residents and call bells were answered in a timely manner. There was a minimum of two registered nurses working in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training with both face to face and online formats. Efforts to integrate infection prevention and control guidelines into practice were strengthened by mandatory infection prevention and control education and training. There was a training matrix in place that set out when each staff member had completed training, and when they were due to complete refresher training. Both local and national IPC policies were available to guide and support staff. Staff were appropriately supervised in the centre

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that there was a clearly defined management structure in place and staff who spoke with inspectors were aware of their roles and

responsibilities. There were mostly effective management systems in place to monitor the safe and effective infection prevention and control practices.

However, further action is required to be fully compliant. This is evidenced by:

- While some *Legionella* controls were in place, water samples were not routinely taken to assess the effectiveness of the local *Legionella* control program.

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 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.

Judgment: Compliant

Quality and safety

Overall, this is a good service that delivers quality care to residents. Residents told the inspectors that they felt safe living in the centre and were happy. The inspectors observed staff to speak with residents in a kind and respectful manner, and to know their needs well. Residents' independence, privacy and dignity were upheld through staff policies and practices. The centre's interior and resident equipment was observed to be clean on the inspection day.

Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services.

Staff used an electronic system of assessment and care planning in the centre. Pre-admission assessments took place before the resident's admission. Upon admission, a person-centred assessment and care plans were prepared. There was evidence of review at intervals not exceeding four months or as required by a resident's changing needs. Care plans contained resident's current Multi-Drug Resistant Organism (MDRO) colonisation status, which effectively guides and directs the care of residents with a history of MDRO colonisation.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to and from acute care and other residential centres. This document contained details of health care associated

infections and colonisation to support the sharing of and access to information within and between services.

The ancillary facilities generally supported effective infection prevention and control. For example, the infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. However, the laundry was small, access to the hand wash sink was blocked due to a trolley and the walls were in need of repair and redecoration. Used laundry and linen was segregated in line with local guidelines at point of care.

The provider had substituted traditional unprotected sharps/ needles with a safer sharps devices that incorporates a mechanism to prevent or minimise the risk of accidental injury. However, sharps bins were stored incorrectly on the floor instead of being placed in a secure position or mounted on the wall to prevent tipping. The temporary closure which should be in place when the container is not in use was also open.

The volume of antibiotic use was monitored each month, which would enable easy trending. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported. This information will help inform quality improvement plans to maximise the benefit of antimicrobial therapy.

There was a low level of prophylactic antibiotic and urinary catheters use within the centre, which is considered good practice.

Residents who were colonised with a multi-drug resistant organism (MDRO) were cared for with the appropriate personal protective equipment (PPE) and were identified on the nursing hand over sheet and through the electronic care records. The inspectors observed that the equipment used by residents was in good working order and that reusable equipment was cleaned appropriately. However, a small number of mattresses and pressure cushions were seen to be worn and in need of review.

Vaccination records for residents were kept up-to-date, and there was a high vaccine uptake for COVID-19 and influenza.

Sinks were available along corridors and within the sluice room and clinical room for staff use. However, none of these sinks comply with the recommended specifications for clinical hand wash basins. Additional dispensers or individual bottles of alcohol hand gel were also required to ensure alcohol hand gel was readily available at point of care. This is discussed under Regulation 27: Infection control.

The centre adopted an open visiting policy for residents during the day except during protected meal times where visiting was restricted in order to allow for time and enjoyment of meals for residents without distraction.

Regulation 10: Communication difficulties

Residents' with communication difficulties were being facilitated to communicate freely. All residents had access to audiology, ophthalmology and speech and language services, as required.

Judgment: Compliant

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 throughout the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The decor in some areas, including resident bedrooms, corridors, ancillary areas such as the housekeeping room and laundry was showing signs of wear and tear, impacting on the ability to clean the surfaces.
- Linen room requires re-organising with the separation of resident equipment and linen.
- There was a lack of storage space in the centre resulting in the inappropriate storage of manual handling equipment and wheelchairs in the corridors. This reduced the space available for residents to safely move around these rooms.
- The carpet in the linen room was stained and worn.

Judgment: Substantially 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 and from acute care and other residential centres. This document contained details of healthcare-associated

infections and colonisation to support the sharing of and access to information within and between services.

Judgment: Compliant

Regulation 26: Risk management

Inspectors saw that the plan in place for responding to major incidents such as loss of power in the centre was not detailed enough to guide staff as to how to access an emergency generator. The provider assured the inspector that this would be addressed following the inspection.

Judgment: Compliant

Regulation 27: Infection control

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

- Disposable curtains were dated between May and June 2024 which indicated that they were not changed every three months in line with best practice.
- Alcohol hand rub was not available at the point of care for each resident. This meant that there was an increased risk of the spread of infection.
- Dispensers containing soap were topped up and refilled. Disposable single use cartridges or containers should be used to reduce the risk of contamination.
- There was no running water, janitorial or hand wash sink in the housekeeping room for preparation of cleaning trolleys, equipment and hand hygiene. This posed a risk of cross-contamination.
- The sluice room upstairs had no bedpan/urinal washer which meant staff needed to traverse downstairs with body fluids stored in bedpans and urinals. This practice still can increase the risk of splashing, cross infection and contamination.
- Three clinical waste bins in one sluice, whereas none in the other sluice for disposal of healthcare waste.
- Aprons hanging out of PPE holder over waste bins increasing the risk of contamination.
- Sharps bins stored on the floor with temporary closure mechanism open, which presented a risk to residents or staff being exposed to sharps injury.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan
<p>Staff used an electronic system of assessment and care planning in the centre. Pre-admission assessments took place before the resident's admission. Upon admission, a person-centred assessment and care plans were prepared. There was evidence of review at intervals not exceeding four months or as required by a resident's changing needs. Care plans contained resident's current MDRO colonisation status.</p>
Judgment: Compliant
Regulation 6: Health care
<p>Various strategies were in place to ensure appropriate use of antimicrobial medications, aiming to mitigate the risk of antimicrobial resistance. These measures included monthly monitoring. However, there was little analysis of antibiotic usage in terms of volume, indication, and effectiveness. Prophylactic antibiotic usage in the facility was kept at a minimal level, aligning with best practices.</p>
Judgment: Substantially compliant
Regulation 9: Residents' rights
<p>The registered provider had assured that residents were consulted about the management of the designated centre through participation in residents meetings. Residents had access to an independent advocacy service.</p> <p>The layout of one twin-occupancy bedroom did not ensure that residents accommodated in this bedroom could carry out personal activities in private. This was evidenced when the privacy curtain was pulled around the bed closest to the ensuite bathroom the second resident could not access the shared ensuite facilities without entering the first resident's private space. This finding was also impacting on the second resident's ability to attend to their personal care needs.</p>
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Riverdale House Nursing Home OSV-0000448

Inspection ID: MON-0046543

Date of inspection: 11/03/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• A Certified Company has been contracted as of April 2025 to test Water samples for Legionella as part of our Legionella Control Programme. It has been agreed with the contracted company to complete these tests on a quarterly basis.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• A full maintenance upgrading programme has been implemented (as of 02/04/2025) by our internal maintenance team to upgrade the areas identified in the HIQA Inspection as of 11/03/2025, ensuring all surfaces are cleaned to the highest standards.• The Management & Facilities Team has commissioned an upgrading plan with external contractors to remove the Carpet Flooring in the Laundry Storage Room and implement new IPC Flooring that has recently been implemented across the remainder of the NH since Nov 2022. New Fitted Furniture Shelving has been commissioned to replace the old shelving, and it has been agreed that only Linen/Laundry will be stored in this Laundry Room. Commissioned works expected to be completed by 02/05/2025.• And the management/facilities team have assessed the need for storage of safety equipment (Hoists & Wheelchairs) within the Centre to ensure they are safely stored if required or taken out of service if not required (and removed to external storage within the Centre). This strategic plan has been discussed with all Staff Members on 08/04/2025 at our most recent Management/Staff Meeting, ensuring safety and free movement for all Residents within the Centre.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The Facilities Team have upgraded all the Disposable Curtains as of 02/04/2025, and it is our plan to implement Fire Retardant Washable Curtains in the Centre once the Disposable curtains are no longer in stock within the Centre (as we have implemented in our sister Centre in Cratloe NH). We expect this to be achieved by the start of Q3 (01/10/2025). • All staff have been re provided with Alcohol hand rub (to keep on their person) as of 02/04/2025 and additional Alcohol Dispensers have been strategically and safely placed about the Nursing Home assisting to reduce the risk and spread of cross infection between residents. • New Dispensers using disposable single use cartridges/containers have been commissioned from external contractors and will be implemented across the Nursing Home by the end of Q2 (30/06/2025). • We await the arrival of the Plumbing Contractor, and the arrival of equipment ordered to implement the Janitorial sink into our new Clean Room (external to the Nursing Home), but we expect to have this work completed by 30/05/2025. In the interim we have implemented a Hand Hygiene Dispenser to mitigate the risk and spread of cross contamination. • An external contractor has been asked to assess the Sluice Room upstairs for the possible implementation of a new bedpan/urinal washer to be implemented. This assessment involves Plumbing and Electrical Contractors as well as the Suppliers of the Bedpan/urinal washer to work to an agreed plan for implementation. If all is feasible, it is expected to have Bedpan/Urinal washer implemented upstairs by end of Q3 in 2025 (29/08/2025). (In the interim Urinals' and Bedpans will be transferred to the Sluice Downstairs in yellow bags for washing and decontaminating in the Bed Pan Washer). • The Facilities Team have as of 14/03/2025 re implemented the correct Waste/Clinical Bins in both Sluice Rooms. They have also been made aware about the correct placement of Aprons in their holders (to assist in minimising the spread of cross infection), completed as of 12/03/2025. • And Staff have been shown on video how to close Sharp Bins when not in use and how sharp bins are required to be stored off the ground and on the appropriate shelving in the sluice room (as of 28/03/2025). 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • We completed our Clinical Governance Meeting on 07/04/2025 (which includes x 2 GP's on the committee) and we explained to the group how we need to increase our surveillance to include volume, indication and effectiveness of antibiotics prescribed to Residents in the centre. The GP's will liaise with the other GP's in their network, and who will encourage their peers in the IPC fight against antimicrobial resistance, all aligning with best practice in IPC Healthcare. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The Management & Facilities Team plan to reassess the layout of the Bedroom that the HIQA IPC Inspectors found to be impeding both Residents in one of the twin-occupancy bedrooms, to ensure both residents can complete personal activities in private. An action plan to change the layout of the room will be implemented by the end of 30/04/2025, ensuring both residents have freedom of movement in their own personal bed spaces. 	

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 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	02/05/2025
Regulation 23(c)	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	11/04/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	01/10/2025

	associated infections published by the Authority are implemented by staff.			
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	07/04/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/04/2025