



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

Issued by the Chief Inspector

Name of designated centre:	Mount Carmel Supported Care Home
Name of provider:	Mount Carmel Community Trust CLG
Address of centre:	Prologue, Callan, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	14 January 2026
Centre ID:	OSV-0000546
Fieldwork ID:	MON-0049340

About the designated centre

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

Mount Carmel Supported Care Home was opened in 1985. The centre is part of the local community and in 1982 the site on which the centre was built was donated by the local Parish and it is run by a Board of Management made up of local people and their representatives. The registered provider is Mount Carmel Community Trust Limited. The centre provides residential services to low dependency residents over 65 years. (Any deviation from this age range would be recommended by the Manager and approved by the Board of Management). The centre provides long-term and respite care for residents who are mainly capable of living independently and who require minimal assistance in a home-from-home environment. All residents are admitted following an assessment by the person in charge and a team of social and health care professionals. If residents develop a higher level of dependency and additional care is required; they will be provided with the necessary support in seeking other more suitable forms of accommodation. There is a day care facility that provides services for up to a maximum of 12 clients. The total capacity of the centre is for 20 residents. It is a single story building located on the main street of Callan, in a quiet area within walking distance of all local shops and amenities. All bedrooms are single with five having en-suites with shower toilet and hand basin. There is approximately 18 staff working in the Centre. The centre is funded by a grant from the Health Service Executive (HSE), resident's fees, fundraising and some staff provided by a An Foras Áiseanna Saothair (Training and Employment Authority also known as FÁS) and Tús which is a community work placement scheme providing short-term working opportunities for unemployed people.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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
Wednesday 14 January 2026	09:00hrs to 15:15hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection, carried out over one day, by one inspector of social services. On arrival, the person in charge (PIC) accompanied the inspector on a tour of the premises. During this walk around, it was evident that the PIC was well known to residents and that they were familiar with each residents' daily routine and preferences.

Mount Carmel Supported Care Home is located within walking distance of the local shops and amenities in Callan, County Kilkenny. A large proportion of the residents came from the local area, reflecting the community-based nature of the centre. Throughout the day the inspector observed many residents engaging in good natured banter, chatting, laughing and interacting comfortably with each other. There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre and into the local community.

The inspector met with the majority of the 20 residents and spoke with nine residents in more detail to hear about their experience of living in the centre. The residents were full of praise for the staff working there, especially their kindness and attention to their individual needs. Residents told the inspector they felt safe living in the centre and valued their level of independence which was promoted and supported by staff.

The inspector was informed that breakfast started at 7am and continued until late morning. This supported resident choice and independence by accommodating individual routines, preferences and sleep patterns. All residents chose to have their lunchtime meal in the dining room. The atmosphere was relaxed and cheerful, with residents and staff engaging in lively conversation. Residents were very complimentary of the home cooked food and the dining experience in the centre.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre comprised of a single storey building with 20 single-occupancy bedrooms. Five bedrooms had en-suite showers, toilets, and wash hand basin facilities. However, there was insufficient storage within en-suite bathrooms for personal hygiene products. Residents who did not have access to en-suite facilities had appropriate access to shared shower and toilet facilities. All bedrooms contained a television, call bell, wardrobe, locker, seating and lockable storage facilities. The majority of resident bedrooms were personalised with items of significance, such as soft furnishings, artwork and ornaments.

Bedrooms were generally, warm, cosy and visibly clean. While the centre generally provided a homely environment for residents, the décor in some parts of the centre was showing signs of minor wear and tear. Furthermore, commode chairs remained

in several bedrooms over the course of the day. Commode chairs left in bedrooms can compromise resident dignity if not managed discretely.

The infrastructure of the on-site laundry had been reviewed to support the functional separation of the clean and dirty phases of the laundering process. However, dust and debris was observed on the floor and the hand washing sink was visibly unclean.

There was no dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. As a result, housekeeping chemicals and trolleys were prepared with an area of the laundry. This posed a risk of cross contamination. Cleaning equipment was observed within the laundry and on a corridor outside the laundry.

The sluice room was equipped with a bedpan washer for the reprocessing of bedpans, urinals and commodes. However, procedures of the management of urinals and commodes did not support effective infection prevention and control. Findings in this regard are presented under Regulation 27; infection control.

Clinical hand wash sinks in the treatment room and the sluice room did not comply with the recommended specifications for clinical hand washing sinks and there were no other clinical hand washing sinks available for staff use within the centre. Staff informed the inspector that sinks within residents' rooms and communal bathrooms were used for dual purposes by both residents and staff. Alcohol hand gel dispensers were conveniently located in corridors to facilitate staff compliance with hand hygiene requirements further.

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

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

Findings of this inspection were that further action was required by the registered provider to improve the governance and oversight of infection prevention and control within the service. The standard of care planning required improvement to ensure care plans supported person centred and evidenced based interventions to meet the assessed needs of residents. In addition, action was required pertaining to

staff training and the premises to achieve full regulatory compliance. Findings will be detailed under the relevant regulations.

The registered provider is Mount Carmel Community Trust Company Limited by Guarantee. The company is comprised of a board of directors who work in a voluntary capacity. A Board member attended on-site and met with the inspector on the day of the inspection.

The model of care in the centre supported residents who were predominantly independent with self-care but required minimal assistance to maintain their well-being. The overall risk of infection in the centre was considered low, as there were no residents with a known history of multi-drug resistant organisms (MDROs), no active infections identified and no residents with open wounds or indwelling medical devices, such as urinary catheters. Notwithstanding this, the centre operated as a congregated living setting, which inherently poses a risk of transmission of infection, and as such ongoing oversight and effective infection prevention and control processes and practices was required.

The centre had a clearly defined management structure, and staff members were clear about their roles and responsibilities. The newly appointed person in charge (PIC) was a registered nurse. They worked full-time in the centre and were responsible for overall governance and formally reported to the board of directors on a monthly basis. This monthly report included detail regarding occupancy levels, temporary discharges, incidents, accidents, compliments, complaints, regulatory matters and resident feedback.

The registered provider had ensured that sufficient resources were available to facilitate an appropriate level of care for the residents. The PIC was supported by an assistant manager, who deputised in the PICs absence, a part-time nurse, a senior carer, a team of health care assistants, chefs, catering staff and a maintenance person. The healthcare assistants worked in a multi-task capacity undertaking care, household and laundry duties.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the PIC. However, the provider had not nominated a staff member with the required training and protected hours allocated, to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

A review of notifications submitted found that outbreaks were generally managed, controlled and documented in a timely and effective manner. There had been no outbreaks of notifiable infections since 2023. However, findings on the day of the inspection indicated that the overall infection prevention and control and antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress.

Infection prevention and control audits were not routinely undertaken. This meant that the provider could not be assured that standard infection control precautions were consistently implemented by staff.

Improvements were also required in the standard of environmental hygiene and oversight of same. Cleaning records viewed confirmed that all bedrooms were cleaned each day. A hydrogen peroxide vapour disinfection system (a machine that vaporizes a disinfectant chemical to sterilize clean environments) was being used to disinfect a bedroom on the day of the inspection. However, there was no deep cleaning schedule in place and the room had not been deep cleaned in advance of the disinfection process. This limited the effectiveness of disinfection.

The provider had commenced updating the centre's infection prevention and control policy. However, further action was required to ensure the provider had a full suite of policies and procedures to guide practice in the centre, as discussed under Regulation 23.

All staff had completed online hand hygiene training. However, face to face training was not provided. National guidelines recommend a blended learning approach is taken with online and in person infection prevention and control training and competency assessment.

In addition, findings on the day of the inspection indicated that further training and supervision was required to ensure staff are knowledgeable and competent in the implementation of standard infection control precautions. Findings in this regard are reported under Regulation 27.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were up to date with mandatory hand hygiene training.

However, staff supervision required improvement. This was evident in infection control procedures and care planning practices. These findings are set out under the relevant regulations.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance and management systems did not ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by:

- All elements of standard infection prevention and control precautions including sharps safety, aseptic technique, personal protective equipment (PPE) usage, equipment, environment, laundry and waste management and were not routinely audited. This meant that the provider could not be assured that standard infection control precautions were consistently implemented by staff delivering care.
- The process for ensuring all areas of the home were cleaned to a high standard was not robust. There was no deep cleaning programme in place.
- The provider had not nominated a nurse to the role of infection prevention and control link practitioner to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.
- Oversight and content of staff training and competency assessment required strengthening in relation to infection control as detailed under Regulation 27.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of outbreaks of notifiable infection as set out in paragraph 7(1)(d) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents. Residents confirmed that they lived in an unrestricted manner and could choose how to spend their day. There were no visiting restrictions in place.

Residents reported that they had access to appropriate medical and allied health care support to meet their needs. A review of documentation confirmed that residents attended the local surgery for reviews with a general practitioner (GP) as required.

A locally developed transfer document was used when residents were transferred to acute care. However, this did not contain prompts to detail health-care associated infections and colonisation status support sharing of infection related information between services. 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.

On the day of the inspection, there were no residents prescribed antibiotics. The person in charge stated that antibiotic use within the centre was typically low; however, this could not be confirmed as antibiotic consumption was not routinely monitored.

All staff and residents were offered vaccinations in accordance with current national recommendations. Records confirmed that COVID, influenza and pneumococcal vaccinations were administered to eligible residents with their consent. However, further work was required to improve vaccination uptake among staff, as the level of staff influenza vaccine uptake for the current flu season was significantly below the national uptake target of target of 75%.

Resident's assessments and care plans were reviewed. While there was evidence of residents being involved in the consultation of their care plans, care plans generally lacked the detail required to guide staff to deliver effective, person-centred care. Action was also required to ensure that care plans were reviewed and updated following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to residents. Details are outlined under Regulation 5.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, the inspector observed that the décor in the centre was showing signs of minor wear and tear. Surfaces and finishes including wall paintwork, wood finishes and flooring in some areas including the main day room were worn and poorly maintained and as such did not facilitate effective cleaning.

The inspector identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply some elements of standard infection control precautions including appropriate use of personal

protective equipment and laundry management, to minimise risk to residents, visitors and their co-workers,.

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, waste was not managed in line with standard precautions and some equipment including mattresses and single use medication cups were not 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

The centre operated an open visiting policy. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

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

- Not all areas of the premises were kept in a good state of repair. For example the flooring in the day room was worn and damaged.
- There was no dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. Items of housekeeping equipment were stored and prepared within the laundry which posed a risk of cross contamination.
- There was a lack of appropriate storage space in en-suite bathrooms resulting in the inappropriate storage of personal hygiene products on window sills and on the floor.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A local transfer form was used when residents were transferred to acute care. However, this document did not contain details of health-care associated infections

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

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under regulation 26(1).

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. This was evidenced by;

- The covers of a small number of mattresses and pillows were worn or torn. These items could not effectively be decontaminated, which presented an infection risk.
- Single use medication cups were inappropriately washed after use and were observed to be soaking in a bucket in the laundry prior to being reused.
- Waste was not segregated in line with best practice guidelines. For example , the inspector was informed that incontinence wear was routinely disposed of as clinical waste
- Staff informed the inspector that commodes and urinals were manually emptied into the sluice prior to decontamination in the bedpan washer. This practice increased the risk of environmental contamination and cross infection. Furthermore the bedpan washer was observed to be overloaded with a commode basin, urinal and several toilet brushes. This may impact the effectiveness of decontamination
- The hand washing sink in the laundry was not kept clear of extraneous items. This may lead to cross contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed residents' assessment and care planning documentation and found that the standard of care planning required improvement to ensure each resident's health and social care needs were identified and were accurately detailed to guide safe care. This was evidenced by:

- Care plans reviewed were not guided by comprehensive assessments of the residents' health and social care needs. As a result residents may not receive care that fully meets their identified needs.
- Care plans were not updated when a resident's condition changed and did not incorporate the recommendations of health care professionals following expert assessment.

Judgment: Not compliant

Regulation 6: Health care

The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. There was no evidence of antimicrobial stewardship guidelines, training, audits or quality improvement initiatives.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff working in the centre promoted and supported the resident's independence and their rights. Residents' confirmed that their rights and choices were respected. Residents were involved in their care and had choice in the time they wish to get up, how to spend their day and when go to bed and. All residents had their own bedroom with access to a television and call bell. Residents had access to newspapers, magazines and books.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Carmel Supported Care Home OSV-0000546

Inspection ID: MON-0049340

Date of inspection: 14/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. A full comprehensive IPC Audit Tool has been developed, and a centre-wide audit is underway, with action & quality improvement plans being created. (31/05/2026) 2. A new cleaning schedule, including deep cleaning, has been implemented. Monitoring of this programme will be reviewed monthly by the PIC. (28/02/2026) 3. An antimicrobial stewardship (AMS) register has been developed and implemented, with quarterly audits scheduled. (31/03/2026) 4. The PIC has expanded the IPC Training Programme to include AMRIC Modules and will deliver complementary in-house training. IPC toolbox talks will also be given as part of the daily handover.(01/04/2026) 5. The development of an IPC competency assessment programme has begun to ensure staff can demonstrate safe practice.(31/05/2026) 6. A quarterly IPC governance cycle will be implemented to include audits, AMS data, training compliance and competency outcomes.(31/05/2026) 7. The PIC has enrolled in the IPC Link Practitioner training available in CHO5 in April 2026 and will update the IPC programme accordingly.(31/05/2026) 8. The IPC Policy has been fully reviewed by the PIC and Governance Sub-Committee to align with national standards, AMRIC guidance and regulatory requirements. It is scheduled for ratification at the next committee meeting, after which it will be disseminated to all staff & incorporated into governance, training and audit systems.(28/02/2026) 9. Infection Prevention Control will form part of the standing agenda of the monthly managers reports with the Board of Management. (28/02/2026) 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. A full environmental and infection prevention control audit is underway, with quality-improvement actions being developed from identified issues. (31/05/2026) 2. The day room floor was replaced on 12/02/2026.(12/02/2026) 3. Additional storage facilities are being installed in en-suite bathrooms to ensure safe storage of personal hygiene products.(31/03/2026) 4. A dedicated housekeeping storage area for trolleys and equipment is being developed. (31/03/2026) 5. A quarterly environmental walk-through is being introduced to monitor the condition of flooring, finishes, storage and cleanliness across the centre. Improvements requiring capital investment will be implemented in line with available funding while ensuring that interim measures and strengthened oversight maintain safe and effective delivery.(31/05/2026) <p>]</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ol style="list-style-type: none"> 1. The existing local transfer document has been fully reviewed and replaced with a new transfer form developed by the PIC, aligned with the National Transfer Document. (31/01/2026) 2. The new form now includes: <ul style="list-style-type: none"> o Infection Status o Colonisation History o Recent Antibiotic Use o Vaccination Status (31/01/2026) 3. All staff will be inducted and trained in the use of the new transfer document to ensure consistent and accurate completion. The PIC will conduct audits of all transfers to ensure compliance.(28/02/2026) <p>]</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. A comprehensive IPC and Environmental Audit has been developed and is currently underway to identify issues and develop corrective actions & quality improvement plans. (31/05/2026) 2. A mattress audit tool has been created and will be completed quarterly. A phased plan for replacing mattresses with waterproof-lined fully cleanable mattresses has been developed; the first phase has been completed. (30/6/2026) 3. All medication cups are now single use only. This has been communicated to all staff and reinforced at handovers. (31/01/2026) 4. Waste is now segregated in line with best practice, and all staff have received education on correct waste segregation as per the IPC Policy. Compliance with waste segregation is being monitored through the audit schedule and reminders given at handovers. (31/01/2026) 5. Staff have been instructed to not manually decant commodes or urinals. Best practice – placing items directly into the bedpan washer has been communicated to staff, signage installed and spot checks are being carried out. (31/01/2026) Overloading of the bedpan washer has been addressed, communicated to staff, supported by signage and is being monitored. A standard operating procedure has been developed to support this. (31/01/2026) 6. The laundry handwashing sink has been cleared of all extraneous items, signage has been placed and spot checks are ongoing to ensure it remains dedicated to hand hygiene only. (31/01/2026) 7. Ongoing education and reinforcement of the infection prevention control policy will be maintained to ensure compliance. (30/06/2026) 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"> 1. A full review of the centre’s assessment and care-planning procedures has commenced, covering pre-admission, admission & ongoing review processes. (31/05/2026) 2. A new pre-admission assessment tool has been developed to capture comprehensive information on each resident’s health & social care needs prior to admission. On admission a comprehensive assessment tool has been added to the mandatory suite of assessments to support accurate identification of resident’s individual needs. (11/02/2026) 3. A care-planning schedule has been implemented: 	

o On admission
o Following any change in condition
o At least every 4 months (11/02/2026)
4. A care plan audit tool is being developed to check completeness, accuracy & person-centred detail. A full audit will be conducted of all residents' care plans will be carried out and as identified through the audit will be updated accordingly. (1/3/2026)
5. Monthly audits of 20% of care plans to monitor ongoing compliance and identify areas for improvement. (30/6/2026)

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

1. An antimicrobial stewardship register has been developed and implemented this month. (28/02/2026)
2. Quarterly auditing of the AMS register has been built into the governance cycle.(30/03/2026)
3. Plan to develop and implement an AMS Guideline for the centre, aligned with national standards to support staff. (30/6/2026)

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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	31/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/05/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	28/02/2026

	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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.	Substantially Compliant	Yellow	31/05/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/06/2026
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	Substantially Compliant	Yellow	30/06/2026

	evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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