Health Information and Quality Authority

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:	Corbally House Nursing Home
Name of provider:	Corbally House Nursing Home Ltd
Address of centre:	Mill Road, Corbally, Limerick
Type of inspection:	Unannounced
Date of inspection:	25 November 2025
Centre ID:	OSV-0005560
Fieldwork ID:	MON-0048078

About the designated centre

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

Corbally House Nursing Home is registered to provide care to 40 residents. It is located on the outskirts of Limerick city in a residential area on the banks of the river Shannon. Resident accommodation is over two floors with the majority of the residents residing on the ground floor. Stairs and a chair lift provide access between floors. There is plenty of outdoor space with landscaped gardens located to the front and side of the centre and a secure outdoor courtyard by the front entrance with garden furniture, bird tables and potted plants. There is an internal enclosed winter garden with glass walls and glass ceiling for light and sunshine which was a focal point in the centre and enjoyed by residents and relatives throughout the year. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and one nurse at night. The nurses are supported by care, catering, household and managerial staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

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 25 November 2025	08:40hrs to 16:50hrs	Marguerite Kelly	Lead

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 inspector spoke with residents, visitors and staff to gain insight into what it was like to live at Corbally House Nursing Home. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents.

The inspector met numerous residents living in the centre and spoke with 6 residents in more detail to gain a view of their life in the centre. All were very complimentary in their feedback and expressed satisfaction about the care provided. Resident feedback included 'its all good here, staff are very kind and helpful', 'I love it here, yes I know who to complain to' and 'food is good and staff are very good to me'. Resident relative feedback included 'Couldn't be better' and 'they are very kind to my relative'. Residents spoken with were very happy with the standard of environmental hygiene. Residents were observed to be receiving visitors with no restrictions throughout the day. Visitors said they could come to the centre anytime.

There were 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 appeared to be generally comfortable throughout the day.

Following an introductory meeting with the assistant person in charge, the inspector commenced a tour of the unit giving an opportunity to see residents in their home environment and to observe staff practices and interactions. Residents were observed taking part in activities inside the building. The design and layout of the premises met the individual and communal needs of the residents. The building was well-lit, warm and adequately ventilated throughout. Corridors were spaciously wide to accommodate residents using mobility aids such as wheelchairs and walking aids. Residents had access to a several communal areas.

Residents' bedrooms that were viewed by the inspector were all clean, contained plenty of storage, and decorated with personal items, such as photographs, and soft furnishings. Televisions, internet and call bells were provided in these bedrooms.

While the centre provided a comfortable environment for residents, further improvements are necessary regarding premises and infection prevention and control (IPC). For example ancillary rooms such as the sluice, laundry and storage did not facilitate effective IPC measures. The flooring and carpets in some areas of the centre was showing signs of wear and tear. Findings in this regard are further discussed under the relevant regulations. Despite the infrastructural and maintenance issues identified, a good standard of cleaning was observed on the day of inspection. Overall the equipment viewed was generally clean with some

exceptions. For example shower chairs were rusty and some of the cleaning equipment was not clean.

The centre provided a laundry service for residents. Laundry staff had a good understanding of the laundry processes. Residents whom inspectors spoke with were happy with the laundry service and there were no reports of items of clothing missing. Nonetheless, the laundry infrastructure failed to adequately separate the clean and soiled processing phases. There were two doors available in the laundry, but the second door that should be used for clean laundry egress was unsuitable for this purpose, as it led directly onto a set of external metal stairs. The centre did have a risk assessment in place to ensure that entry and exit of dirty and clean laundry through the same door took place at separate times. However, the reliance on a time-based procedure did not mitigate the inherent cross-contamination risk posed by the lack of physical separation and the unsuitable exit route. Additionally, within the laundry area there was a cleaning room used for the preparation of cleaning trolleys and equipment. This posed a risk of cross-contamination to and from stored laundry items in this room.

There was a sluice room available for the reprocessing of bedpans, urinals and commodes which contained a bedpan washer disinfector. However, the lack of service documentation meant there was no evidence that the machine was correctly maintained or reliably achieving the required thermal disinfection levels, posing a potential infection control risk. Additionally, the commode pans were all stacked in each other on a rack. This practice increases the potential for the spread of microorganisms. The absence of a dedicated handwash sink in this room further increased the IPC risks.

There was a dedicated nurse's room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. There was a sink available but not compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware. The management of sharps was not in line with best practice guidelines. For example; staff informed the inspector that they were decanting the contents of purple-lidded sharps bins, which included medication. This is a hazardous practice that breaches established waste segregation and safety guidelines. Additionally, sharps boxes seen were not signed on assembly and closure. The signature on a sharps bin acts as a confirmation that it has been correctly and safely assembled and closed according to the manufacturer's instructions.

Conveniently located, alcohol-based product dispensers were readily available in corridors and bedrooms. There were hand-wash sinks available in the centre. However, they were not compliant as outlined in HBN 00-10 Part C Sanitary Assemblies which is the standard required for sanitary ware. Furthermore, there was the addition of a portable sink in the centre. Portable sinks are generally considered unsuitable for use in healthcare settings. The water and waste tanks in portable sinks can become reservoirs for harmful bacteria. Biofilms (protective slime layer) can easily form in internal pipes, tanks, and drains, which are difficult or impossible to fully clean or disinfect effectively.

The housekeeping room included a hand wash sink, but no hand towels and no janitorial unit to empty cleaning water. This room was well-ventilated, with easy-to-clean surfaces. Cleaning equipment in this room was not clean and out of date chlorine bleach was also seen.

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. 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) Regulations 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspector also followed up on the provider's progress with completion of actions detailed in the compliance plan from the last inspection in March, 2025 and found that they were endeavouring to strengthen oversight over the cleaning processes. The resident areas such as bedrooms, shower trays and communal rooms were seen to be very clean. Nonetheless, the sluice room and some cleaning tools were insufficiently cleaned. For example; some mop buckets and brushes.

Corbally House Nursing Home Limited is the registered provider of the centre. The centre was registered to accommodate 40 residents. On the day of inspection, there was 37 residents living in the centre, with two vacancies. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs. There was a stable management structure within the centre. A company director worked full-time in the centre. Within the centre, the person in charge was supported by an assistant director of nursing, a clinical nurse manager, a team of nurses, healthcare assistants, catering and housekeeping staff.

On the day of inspection, there appeared sufficient staffing levels and an appropriate skill-mix across departments to meet the needs of the residents. This finding was reinforced by feedback from residents and relatives.

There were two IPC link nurses, including the person in charge. This will help increase awareness of infection prevention and control and antimicrobial stewardship issues locally, as recommended in national infection prevention and control guidelines.

The registered provider ensured there was a structured communication system in place between staff and management that included daily handover meetings. There were management systems occurring such as clinical governance meetings, staff meetings and residents meetings. Some meeting records included improvement actions and the responsible person. However, there were no agenda's seen with IPC as a standing item or quality improvements plans post some of these meetings, this was a lost opportunity for quality improvement.

The quality and safety of care was being monitored through a schedule of audits including infection prevention and control, quality improvement plans were developed in line with audit findings. However, a selection of audits viewed were not capturing storage, sharps management and sluice room issues identified on this inspection.

The provider had implemented a number of *Legionella* controls in the centres water supply. For example, unused outlets and showers were run weekly. Documentation was not available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

Regulation 15: Staffing

From the observations of the inspector and from speaking with residents and staff, there were adequate numbers and skill mix of staff on duty on the day of the inspection to meet the assessed needs of residents. Staff were observed to be kind and courteous to residents and responded to their requests for assistance in a timely manner.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Both local and national IPC policies were available. Nonetheless important IPC policies were not in the local policy folder for staff guidance. For example; management of sharps and waste management were absent. The findings of this inspection identified a need for further training on sharps management.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the oversight and management of Infection Prevention and Control (IPC) required actions to achieve full compliance with regulations. This was evidenced by the following key areas:

- There were ineffective management systems to monitor the quality of infection prevention and control measures including storage and environmental hygiene. Examples included the sluice room management for commode pans and urinals, unclean housekeeping equipment and expired chlorine bleach which is required in the event of an infectious outbreak.
- Multi Drug Resistance Organism (MDRO) surveillance needs more detail to identify and close gaps in infection control and containment.
- 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. This information will help inform quality improvement plans to maximise the benefit of antimicrobial therapy.
- Staff, management and resident meetings were taking place regularly but in some cases agenda and quality improvement plans were missing. This could lead to specific IPC concerns not being raised or discussed and was a lost opportunity for improving outcomes for residents.
- While some *Legionella* controls were in place, water samples were not routinely taken to assess the effectiveness of the local *Legionella* control program.
- The absence of service documentation for the bedpan washer/disinfector meant there was no evidence of correct maintenance or reliable disinfection, creating an infection control risk.

Judgment: Substantially 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 all outbreaks of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents spoken with said they had a good quality of life. In so far as possible residents said they lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff, and residents had opportunities to participate in group or individual activities. These included arts and crafts and music therapy. Residents were consulted with regarding the running of the centre through regular residents' meetings which were well attended by the residents.

The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not restrictive. Residents were able to meet with visitors in private or in the communal spaces throughout the centre. There was also a visitor policy in the event of an outbreak.

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.

An IPC assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to be person-centred. Resident care plans were accessible on a computer based system. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. The inspector reviewed the management of wound care, MDRO and catheter care and found they were generally well managed and guided by adequate policies, practices and procedures.

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

Staff were observed to apply basic IPC measures known as standard precautions to minimise risk to residents, visitors and their co-workers. The registered provider had also substituted traditional unprotected sharps/ needles with a safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury. This is good practice.

Notwithstanding some of the good practices in IPC seen there were some areas that needed improvement. For example,. There were toiletries seen around the centre not labelled for a specific resident. Shared toiletries, create a risk of cross-infection between residents. Similarly, some of the double rooms observed by the inspector did not have separate toiletries cupboards in the shared ensuites.

Regulation 11: Visits

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

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 were generally well maintained. However, some areas required review to be fully compliant with Schedule 6 requirements, for example:

- The co-location of housekeeping storage and preparation area within the residential laundry facilities posed a risk of cross-contamination.
- The laundry infrastructure failed to adequately separate the clean and soiled processing phases. A secondary door available for clean laundry egress was unsuitable for this purpose.
- Sluice room hygiene was compromised by blue debris on surfaces and a lack of hand washing facilities.
- Storage of items needed review as items were seen stored incorrectly. For example; numerous storage rooms and areas were cluttered, and equipment and resident supplies were not segregated from each other.
- Portable sinks are unsuitable for healthcare settings because hard-to-clean internal systems harbor bacteria and biofilms, posing a high cross-contamination risk.
- While the housekeeping room was well-ventilated with easy-to-clean surfaces, it lacked essential provisions (hand towels, janitorial unit) and stored unclean equipment.
- No individual storage provision was available in double room ensuites.
- Catering and care staff shared changing facilities, which poses a risk of cross-contamination.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The national transfer document was incorporated into the centre document management system. Where the resident was temporarily absent from the

designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 26: Risk management

Although an up-to-date risk register accurately detailing hazards and control measures was available, its implementation was undermined by the absence of a formal, overarching risk management policy within the facility.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider was not in full compliance with Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example;

- Unlabelled toiletries were observed in resident's rooms, shared bathrooms and ensuite cupboards which poses a risk of cross contamination if multiple residents are using these products.
- Ineffective sharps and waste management disposal practices were identified, presenting a safety hazard to staff and residents
- Open-but-unused portions of wound dressings and solutions were observed. Reuse of 'single-use only' dressings is not recommended due to risk of contamination.
- Dressing trolleys were prepared and stocked with items required for dressings. This posed a risk of contamination of the sterile supplies on these trolleys.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plans and assessments found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents.

Judgment: Compliant

Regulation 6: Health care

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

Staff were knowledgeable about the national "Skip the Dip" campaign that reduces the use of urine dipsticks as a tool to indicate if a resident had a urine infection.

Judgment: Compliant

Regulation 9: Residents' rights

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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

Compliance Plan for Corbally House Nursing Home OSV-0005560

Inspection ID: MON-0048078

Date of inspection: 25/11/2025

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Waste management and sharps management policy is in the schedule 5 policy and procedures book 2, page 18-48, next review date is scheduled on May 2026. All staff already completed the waste and sharps management training.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: On November 26, 2025, a meeting was had with the housekeeping staff. Improving quality of infection and control practices is the main agenda of the meeting. During the meeting it was storage and environmental hygiene was emphasized. Commodes and urinals should not be stored on top of each other but to be placed in appropriate place, housekeeping equipment to be stored properly if not in use and any expired cleaning agents should be disposed accordingly. Nursing staff are retrained to enhance knowledge and skills on monitoring, prevention and management of MDRO. A more comprehensive antibiotic monitoring form is created and is currently in use from January 1, 2026 with all necessary information such medication prescribed, if culture and sensitivity is done, organism identified, sensitivity, start and completion date of antibiotics and outcome. This will provide relevant data for monitoring and analysis for	

quality improvement.

Staff, management and resident meetings takes place regularly and concerns raised will be discussed and to initiate the quality improvement plan.

A Legionella testing kit has already been ordered and is awaiting delivery. Once the kits are received, three areas of the nursing home will be tested, management to ensure testing is done before 28 of February. Legionella testing will then be repeated every six months.

Bed pan washer is serviced annually or sooner when required. Last serviced dated 11th of December 2026.

Regulation 17: Premises	Not Compliant

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

Housekeeping chemicals and equipment in the laundry room are shifted to the housekeeping room in front of the nurse's station.

A strict control measure is operational to ensure cross-contamination is prevented. A schedule is followed for handling clean and dirty laundry: 8:00–11:30 is designated for dirty laundry; 11:30–13:00 p.m. is for disinfecting the laundry room; and 13:00–18:00 is reserved for clean laundry only. In addition, one washing machine is designated exclusively for soiled laundry. Residents' clothes are washed individually and are not mixed with other residents' items. Management and IPC Nurse to ensure that schedule is strictly followed.

A plumber is already contacted, and a plan is already in place to construct an HBN 00-10 compliant handwashing sink in the sluice room by 15 of April 2026.

The portable sink has been removed. Alcohol-based hand rub dispensers are strategically located throughout the facility to ensure ready access and to promote effective hand hygiene practices. In addition, all staff members carry packet sized alcohol hand rub to support frequent hand hygiene, thereby reducing the risk of infection transmission and helping to prevent healthcare associated infections. Handwashing is performed at the nearest designated handwashing sink. The Proprietor has consulted a qualified plumber to assess the feasibility of installing an additional handwashing sink compliant with HBN 00-10 standards, to replace the removed portable sink. This assessment will be completed by March 30, 2026, with a target installation date of August 30, 2026.

The meeting on November 26, 2025 also emphasized to housekeeping staff to ensure a tidy storage room, correct storage of housekeeping equipment and checking and ensuring availability of hand towels, toilet papers, soaps and hand rubs will be a part of the daily routine. In addition, a floor-level bucket sink with handwashing basin will be

installed in the housekeeping unit. Target date of completion is July 30 2026.

A double room located upstairs has an individual storage for both residents.

After reviewing the structure of the nursing home, there is no available room that can be allocated as a changing facility for catering staff. A control measure will be implemented to prevent cross-contamination. All staff, except catering staff, will start work at 7:45 a.m. Housekeeping staff will clean the staff room during this time so it is ready for the catering staff, who will report to work at 8:00 a.m. This arrangement will help prevent cross-contamination.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

The Risk Management Policy is included in Schedule 5, Policies and Guidelines of Corbally House Nursing Home, Book 2, pages 1–38, with a review date of March 2028.

Regulation 27: Infection control	Substantially Compliant

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

As of 26 November 2025, toiletries, creams, and other personal care products are no longer stored in shared bathrooms to prevent cross-contamination. All staff have been informed, and implementation will be closely monitored by the IPC nurse and management.

All staff have been retrained in sharps and waste management. Good IPC practices are currently being followed, which is a sign of effective retraining. This will be monitored regularly by the IPC nurse and management.

On November 26, 2025, the treatment room was tidied, and all opened single-use materials were discarded. All staff were informed to keep the treatment room tidy, not to reuse single-use materials, to keep the dressing trolley clean, and to ensure every effort is made to prevent contamination of sterile supplies.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/01/2026
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.	Not Compliant	Orange	30/07/2026
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.	Substantially Compliant	Yellow	15/04/2026
Regulation 26(1)(a)	The registered provider shall ensure that the	Substantially Compliant	Yellow	28/01/2026

	risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.			
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	28/01/2026