



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

Issued by the Chief Inspector

Name of designated centre:	Cherry Grove Nursing Home
Name of provider:	Cherry Grove Nursing Home Ltd
Address of centre:	Priesthaggard, Campile, New Ross, Wexford
Type of inspection:	Unannounced
Date of inspection:	28 May 2025
Centre ID:	OSV-0005595
Fieldwork ID:	MON-0046537

About the designated centre

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

Cherry Grove Nursing Home is a purpose-built two-storey centre and all resident areas are located on the ground floor. In total, there are 41 single, eight twin and one three-bedded bedroom. All bedrooms have en-suite facilities that include a wash hand basin, toilet and shower. Each bedroom was appropriately decorated and contained personal items such as family photographs, posters and pictures. Bedroom windows allow residents good views of the garden. There are additional wheelchair accessible toilets located around the building. The centre has two main day rooms, a visitor's room, a dining room, an oratory, treatment room, smoking room, kitchen, hairdressing room, storage rooms and utility rooms. The upstairs area, which was accessible by stairs and lift, provided office space, staff facilities and the laundry in addition to storage. In their statement of purpose, the centre's philosophy is documented as, with respect to the dignity of all, striving to create an environment that is safe and happy, inclusive and holistic. It states that they are committed to being professional, creative and innovative in their care thus generating warmth, compassion, hospitality, justice, respect and excellence. The centre provides a service that can cater for residents who require general care, respite care, dementia specific care, convalescence and physical disability.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
--	----

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
Wednesday 28 May 2025	08:45hrs to 17:00hrs	Mary Veale	Lead
Wednesday 28 May 2025	08:45hrs to 17:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the inspection, the inspectors spoke with residents and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspectors spent time in the centre observing the environment, interactions between residents and staff, and reviewed various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs.

Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents' told inspectors that they said that they could approach any member of staff if they had any issue or problem to be solved. There was a significant number 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.

Cherrygrove Nursing Home is a purpose built two storey designated centre registered to provide care for 60 residents in Campile, County Wexford. There were 54 residents living in the centre on the day of the inspection.

All residents' accommodation and communal space is on the ground floor. Residents had access to communal spaces which included two day rooms, a large dining room, a visitors room and an oratory. Residents had access to a hair salon and a smoking room. Armchairs and tables were available in all communal areas. Corridor areas were sufficiently wide with assistive handrails on both sides. There were 41 single bedrooms and eight twin room and one three bedded room. All of the bedrooms were en-suite with a shower, toilet and wash hand basin. The centre had a production kitchen on the ground floor. The first floor of the building contained a laundry room, staff canteen, staff changing areas, and administration offices. The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs.

However, further improvements were required in respect of premises and infection prevention and control, which were interdependent. For example, several bedrooms were visibly unclean on the day of the inspection. The décor and flooring in many areas of the centre was also showing signs of wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing flooring replacement and painting.

The infrastructure of the on-site laundry on the first floor supported the functional separation of the clean and dirty phases of the laundering process. Staff had access

to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment.

Conveniently located alcohol-based product dispensers within resident bedrooms and on corridors facilitated staff compliance with hand hygiene requirements. Clinical hand hygiene sinks were also available within easy walking distance of resident's bedrooms.

However, the layout of one sluice room did not facilitate a defined dirty-to-clean flow throughout the decontamination process. For example, the hand washing sink was positioned between the sluice hopper and bedpan washer and as such increased the risk of cross contamination. The second sluice room was not equipped with a bedpan washer and was therefore not used for decontamination of bedpans, commodes and urinals.

Staff also told inspectors that they emptied the contents of urinals and commodes prior to placing them into the bedpan washer for decontamination. This practice posed a risk of cross infection. Furthermore, inspectors also observed several urinals within en-suite bathrooms which had not been decontaminated between use. Several items of equipment including a portable fan, commodes and moving and handling equipment were also visibly unclean.

Residents had access to the garden areas from the main entrance door, corridors and day rooms. The gardens had level paving, comfortable seating, tables, mature shrubs and flower beds. The garden wrapped around the centre, had designated walk ways and secure enclosed spaces from the day rooms. All doors to the garden area were open and were easily accessible for residents. The front door had an electronic locking system in place, the inspector observed residents who were able to use the key-code pad leaving and entering the centre freely throughout the day.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. The inspectors spent time observing staff and residents' interaction. Residents sat together in the communal rooms chatting, participating in arranged activities, or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were kind, patient, and attentive to their needs. There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspectors chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

A range of recreational activities were available to residents, which included exercise, art and crafts, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day. Residents told the inspectors that they were free to choose whether or not they participated. On the day of the inspection, the inspectors observed residents enjoying arts and crafts in the morning and an exercise session in the afternoon. The inspectors observed that staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio, newspapers and books.

The inspectors observed the lunch time meal experience and found that the meals provided appeared appetising and served hot. Residents were complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. Adequate numbers of staff were available and were observed offering encouragement and assistance to residents.

Residents' views and opinions were sought through regular resident committee meetings. Residents said that they felt they could approach any member of staff if they had any issue or problem to be solved.

The centre provided a laundry service for residents. All residents' whom the inspectors spoke with on the day of inspection were happy with the laundry service and there were no reports of items of clothing missing.

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

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 also had a focus on the provider's compliance with infection prevention and control oversight, practices and processes.

Overall, this was found to be a well-managed centre with a clear commitment to providing good standards of care and support for the residents. Inspectors found

that the provider generally met the requirements of Regulation 17; premises, Regulation 23; governance and management and Regulation 27: infection control, however further action is required to be fully compliant.

Cherry Grove Nursing Home Limited is the registered provider of Cherry Grove Nursing Home. There are five company directors, two of whom are engaged in the day-to day oversight of the service from both an operational and clinical aspect and work full time in the centre. The person in charge was supported by a team consisting of a director of nursing, an assistant director of nursing, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. There were clear reporting structures and staff were aware of their roles and responsibilities. There was a stable management team in the centre.

Overall, the staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

The provider had nominated two staff members 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.

Staff were supported and facilitated to attend training appropriate to their role and there was a high level of staff attendance at training in areas such as fire safety, safe guarding, dementia training, and infection prevention and control. A small number of staff were due to attend training in the care of residents with behaviour that is challenging and were scheduled to attend in the weeks following the inspection.

Records and documentation, both manual and electronic were well-presented, organised and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings and staff meetings took place quarterly in the centre. Since the previous inspection, falls audits, care planning audits, medication audits, wound care audits, safeguarding audits, nutritional audits, and restrictive practice audits had been completed. A detailed annual review for 2024 was available, it outlined the improvements completed in 2024 and improvement plans for 2025.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits covered a range of topics including hand hygiene, equipment and environment hygiene, waste, sharps and laundry management. Audits were scored, tracked and trended to monitor progress. However, the high

levels of compliance achieved in recent environmental and equipment hygiene audits were not reflected on the day of the inspection.

An accurate record of residents with previously identified multi-drug resistant organism (MDRO) colonization (surveillance) was not maintained. This meant that the provider was unable to monitor the trends in development of antimicrobial resistance within the centre. A review of acute hospital discharge letters and laboratory reports found that staff had failed to identify several residents that were colonised with MDROs including Carbapenemase-Producing Enterobacterales (CPE), Extended Spectrum Beta-Lactamase (ESBL) and Vancomycin-resistant Enterococci (VRE).

The registered provider confirmed that a Legionella control programme had been implemented. However, routine testing for Legionella in hot and cold water systems was not undertaken to monitor the effectiveness of the controls.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspectors followed up on incidents that were notified since the previous inspection and found these were managed in accordance with the centre's policies. Staff in the centre had managed two outbreaks in 2025 to date. Line listings for symptomatic staff and residents were maintained and Public Health had been notified of the outbreaks. A review of the management of recent outbreaks to ensure preparedness for future outbreaks had been completed. A review of notifications also found that the person in charge of the designated centre had notified the Chief Inspector of outbreaks of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations.

The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents who spoke with the inspectors were aware of how to make a complaint and to whom a complaint could be made.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, 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

There was an ongoing schedule of training in place to ensure staff had relevant and up to date training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

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

- Disparities between the findings of local environment and equipment hygiene audits and the observations on the day of the inspection also indicated that there were insufficient local assurance and oversight mechanisms in place to ensure that the environment and equipment was effectively cleaned and decontaminated.
- Accurate surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs including, CPE, ESBL and VRE. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.
- Some legionella controls were in place, however, water samples were not routinely tested to assess the effectiveness of local legionella control measures.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. 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.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, inspectors were 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 living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by two activity co-ordinators and residents had daily opportunities to participate in group or individual activities.

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.

Residents had access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age and community palliative care specialists as necessary. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to local dental and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours

after the resident's admission to the centre and reviewed at intervals not exceeding four months.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. However, the environment and equipment was not consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. Findings in this regard are presented under Regulations 17; premises and 27; infection control.

There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. Findings in this regard are presented under regulation 27; infection control.

Inspectors identified many examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and the safe handling and disposal of used waste, sharps and linen.

Notwithstanding the good practices observed, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, some bedrooms had not been cleaned to an acceptable standard and several items of equipment were also observed to be visibly unclean. Findings in this regard are presented under Regulation 27; infection control.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions by staff with residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The centre acted as a pension agent for a small number of the residents. There were robust accounting arrangements in place and monthly statements were furnished.

There were staff assigned to the provision of social activities in the centre. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art. Arrangements were in place for consulting with residents in relation to the day to day operation of the centre. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the reception area. Residents had access to local and national newspapers, televisions and radios.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

The updated 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 nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

A number of maintenance and infrastructural issues were identified which had the potential to impact on infection prevention and control measures. For example;

- The décor in some parts of the centre was showing signs of wear and tear. Surfaces and finishes including paintwork and floor covering in some resident rooms were worn and as such did not facilitate effective cleaning.
- There was inappropriate storage of equipment and supplies including within shared en-suite bathrooms. This posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital.

Judgment: Compliant

Regulation 26: Risk management

The provider ensured that a comprehensive risk management policy which met the requirements of the regulations was implemented in practice. For example, ensuring

risks related to infectious diseases were assessed and appropriate controls were implemented.

Following outbreaks, the person in charge had prepared outbreak reports in line with national guidelines. Reports included a timeline of events, the number of residents and staff affected in addition to the infection control measures implemented. Reports also included recommendations to improve future responses.

Judgment: Compliant

Regulation 27: Infection control

The volume and indication of antibiotic use was monitored and audits of antimicrobial use were undertaken each month. However, antibiotic consumption data was not analysed or audited and as such did not serve as a tool to improve quality improvement.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Several items of equipment observed during the inspection were visibly unclean including a standing hoist, a portable fan, several commode chairs, urinals and bedframes. This posed a risk of cross contamination.
- Staff informed inspectors that they manually decanted the contents of commodes, bedpans and urinals into the en-suite toilets prior to being placed in the bedpan washer for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Overall the standard of environmental hygiene observed in the resident bedrooms required improvement.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, staff explained that restrictions during the outbreaks were proportionate to the risks. Individual residents were cared for in isolation when they were infectious, while and social activity between residents continued for the majority of residents in smaller groups or on an individual basis with practical precautions in place. Inspectors were informed that visiting was also facilitated during outbreaks with appropriate infection control precautions in place.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cherry Grove Nursing Home OSV-0005595

Inspection ID: MON-0046537

Date of inspection: 28/05/2025

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: Audits will be carried out with due diligence on a more frequent basis and results of same reported to all staff to ensure standards will be adhered to at all times. 01/10/2025 The list of MDRO's on date of inspection was accurate following investigation to same and following consultation with Public Health department Legionella controls continue and samples will be arranged for analysis within one month. PIC has liaised with laboratory to arrange same. 01/10/2025 Sluice room will be rearranged as suggested within two months of this date- discussed and agreed with attending plumber. 01/10/2025 Flooring is currently being replaced as advised on date of inspection and painting is in progress now again- 01/10/2025	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Flooring is currently being replaced as advised on date of inspection and painting is in progress now again. We are in process of locating suitable and satisfactory storage units for shared ensuite bathrooms- will be arranged by 01/10/2025	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Cleaning and decontamination schedule and policy will be reviewed and imparted to all staff including care staff and household staff to ensure adherence to policy- within two months of this date. . Staff have been informed of policy of NOT decanting waste into ensuite bathroom but to remove to sluice room despite residents with MDRO being in single rooms- immediate. Household staff cleaning schedule will be reviewed to ensure high standard of environmental hygiene will be reached and daily inspection of rooms will commence to assess improvements that occur or are required- 01/10/2025</p>	

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	01/10/2025
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	01/10/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	01/10/2025

	Authority are in place and are implemented by staff.			
--	--	--	--	--