



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

## Issued by the Chief Inspector

Name of designated centre:	Larchfield Park Nursing Home
Name of provider:	Larchfield Park Care Centre Limited
Address of centre:	Monread Road, Naas, Kildare
Type of inspection:	Unannounced
Date of inspection:	03 March 2026
Centre ID:	OSV-0000056
Fieldwork ID:	MON-0049741

## About the designated centre

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

Larchfield Park Nursing Home is a purpose-built single-storey centre located in a busy town. The centre is registered for 63 residents, with long-stay beds and respite beds available. Care can be provided for residents over 50 years of age, although predominantly for residents over 65 years of age. Larchfield Park provides long-term care, respite care, convalescent, dementia care, acquired brain injury, intellectual disability and post-operative convalescent care. It provides care for adults with general care needs within the low, medium, high and maximum dependency categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. Rooms are either single or shared, and some of the rooms have full en-suite facilities, while some have shared en-suite facilities. Others have en-suite toilets and wash-hand basins. There are several sitting rooms and seating areas located around the centre. Kitchen, dining room and laundry facilities are provided. The environment was homely, well-decorated and in a style which was comfortable. Residents had access to safe and accessible enclosed courtyards and mature grounds with a seating area and parking at the front of the building. According to their statement of purpose, the centre aims to provide a high standard of personal and social care to older people in a residential setting so that each person is enabled to live as fulfilling and independent a life as possible.

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

Number of residents on the date of inspection:	57
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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
Tuesday 3 March 2026	08:40hrs to 15:15hrs	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 in Larchfield Park Nursing Home. The inspector spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. Those spoken to were generally positive about their experience of living in Larchfield Park Nursing Home, and were complimentary of the staff. One resident informed the inspector that 'they are very good to me and they come when I ring the bell'. Another said 'No complaints at all'.

Whilst most of the residents spoken to said the food was good two did mention that the 'food can be cold sometimes' and 'food is only OK'. Food temperature was also discussed at a recent resident meeting held in February, 2026. The inspector did see a new food trolley had been recently purchased following this feedback which had helped maintain the food at correct temperatures.

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 their needs appeared comfortable in the company of staff.

On arrival the inspector was greeted by the Person in charge (PIC) and together they had a walk around the centre, giving an opportunity to meet with residents and observe their living environment.

The person in charge worked full time and displayed good knowledge of the residents' needs and had a good oversight of the service. The person in charge was well known to the residents. Residents were observed sitting in communal rooms, walking along corridors and some residents remained in their bedrooms.

Larchfield Park Nursing Home is a purpose-built single-storey centre. The centre is registered for 63 residents. Rooms are either single or shared, and some of the rooms have en-suite facilities, while some have shared en-suite facilities. There are several sitting rooms and seating areas located around the centre.

Residents' bedrooms that were viewed by the inspector were clean, contained plenty of storage, and decorated with personal items. Televisions, internet and call bells were provided in these bedrooms. A number of residents told the inspector that they were happy with their bedroom accommodation. There were a variety of activities for residents to choose from. All activities available were displayed on a notice board. During the day of the inspection several groups of residents were seen enjoying the daily activities.

The environment was homely, well-decorated and in a style which was comfortable. Residents had access to safe and accessible enclosed courtyards with a seating area and parking at the front of the building. The inspector noted that several items of furniture, doors, and wall surfaces were scuffed and damaged. Because these surfaces are no longer smooth or impermeable, they cannot be effectively cleaned. This was particularly evident in the Maple unit, where the extent of the environmental damage poses a challenge to effective decontamination and surface disinfection when required.

Some residents were seen to take meals in the dining rooms, and others took meals in their bedrooms. The dining rooms were bright and well presented. With table cloths and flowers on each of the tables. Staff supported residents to get the meals and drinks of their choice. Some residents required support taking their meals, and this was provided by staff. The main kitchen was clean and of adequate in size to cater for resident's needs. Toilets and changing rooms for catering staff were in addition to and separate from care staff.

The centre provided a laundry service for residents. Sheets and towels were sent out to an external contractor and the centre laundered residents clothing on site. Residents whom the inspector spoke with were happy with the laundry service. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was however, inappropriate storage of cleaners equipment, clean linen and other items seen, which may become contaminated whilst laundry procedures are taking place. Additionally, there was no hand wash sink available for staff to wash their hands after processing unclean laundry.

There were two sluice rooms with washer/disinfectors available for the reprocessing of bedpans, urinals and commodes. Both rooms viewed were clean and well maintained. However, resident washbasins were seen stored inappropriately here. Storing personal care items like resident washbasins in a sluice room is an infection control risk because it exposes these items to an environment used for disposing of human waste. Additionally in Oak units sluice room a hose and shower head were present. Because the hose was ribbed rather than smooth-bore, it can facilitate the build-up of lime scale and biofilm (biofilm is a invisible layer of slime that sticks to a surface) internally. Given the potential for stagnant water and the generation of aerosols, this presents a *Legionella* risk.

The housekeeping rooms did not support effective infection prevention and control (IPC). All of the cleaning carts, were stored and prepared together in one of the housekeeping rooms. Housekeeping trolleys should be unit-specific and stored within their designated area to prevent inter-unit cross-contamination. Willows housekeeping room was too small to store the trolley. Both housekeeping room's lacked essential facilities for hygiene and environmental maintenance. There were no dedicated hand wash sinks for staff to perform hand hygiene after handling contaminated items. Additionally, the absence of a janitorial unit or bucket-fill station means there is no appropriate area for the preparation and disposal of floor-cleaning water, further increasing the risk of cross-contamination.

Despite, these observations a good standard of cleaning was observed on the day of inspection.

Alcohol hand gel dispensers were in place along the corridors and staff were carrying portable alcohol gels in their pockets to enable point of care hand sanitising.

Although hand-wash sinks were accessible, they did not meet the HBN 00-10 Part C Sanitary Assemblies standards. Specifically, the sinks lacked required clinical features (such as no overflows, compliant tap sets and correct position of drainage hole). Furthermore, a significant number of sinks failed to provide hot water upon testing. Without correct water temperature, effective hand hygiene is compromised, and the risk of biofilm development in the 'cold' hot-water pipes is increased. Immediate remedial plumbing works were requested by the PIC and the centres plumber had resolved the issue before the inspector finished the inspection, ensuring that all clinical sinks provided water at the temperatures required for safe and effective hand washing.

There were dedicated nurse's room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. Sharps boxes were seen signed and stored safely on a wall rack. However, the temporary closure mechanism were not in place for both sharps boxes. If a bin is knocked over or dropped, an open lid allows contaminated needles to spill out, creating an immediate needle stick injury risk for staff and residents.

During the inspection, an unclean glass and spoon was observed resting on the medication trolley, indicating that decontamination protocols were not followed between drug rounds. The failure to decontaminate the trolley following the previous drug round, poses a risk of cross-contamination. Additionally, single use wound dressings and solutions were seen open and partially used. This may impact the sterility and efficacy of these products.

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 IPC oversight, practices and processes.

The Inspector followed up on the provider's progress with completion of the infection prevention and control related actions detailed in the compliance plan from the last inspection in May 2024 and found that they were endeavouring to improve existing facilities at the centre through ongoing maintenance. For example, replacement of furniture and walls repainted. Notwithstanding the progress made, this inspection identified, Regulation 5: Individual assessment and care plan, Regulation 17: Premises and Regulation 27 Infection Control remain not in full compliance with the regulations. Findings will be discussed in more detail under the respective regulations.

The registered provider was Larchfield Park Care Centre Limited. A senior management team was in place to provide managerial support to the person in charge who was responsible for the local day-to-day operations in the centre. The person in charge was supported by a clinical nurse manager, a team of nurses, health care support staff, maintenance and kitchen staff.

On the day of inspection, there appeared to be 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 visitors.

The provider had nominated a senior nurse to the role of infection prevention and control link practitioner to increase awareness of IPC and antimicrobial stewardship. They demonstrated a commitment and interest for their role. For example, completing regular IPC audits and support. Additionally, protected hours were allocated to the role of IPC link practitioner providing consistent support to the wider clinical team and driving IPC quality improvement.

The quality and safety of care was being monitored through a schedule of audits including infection prevention and control. The audits were capturing some of the findings seen on the day of inspection. For example; hand wash sinks, housekeeping rooms and toiletry management. These findings were included in the centres quality improvement plan (QIP) which outlines a structured schedule for the necessary upgrades and replacements.

Surveillance of health care-associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded. Documentation reviewed identified some examples of antimicrobial stewardship practice in order to improve antimicrobial use and combat antimicrobial resistance.

There were sufficient numbers of housekeeping staff to meet the infection prevention and control needs of the centre. A number of assurance processes were in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths and mops to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned on a regular basis. Similarly, housekeeping staff spoken to had a good understanding of the cleaning and disinfection needs of the centre.

The registered provider ensured there was a structured effective communication system in place between staff and management that included daily handover

meetings, clinical governance meetings and regular staff meetings. Meeting records included improvement actions and the responsible person. The provider had implemented a number of *Legionella* controls in the centres water supply. For example, infrequently used outlets and showers were run weekly. Documentation was available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and documented in a timely and effective manner. The centre had experienced one respiratory outbreak in February 2026. While it may be impossible to prevent all outbreaks, the low level of transmission indicated that the early identification and effective management of the outbreak had contained and limited the spread of infection.

### 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 to guide and support staff.

The inspector noted that staff appraisals were up to date, supporting a culture of continuous professional development and accountability.

Judgment: Compliant

### Regulation 23: Governance and management

The Inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents. The provider had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. The PIC ensured

that service delivery was safe and effective through ongoing infection prevention and control audit and oversight.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

### Quality and safety

Overall, residents spoken with said they had a good quality of life. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction and residents had opportunities to participate in group or individual activities.

Residents were consulted with regarding the running of the centre through regular residents' meetings which were well attended by the residents. From a review of minutes of these meetings, it was evident that issues such as food and activities were discussed. Action plans were completed.

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. 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.

While care plans included pre-admission IPC assessments and four-monthly reviews, documentation for Multi-Drug Resistant Organisms (MDROs) and catheter care were inconsistent with national guidelines. For example, a resident who had a Vancomycin-Resistant Enterococci (VRE) care plan inaccurately advised to carry out all care in bed. This does not align with current evidence-based precautions.

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

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. 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. Disposable aprons were observed protruding from dispensers, which presents a cross-contamination risk. When aprons dangle, they can easily brush against staff clothing or the environment, becoming contaminated before they are even used.

### 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 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

The registered provider provided premises which were appropriate to the number and needs of the residents living there. Outdoor space was independently accessible and safe for all residents living in the centre. However, some areas required action to be fully compliant with Schedule 6 requirements, for example:

- While the premises were generally well-maintained, several surfaces, finishes, and furnishings were seen damaged, compromising their ability to be cleaned effectively.
- Preparing and storing housekeeping trolleys in the same room increasing the risk of environmental cross-contamination.
- No hand wash sink in the housekeeping rooms to enable staff to wash their hands after removing PPE or handling soiled materials.
- No janitorial unit to support the preparation and disposal of floor-cleaning water.
- While hand-wash sinks were available, they were not compliant with HBN 00-10 standards for sanitary ware to enable staff to complete hand hygiene.
- Inappropriate storage in the laundry room creating a cross-contamination risk between clean linens and soiled items.

- No hand wash sink in the laundry to enable staff to wash their hands after removing PPE or handling soiled materials.

Judgment: Substantially compliant

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

Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Copies of transfer letters when residents were temporarily transferred to hospital were maintained on the resident's file or electronic care record.

When residents returned from the hospital, relevant information regarding MDRO history was documented on the transfer form.

Judgment: Compliant

### Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy.

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:

- Sharps boxes were seen with temporary closure mechanism not in place, and sitting on a frame instead of sitting within the frame. If a bin is knocked over or dropped, an open lid allows contaminated needles to spill out, creating an immediate needlestick injury risk for staff and residents.
- Toiletries seen around the centre not labelled for a specific resident. Shared toiletries, create a risk of cross-infection between residents.

- Disposable aprons were observed protruding from dispensers, which presents a cross-contamination risk. When aprons dangle, they can easily brush against staff clothing or the environment, becoming contaminated before they are even used.
- The sluice room hose and shower head posed a *Legionella* risk due to their corrugated design, which promotes lime scale and biofilm build-up. This non-smooth surface hinders decontamination and, combined with stagnant water, can generate infectious aerosols.
- Resident washbasins were inappropriately stored in the sluice room, creating a cross-contamination risk.
- Single use wound dressings and solutions were seen open and partially used. This may impact the sterility and efficacy of these products.
- An unclean glass and spoon was observed resting on the medication trolley, indicating that decontamination protocols were not followed between drug rounds.

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. However, care plans for Multi-Drug Resistant Organisms (MDROs) and catheter care were inconsistent with national guidelines. For example, a resident had a Vancomycin-Resistant Enterococci (VRE) care plan which inaccurately advised to carry out all care in bed. This does not align with current evidence-based precautions.

Judgment: Substantially 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.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Larchfield Park Nursing Home OSV-0000056

Inspection ID: MON-0049741

Date of inspection: 03/03/2026

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Corrective actions, as outlined below, will be implemented to address environmental deficits identified during the inspection and to ensure compliance with Schedule 6 and IPC requirements.</p> <p>1- Damaged surfaces and furnishings, particularly within the Maple/Oak Unit, including bedroom doors, finishes, and furniture, will be repaired or replaced with smooth, impermeable materials by Q4 of 2026.</p> <p>2- Housekeeping trolley preparation and storage practices will be revised. Dedicated storage areas will be created by Q4 of 2026.including the installation of:</p> <ul style="list-style-type: none"> <li>• A dedicated staff hand-wash sink to support effective hand hygiene.</li> <li>• A janitorial/bucket fill station for the safe preparation and disposal of cleaning water, reducing the risk of cross-contamination.</li> </ul> <p>3- Inappropriate linen and bedding storage in the laundry will be addressed by 30 Mat 2026, with the installation of a staff hand-wash sink by 31 July 2026 to further support IPC standards.</p> <p>4- Non-compliant hand-wash sinks will be replaced with fully compliant HBN 00-10 clinical hand-wash sinks by 31 July 2026.</p> <p>Progress against these actions will be monitored via maintenance logs, environmental audits and IPC audits, with outcomes reviewed by senior management and escalated where required.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The provider will implement corrective actions, as outlined below, to address IPC risks identified during the inspection and ensure compliance with national IPC standards.</p> <ol style="list-style-type: none"> <li>1- Staff will receive refresher training on the correct closure and secure mounting of sharps bins. Weekly compliance checks will be implemented by 15 April 2026.</li> <li>2- All resident toiletries for residents without ensuite facilities will be clearly labelled for individual use. Daily checks will be implemented to ensure that no shared or unlabelled items are in use by 15 April 2026.</li> <li>3- Disposable aprons supplied on a continuous roll for single-use application will be introduced by 30 April 2026.</li> <li>4- All damaged or unsuitable apron dispensers will be repaired or replaced. Staff will be retrained on correct loading procedures by 15 April 2026 to eliminate contamination risks associated with protruding aprons.</li> <li>5- The corrugated hose in the sluice room will be replaced with a smooth bore hose by 15 April 2026 to mitigate the identified Legionella risk.</li> <li>6- All resident washbasins stored in sluice rooms have been removed immediately and relocated to appropriate resident-specific bedroom storage areas.</li> <li>7- All open or partially used sterile dressings and solutions have been removed with immediate effect. A daily stock checking protocol will be fully implemented by 15 April 2026.</li> <li>8- A signed medication trolley cleaning checklist is already in place. In addition, a lidded, contained storage box has been introduced for used glasses and spoons. Weekly PIC/CNM spot checks will commence on 1 April 2026 to ensure the medication trolley is cleaned between medication rounds.</li> </ol> <p>Infection control performance and compliance will be reviewed as part of the centre's IPC audit programme and clinical governance meetings, with assurance provided at organisational level by the Director of Care, Quality and Standards.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Actions outlined below will address inconsistencies in MDRO related and catheter care plans and ensure compliance with national evidence based guidance.</p> <p>1- All MDRO care plans, including those relating to VRE, MRSA, ESBL, and other resistant organisms, will be reviewed and updated to ensure full alignment with HPSC national guidelines, with completion by 30 April 2026.</p> <p>2- A standardised catheter care plan template, based on current evidence based practice, will be introduced by 31 May 2026. All nursing staff will receive training to support consistent, accurate, and person centred documentation.</p> <p>3- All infection related care plans will be reviewed and formally signed off by the CNM or IPC Link Practitioner Nurse to ensure clinical accuracy and adherence to best practice.</p> <p>Compliance with care plan standards will be monitored through regular documentation audits, MDT governance meetings, and onsite quality reviews led by the Director of Care, Quality and Standards.</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	31/12/2026
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(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have	Substantially Compliant	Yellow	31/08/2026

	been assessed in accordance with paragraph (2).			
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