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:	Fermoy Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Tallow Road, Fermoy, Cork
Type of inspection:	Unannounced
Date of inspection:	31 July 2025
Centre ID:	OSV-0000560
Fieldwork ID:	MON-0047817

About the designated centre

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

Fermoy Community Hospital is located on the outskirts of the town of Fermoy. It was originally built in the 1800s as a workhouse and has been a community hospital since the 1990s. It is a two-storey premises but all resident accommodation is on the ground floor. The centre comprises two units 'Cuisle', and 'Dochas'. The formed 'Sonas' unit is now an administration block. The centre will accommodate 72 residents when the current renovations are completed. A number of bedrooms have full ensuites attached while the remainder share communal, bath, shower and toilet facilities. Bedrooms include, single, double, triple and four bedded units. The centre is registered to provide care to residents over the age of 18 years but the resident population is primarily over the age of 65 years. There is currently space to accommodate 38 residents with full time, 24 hour nursing care available. A range of meaningful activities are available and the centre is embedded in the local community who organise fund raising on an annual basis.

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
Thursday 31 July 2025	09:00hrs to 16:10hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a calm and welcoming atmosphere in the centre over the course of the inspection. The inspector met with the majority of the 37 residents living in the centre, and spoke with seven residents in more detail to gain a view of their experiences in the centre. Residents were very complementary of the staff and the services they received. Residents' told the inspector that they 'got the best of care' and that they felt safe in the centre. One resident told the inspector that he considered the staff to be their friends.

Visitors were observed attending the centre on the day of the inspection. The inspector spoke with three family members who were visiting, each of whom was visiting a different resident. All were very complementary of the staff and the care that their family members received. Visitors confirmed that there was no booking system in place and that they could call to the centre anytime. Relatives said their family members had access to the equipment and environment they wanted. One visitor described a recent late-night visit, noting that staff were exceptionally kind and attentive to a resident who was awake during these hours.

The inspector observed staff actively engaging with residents in a respectful and kind manner ensuring patients' needs were responded to. Privacy and dignity of residents was promoted and protected by staff when providing care.

Residents confirmed that there was a wide range of activities taking place, seven days a week and residents were encouraged to engage in meaningful activities throughout the day of the inspection. On the afternoon of the inspection a large number of residents were seen enjoying bingo. The inspector was informed that a resident had recently accompanied a staff member to the local shops to purchase prizes for bingo.

A small number of residents said that they preferred their own company but were not bored as they had access to newspapers, books, radio and television while one resident told the inspector that they were 'too busy' to attend the activities.

Overall, the general environment and equipment viewed appeared visibly clean. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing renovations and refurbishment. On the day of the inspection the Cuisle ward remained closed for renovations. There was no timeline for the completion of works.

The Sonas block included the main entrance lobby, reception area, administration offices, visitor's room, reflection room, hairdressing salon, storage and a large communal room known as Dochas Croi. This room was used by residents attending activities over the course of the day. The main kitchen was clean and of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. Staff changing facilities were located on the first

floor of this block.

Residents were accommodated in the Dochas ward, which comprised 16 single bedrooms, five twin-bedded rooms, and three four-bedded rooms. Of the 16 single rooms, 11 were en-suite (eight large single en-suite bedrooms in the new extension to Dochas and three single en-suite bedrooms in the existing ward). There was an additional visitors' room with overnight accommodation contained within Dochas which included tea/ coffee making facilities, recliner chairs and en-suite shower, toilet and wash-hand basin facilities.

The majority of residents had personalised their bedrooms, with items such as photographs and artwork. One resident told the inspector that they were encouraged to bring in items which were important to them, such as ornaments and pictures, so they would continue to enjoy them. They also said that they had recently been supported to choose the new curtains to match the colour scheme of their room. This had helped them to feel comfortable and at ease in the home. However, storage for clothing was limited within the shared bedrooms. Findings in this regard are discussed in the quality and safety section of this report.

Large French doors in the dining room on Dochas ward opened into an enclosed courtyard which was was well maintained and readily accessible with appropriate seating available, making it easy for residents to go outdoors independently or with support, if required.

Ancillary facilities in this ward generally supported effective infection prevention and control. Staff had access to dedicated housekeeping rooms for the storage and preparation of cleaning trolleys and equipment. There were two sluice rooms for the reprocessing of bedpans, urinals and commodes. These rooms were observed to be clean and tidy.

Laundering of residents' clothing and used linen was provided by an external contractor and some residents chose to have their clothing laundered at home. Clothes were marked to ensure they were safely returned from the external laundry.

Conveniently located alcohol-based product dispensers within bedrooms and along corridors facilitated staff compliance with hand hygiene requirements. However, hand wash sinks in the shared bedrooms were dual purpose, used by residents and staff. Signage indicated that these sinks were for hand washing only. As a result, residents in shared rooms were required to use sinks in communal bathrooms for personal hygiene.

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

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 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 registered provider is the Health Service Executive (HSE). 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.

The inspector also 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 and found that they were endeavouring to strengthen oversight and improve existing facilities at the centre through ongoing maintenance and renovations. For example, the provider had engaged pest control services to assess and treat a fly infestation. Fly screens had been ordered for windows. There were no flies observe in the centre in the day of the inspection and staff reported that the situation had improved.

Following the last inspection, wardrobes in multi-occupancy bedrooms had been reconfigured to optimise storage space and improve resident's access to their belongings. Nevertheless, personal storage space within these rooms remained limited. The inspector was informed that some families took excess clothing home while some was stored within the linen room.

This centre is based in the HSE's South West region and records showed that there was regular engagement between the management team in the centre and the regional personnel. This included formalised and regular access to infection prevention and control specialists and the community based antimicrobial pharmacist within the region. The provider had also nominated two staff members, with the required training, to the roles of infection prevention and control link practitioners within the centre.

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

Governance systems ensured that service delivery was safe and effective through ongoing audit and monitoring. A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by the IPC link practitioners and covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits.

Surveillance of healthcare associated infection (HCAI) and multi drug resistant

organism (MDRO) colonisation was routinely undertaken and recorded.

The provider had an effective Legionella water management programme in place. Water samples were routinely taken to assess the effectiveness of local Legionella control measures. An aspergillosis risk assessment had also been undertaken and appropriate risk reduction measures were in place to protect at-risk residents during the ongoing renovations within the centre.

Staff had access to national infection prevention and control guidelines which covered aspects of standard infection control precautions, including hand hygiene, waste management, sharps safety, environmental and equipment hygiene. Infection prevention and control resources and guidelines were accessible to staff via the infection prevention and control online catalogue.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up to date with mandatory infection prevention and control training.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received education and training in infection prevention and control practices that was appropriate to their specific roles and responsibilities. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the registered provider was committed to the provision of safe and high-quality service for the residents. The majority of actions outlined in the compliance plan from the previous inspection had been addressed and a plan was in place to address outstanding issues.

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 surveillance.

Judgment: 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

Observations and discussions with residents, visitors and staff indicated that there was a rights-based approach to care in Fermoy Community Hospital. Residents told the inspector that they had access to a range of activities for social engagement. Staff and residents also confirmed that social outings were also encouraged and facilitated.

Residents' healthcare needs were met to a good standard. A review of documentation found that residents' had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital.

Paper based care plans viewed were mostly comprehensive and person- centred. The inspector focused on resident's infection control, elimination (urinary catheter), medication management (antibiotic use) and wound care plans. Based on the sample of care plans viewed, it was evident to the inspector that validated risk assessments were regularly completed to assess clinical risks such as risk of pressure ulcers. They had been completed within 48 hours of admission and were

updated within four months or more frequently if required following assessments and recommendations by allied health professionals. However, a small number of care plans lacked the detail required to guide staff to deliver effective, person-centred care. This is detailed under Regulation 5; Individual assessment and care plan.

When a resident returned from the hospital, the inspector saw evidence that relevant information was obtained upon their readmission to the centre. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Some positive indicators of quality care were identified on inspection. For example, the provider was preparing for the implementation phase of the 'Residential Older Persons Early Warning System' tool to aid the detection of early, acute clinical deterioration in older people in designated centres for older people. The inspector was told that the project had raised awareness of the signs and symptoms of sepsis and supported staff to detect, manage and escalate acute deterioration early.

There had been no outbreaks of infection notified to HIQA in 2025 to date. Staff working in the centre had managed several small outbreaks and isolated cases of COVID-19 in 2024. A review of notifications submitted found that outbreaks were generally managed, controlled and documented in a timely and effective manner. Management confirmed that arrangements were in place to ensure there were minimal restrictions to residents' families and friends visiting them in the centre during outbreaks and practical precautions were put in place to ensure residents, visitors and staff were protected from risk of infection.

Antimicrobial stewardship initiatives reviewed provided assurance regarding the quality of antibiotic use within the centre. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. Records confirmed that there was a very low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which may cause harm including antibiotic resistance.

The premises were generally designed and laid out to meet the needs of the residents. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean. However, as discussed in the capacity and capability section of this report, storage space within multi-occupancy rooms remained limited. Furthermore, flooring in a number of communal areas and bedrooms was worn which meant that these areas could not be effectively cleaned.

Signs clearly identified the purpose of the sinks in bedrooms was for 'handwashing only'. Consequently, residents did not have access to sinks for personal hygiene (as required under schedule 6 of the regulations) within their bedrooms.

The inspector observed examples of good practice in the prevention and control of

infection. Staff were observed to consistently apply standard precautions to protect against exposure to blood and body substances during handling of waste and used linen. Personal protective equipment (PPE) dispensers were available on corridors to store PPE. Adequate stocks of PPE were available and staff confirmed that additional stock was readily available at all times.

Notwithstanding the many good practices observed, a number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, barriers to effective staff hand hygiene were also identified as there were limited clinical hand washing sinks dedicated for staff use. Resident's sinks were multi -purpose and were used by both residents and staff. The inspector observed denture containers on a small number of sinks. This posed a risk of contamination of these items.

The provider had introduced a tagging system to identify equipment and areas that had been cleaned however this system was not consistently used. A large number of wheelchairs had not been tagged after cleaning. Findings in this regard are presented under Regulation 27.

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 from their nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

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

- While improvements to storage been made following the last inspection, some issues remained. For example, a large number of used linen trolleys stored in a communal bathroom. Residents in multi-occupancy bedrooms had limited wardrobe space to store clothing and personal belongings.
- Some flooring was worn and poorly maintained and as such did not facilitate

effective cleaning.

- Clinical hand wash sinks were available in all bedrooms with signage that instructed they be used for hand washing only. Residents accommodated in bedrooms without an en-suite facilities did not have access to wash-hand basins for personal hygiene purposes, including oral hygiene, washing and shaving within their bedrooms.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hopsital 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. Copies of transfer documents were filed in the residents charts.

Judgment: Compliant

Regulation 26: Risk management

The provider had ensured that a comprehensive risk management policy and risk register which met the requirements of the regulations was implemented in practice. For example, ensuring risks related to infectious diseases such as aspergillosis during the ongoing renovations, legionella in water systems and respiratory infections were assessed and appropriate controls were implemented.

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 was required to be fully compliant. This was evidenced by;

- The clinical hand wash in the resident's rooms were dual purpose used by residents and staff. Residents denture containers were stored on sinks in several bedrooms, which exposed them to a risk of cross contamination.
- A small number of staff told the inspector that used wash-water was emptied

down sinks in resident bedrooms after assisting residents with personal hygiene. This practice increased the risk of environmental contamination and cross infection and was further compounded by staff using the same sink for hand hygiene.
- The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system was not fully embedded in practice and the inspector identified some ambiguity regarding the use of this system.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While the majority of the care plans viewed by the inspector were comprehensive and personalised, improvements were required in others. For example;

- Accurate infection prevention and control information was not recorded in one resident care plan to effectively guide and direct the care of a resident that was colonised with an MDRO.
- One resident was prescribed prophylactic antibiotics, however, there was no reference to their use, indication or intended duration documented within their medication care plans.
- One elimination care plan indicated that a resident had an indwelling urinary catheter. However, this was inaccurate as the catheter had been removed following admission to the centre.

Judgment: Substantially compliant

Regulation 6: Health care

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, monthly monitoring of a minimum dataset of HCAI, antimicrobial resistance (AMR) and antimicrobial consumption was undertaken through HSE's South West region. This initiative provided ongoing assurance to management in relation to the quality and safety of services, in particular the burden of HCAI and AMR in the centre.

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, the inspector was informed that 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. The inspector was informed that visiting was always facilitated for residents being cared for in isolation 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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	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 Fermoy Community Hospital OSV-0000560

Inspection ID: MON-0047817

Date of inspection: 31/07/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A review of the storage in the unit will be completed. The layout of the wardrobes has been recently changed to improve the functionality of the wardrobes. A further review is now being undertaken to assess the use of additional shelving. • A flooring review has been completed, approval for costs is in process and once approved the new flooring will be installed in Quarter 3 2025. • While the current infrastructure does not include non-clinical WHBs in all multi-occupancy rooms, the facility is compliant with the minimum IPC and regulatory requirements through the provision of CWHBs and robust SOPs. • Resident's hygiene is a fundamental priority in delivering safe, high quality care. It encompasses regular assistance with personal hygiene for residents, proper PPE and proper use of resources delivered in a safe and nurturing environment. In order to address the resident's needs, Fermoy Community Hospital has: • 11 single bedrooms with ensuite facilities with NCWHB's • 11 residents WC'c which contain a toilet and a NCWHB • 1 additional new WC with a toilet and a NCWHB is planned for Dochas • The facilities listed provide adequately to meet the needs of the 38 residents. At the bedside, residents also have their own wash bowl to meet their individual needs. • Each of the three 4-bedded rooms and the five twin rooms is equipped with one clinical wash-hand basin (CWHB). Signage is in place to indicate that these sinks are for hand hygiene only. • The IPC risk assessment supports the current configuration as a pragmatic and safe interim solution, with the focus of maintaining resident privacy and dignity at all times, pending infrastructural upgrades. • Regulation 17, Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 states: "The registered provider shall ensure that, having regard to the number of residents, there is— (a) a sufficient supply of piped hot and cold water, which incorporates thermostatic control valves or other suitable anti-scalding protection, and that wash-hand basins are provided in each bedroom." The regulation does not specify the type of WHB (clinical or non-clinical), but Health Building Note (HBN) 00-10 Part C provides further clarification on the intended	

use and design of different sink types was provided by the inspector.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Signage identifying the purpose of the hand wash sinks as "For hand hygiene only" is on all sinks.
• Staff have been re-educated on the importance of not using the sinks for denture care and also asked to remind the residents of same. Staff have received further education on the disposal of waste-wash water and the purpose of Hand Hygiene sinks was reinforced. Staff will be reminded of the proper practice at the Daily Safety Pause meetings.
• The tagging system will be reserved for items moved to the store room only. Items that are regularly used from the store room or treatment room will be cleaned immediately after use but will not be tagged unless going into storage.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• The 2 omissions identified in the Care Plans were corrected immediately following the inspection. Additional Care Plan training will be completed in Quarter 3 and 4 2025. Care Plans will continue to be audited on a monthly basis.

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	31/12/2025
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	31/12/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later	Substantially Compliant	Yellow	31/07/2025

	than 48 hours after that resident's admission to the designated centre concerned.			