



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

## Issued by the Chief Inspector

Name of designated centre:	The Residence Carton
Name of provider:	TLC Spectrum Limited
Address of centre:	Tonlegee Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0005800
Fieldwork ID:	MON-0049931

## About the designated centre

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

TLC Carton is a purpose-built nursing home designed to meet the individual needs of the older person, while facilitating freedom and independence for the more active. TLC Carton is located off the Malahide Road and close to Beaumont Hospital, and can accommodate up to 150 male and female residents over 18 years of age. The building has three storeys consisting of 135 single bedrooms and 14 double/twin bedrooms. Each bedroom has full en-suite facilities, and furniture which includes a television, call bells and a phone. Each floor is serviced by stairwells and passenger lifts and access to outdoors spaces are available on the ground and first floor. TLC Carton provides long term, respite care and stepdown care to meet the health and social needs of people with low, medium, high and maximum dependencies. The centre provides 24-hour nursing care. The provider's aim is to ensure freedom of choice, promote dignity and respect within a safe, friendly and homely environment that respects the individuality of each resident who chooses to reside in TLC Carton.

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

Number of residents on the date of inspection:	144
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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 31 March 2026	06:45hrs to 15:00hrs	Sinead Lynch	Lead
Tuesday 31 March 2026	06:45hrs to 15:00hrs	Marguerite Kelly	Support
Tuesday 31 March 2026	06:45hrs to 15:00hrs	Maureen Kennedy	Support

## What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspectors met with many residents and spoke with visitors in more detail to gain insight into their experience of living in The Residence Carton. Residents that were happy to speak with the inspectors said they received 'good care' and that they were 'very happy' living in the centre. Many residents complimented the food and the selection of meals made available to them. Visitors provided similar accounts such as: 'staff are kind' and the 'person-in-charge is great'.

The centre is set out over three floors, which are further split into units. On the ground floor, there is one unit, while the first floor is divided into three units referred to as A, B, and C. The second floor is divided into two units. Residents were accommodated on all three floors, with a dining room on each floor.

Residents appeared content with their bedrooms and the available storage space made available to them. Residents said their bedrooms were cleaned daily. There was a good standard of cleaning observed on the day of inspection. The inspectors noted that several items of furniture, doors, and wall surfaces were scuffed and damaged as these surfaces are no longer smooth or impermeable, they cannot be effectively cleaned.

The inspectors observed that residents were receiving good care and attention. Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed.

Residents said that they had an opportunity to feedback on the running of the centre at regular residents' council meetings. Details of advocacy services were on display throughout the centre. The person in charge had developed a new document to indicate that the provider and staff had listened to what residents wanted or their requests. This was "you said, we did". This was displayed around the centre and shared information in relation to the food and furniture available in the centre. For example, residents had requested that apples were removed from the fruit salad bowl, and this document indicated that their request had been actioned.

The centre provided a full laundry service for residents. Sheets, towels and residents clothing were all laundered on site. Residents whom the inspectors spoke with were happy with the laundry service. The laundry staff demonstrated a good knowledge of laundry processes, specifically regarding the correct washing and disinfection temperatures and the segregation of linen types. There was however, inappropriate storage of clean linen and other clean items, these were at risk of becoming contaminated whilst laundry procedures were taking place.

There were dirty utility rooms (a dedicated room used for the reprocessing and disposal of items contaminated with body fluids) on each floor with washer/disinfectors available for the reprocessing of bedpans, urinals and commodes. Rooms viewed were clean and well maintained.

The housekeeping rooms did support effective infection prevention and control (IPC). All of the cleaning carts, were stored and prepared in unit specific housekeeping rooms to prevent inter-unit cross-contamination. There were dedicated hand wash sinks for staff to perform hand hygiene after handling contaminated items. Additionally, janitorial units or bucket-fill stations were present for the preparation and disposal of floor-cleaning water, further decreasing the risk of cross-contamination.

While alcohol hand gel dispensers were installed along the corridors, alcohol gel was not available at the point of care limiting staff's ability to perform timely hand hygiene in accordance with the '5 Moments of hand hygiene' and increasing the risk of healthcare-associated infection. Some staff were observed to carry portable alcohol gel toggles, but many did not.

While the hand-wash sinks were structurally compliant with HBN 00-10 Part C standards, the water temperature in a sample of sinks tested was too warm for comfortable use, which can discourage effective hand hygiene. Additionally, after the inspectors arrival at the centre at 7 am four out of five hand towel dispensers checked were either empty or had towels placed unprotected on top of the sink unit. This practice poses a risk of cross-contamination and moisture contamination.

The following two sections of the report outline how the governance and management arrangements of the registered provider determine the quality and safety of care provided and the specific findings are later outlined under individual regulations.

## Capacity and capability

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). The inspectors followed up on the compliance plan responses the provider had submitted to the Chief Inspector of Social Services following an inspection in October 2025.

The Residence Carton is one of 25 centres that are part of the Emeis Group of nursing homes. The registered provider is TLC Spectrum Limited. The provider was represented by the company's chief executive officer (CEO) and the regional director

who attended the centre on the day of inspection. This centre is registered for 150 beds.

The designated centre's local management structure consisted of a person in charge who worked full-time and was supported by three assistant directors of nursing (ADONs) and six clinical nurse managers (CNMs). The person in charge also has access to and support from the provider group's resources, including a human resource department, staff training and development, clinical practice development, finance and information technology services.

The inspectors observed many improvements in the centre on this inspection and saw that all issues identified on previous inspection had been addressed. The centre was found to be clean and well-organised. Improvements in assessment and care plans was clearly evident. However, further improvements were required under Regulation 25: Temporary absence and discharge, Regulation 17: Premises, and Regulation 27: Infection control.

There were regular management team meetings which included reviews of any accidents or incidents, complaints or staffing concerns. Minutes of these meetings were provided to the inspectors. There was an annual review of the centre completed for 2025 which included a quality improvement plan for 2026. The residents' opinions and their views were taken into account when developing this annual review.

There was appropriate clinical supervision in place, with supernumerary management staff available to oversee practices both during the day and at night. Call-bells were answered promptly, and residents' needs were attended to in a timely manner. The centre had up-to-date infection prevention and control policies which covered aspects of standard precautions and transmission-based precautions.

Staff were provided with mandatory and relevant training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in the staff members knowledge and practices.

Records of complaints were available for review and the inspectors reviewed a number of complaints received since the last inspection. Complaints were listened to, investigated and the complainant was informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to. There were two open complaints on the day of inspection.

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.

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.

### Regulation 15: Staffing

A sample of staff duty rotas was reviewed, and in conjunction with communication with staff, residents and visitors, the inspectors found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Staff were appropriately supervised during day-time and night-time.

Training records were well-maintained and made available to the inspectors on request. Inspectors were assured that staff had completed all the mandatory training and had access to other relevant training to support them in their role.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was in a computerised format. It was updated to include the name, address and telephone number of the resident's general practitioner (GP), details of all transfers to and from the centre, as well as details in respect of residents who had died, including the date, time and cause of death.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place, which was displayed throughout the designated centre. The records showed that complaints were recorded and investigated in a timely manner and that complainants were advised of the outcome. There was also a record of the complainant's satisfaction with how the complaint had been managed.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared in writing, adopted and implemented policies and procedures as set out in Schedule 5. These policies were reviewed every three years or more frequently if required.

Judgment: Compliant

## Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to live a good quality of life in the centre and that their healthcare needs were well met. The registered provider had ensured that residents were receiving a high-quality, safe service while upholding residents' rights.

A sample of resident care plans were reviewed by the inspectors. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. Residents' health and well-being were promoted, and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as tissue viability

nurse, physiotherapy, dietitian, and speech and language, as required. There was a GP and speech and language therapist on site who were seen attending to residents on the day of inspection.

The inspectors found that all reasonable measures were taken to protect residents from abuse. A notice board reviewed had all relevant information available on advocacy service, ombudsman and complaints officer. There was a policy in place which covered all types of abuse and the inspectors saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse. The registered provider was a pension-agent and the inspectors were assured that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

The rights of residents were upheld and residents were encouraged to participate in activities in accordance with their interests and capacities. Residents with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities. There was an activities and social care team in the centre and the inspectors observed a robust activities schedule. Residents told the inspectors that there was 'plenty to do' in the centre and they enjoyed the 'live music' and arranged outings. The registered provider ensured residents were consulted about the management of the designated centre through participation in residents meetings. A representative from SAGE advocacy was organised to speak to residents following a request for same at a recent residents meeting.

The inspectors observed the dining experience in the centres' three dining rooms. There was a calm unhurried atmosphere as residents dined. There was a pictured menu available on the tables with choice of courses. A variety of drinks were offered to residents and condiments, butter and sauces were within easy reach enabling independence. Residents appeared to enjoy the dining experience with laughter and banter occurring. There was ample staff assisting as required and staff spoken to were knowledgeable of residents' dietary needs including relevant modified diets. All interactions between staff and residents were observed to be kind and caring.

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.

While the National Transfer Document and Health Profile for Residential Care Facilities was utilised for hospital transfers, it lacked details regarding healthcare-associated infections and colonisation status. This omission hinders the effective sharing of information between services and prevents receiving hospitals from implementing necessary transmission-based precautions, thereby increasing the risk of healthcare-associated outbreaks.

The inspectors noted that a resident's bedroom door remained open while awaiting respiratory swab results. Staff informed the inspectors that the resident had requested that the door remained open, and a risk assessment was in place to address this. However, this practice is inconsistent with HPSC National Guidelines,

which direct doors to isolation rooms remain closed to prevent the transmission of respiratory pathogens to other residents and staff in communal corridors.

The inspectors noted that many areas of the centre, including some resident bedrooms, remained carpeted. This type of flooring is inconsistent with HBN 00-10 Part A (Flooring) as its porous nature prevents effective deep-cleaning or disinfection. While the carpets were generally clean, several areas exhibited visible debris, staining, and wear. Furthermore, the carpeting in the corridor outside the laundry area does not support the requirements of a decontamination zone, posing a risk of moisture retention and cross-contamination.

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.

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.

Staff were observed to apply basic IPC measures known as standard precautions to minimise risk to residents, visitors and their co-workers.

## Regulation 11: Visits

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.

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.

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.
- While hand-wash sinks met HBN 00-10 standards, water temperatures were uncomfortably hot and hand towels were unavailable in dispensers. These create barriers to effective hand hygiene and increase the risk of cross-contamination.
- Inappropriate storage in the laundry room creating a cross-contamination risk between clean linens and soiled items.
- The carpet outside the laundry was worn and torn, making it difficult to effectively clean or disinfect.
- Storage rooms were observed to be overstocked, with items stored in a manner that prevented effective environmental cleaning. This practice poses a risk to the integrity of clinical supplies, which must be stored in a clean, organised, and dust-free area to ensure resident safety.
- Waste bins lacked functional lids, featuring only an open aperture for disposal. This design is inconsistent with national IPC standards, as lidded, pedal-operated bins should be used to prevent the aerosolisation of pathogens and ensure the secure containment of healthcare and domestic waste.
- Fabric-upholstered chairs were seen in dining rooms and around the centre. This type of seating material does not facilitate effective cleaning following spills or contamination. The inspectors were informed that the newer fabric chairs were able to be disinfected safely.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents informed inspectors that there was a good choice of food available to them and snacks whenever they wanted. The service of food was good and residents had a choice at each mealtime. The food served was found to be in accordance with the residents' assessed needs.

Judgment: Compliant

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

While the National Transfer Document and Health Profile for Residential Care Facilities was utilised for hospital transfers, it lacked details regarding healthcare-associated infections and colonisation status. This omission hinders the effective sharing of information between services and prevents receiving hospitals from implementing necessary transmission-based precautions, thereby increasing the risk of healthcare-associated outbreaks.

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

Judgment: Substantially 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:

- While alcohol hand gel dispensers were installed along the corridors, alcohol gel was not always available at the point of care. This limits staff's ability to perform timely hand hygiene.
- The storage area for sterile dressings was observed to be significantly overstocked. This practice poses a risk to the integrity of sterile packaging, as items were tightly packed and difficult to access without potential damage. Furthermore, the volume of stock prevented effective environmental cleaning of the storage unit.
- While sharps boxes were observed with temporary closure mechanisms engaged, several units were not secured to a wall or stable bracket. Unsecured containers pose a significant risk of accidental spillage and unauthorised access within the residential environment.
- The inspector observed a heavily stained pillow on a bed within a vacant room. The pillow lacked a waterproof, washable cover, rendering it impossible to effectively decontaminate.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of

admission and all care plans updated within a four month period or more frequently where required.

Judgment: Compliant

### Regulation 6: Health care

The inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

### Regulation 8: Protection

The provider had an up-to-date Safeguarding Policy, and measures in place to protect residents from abuse. Appropriate pension-agent arrangements were in place to safeguard resident's finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially 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 The Residence Carton OSV-0005800

Inspection ID: MON-0049931

Date of inspection: 31/03/2026

## 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: The centre has an annual refurbishment plan which includes addressing wear and tear, upgrading furniture and painting. The progress of this refurbishment plan will be monitored and discussed during monthly clinical governance meeting by the PIC. All other emerging items are logged on the facilities system and addressed by the maintenance team on a daily basis- complete and ongoing</p> <p>Items of furniture deemed to pose an infection control risk were removed by 19th May 2026 and a review to identify any furniture that does not facilitate cleaning and/or decontamination and a phased plan to remove and replace this will be in place by 30th June 2026.</p> <p>The water temperature from the hand wash sink was checked and regulated- complete. The water temperatures are monitored daily maintenance team to ensure the temperature is within normal limits- complete and ongoing.</p> <p>All staff will be re-educated on the importance of ensuring hand towels are replenished appropriately in all dispensers as part of routine infection prevention and control practice by end of June 2026. The CNM on each shift will monitor compliance.</p> <p>From 25th May 2026, the storage in the laundry area has been reassigned to avoid cross-contamination between clean and soiled linen. The Housekeeping and Catering manager will monitor compliance with the arrangement on a daily basis. An audit on the laundry area will also be completed on weekly basis.</p> <p>The carpet outside the laundry area will be scheduled for replacement by 31st December 2026.</p> <p>All excess items were removed from the storage room to allow access for cleaning. The CNMs and ADON will monitor compliance and practice as part of their daily manager walkabout- complete and ongoing.</p>	

Pedal operated bins will be procured on a phased basis starting with clinical rooms, sluice rooms, nurses station and public toilets and all will be replaced by 31st December 2026

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Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

All residents' infection status have been updated on the electronic health care system. The infection status are now automatically added to the National Transfer document. All nurses were re-educated to verify this information. The CNMs and ADON will cross-check on the transfer document to ensure all relevant information are added prior to the hospital transfer- complete and ongoing

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

Alcohol hand gel dispensers will be installed in all rooms for effective hand hygiene at point of care. This will be completed by 31st July 2026.

A monthly stock check has been introduced to monitor and prevent overstocking in storage areas. The CNMs and ADON will monitor storage in this area as part of their daily walkabout – complete and ongoing

All sharps bins will be secured to the wall by 30th June 2026.

The stained pillow has been removed- completed. The Housekeeping and Catering manager will complete a weekly check on the empty rooms and to ensure all pillows and bed linen in circulation is in good condition- complete and ongoing

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## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Substantially Compliant	Yellow	31/05/2026

	designated centre, hospital or place.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/07/2026