

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

Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Hospital
Name of provider:	Health Service Executive
Address of centre:	Lifford Road, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	04 June 2025
Centre ID:	OSV-0000613
Fieldwork ID:	MON-0044093

About the designated centre

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

St. Joseph's Hospital is a designated centre for older people. Residents are accommodated in single and multi-occupancy shared accommodation bedrooms. The centre is divided into four units. The Ash unit can accommodate 21 male and female residents. The Hazel unit is a 20-bedded female only unit. The Alder unit is a 24-bedded, male only unit. The Holly unit is a 11-bedded dementia specific unit. There is a refurbished corridor that links the Ash, Alder and Hazel units with a variety of communal rooms provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ennis town. Residents have access to enclosed garden area. The centre provides accommodation for a maximum of 76 male and female residents, over 18 years of age. Each resident's dependency needs are regularly assessed to ensure their care needs are met. There is a chapel in the centre and residents have access to the community and a wide range of activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 June 2025	10:00hrs to 18:30hrs	Una Fitzgerald	Lead
Wednesday 4 June 2025	10:00hrs to 18:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Residents were highly complimentary of the direct care received and stated the staff were kind and attentive to their needs. Residents told inspectors that their call bells were always answered. In reference to the answering of their call bell a resident spoken with stated "like that" and clicked their fingers. This was followed with the statement "I love it here". There were good positive interactions between staff and residents observed during the inspection. For example, inspectors observed staff sitting and chatting with residents on several occasions over the course of the inspection.

The centre provided accommodation for 76 residents. All communal areas were observed to be appropriately decorated, styled and furnished to create a homely environment for residents. During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care. Staff were observed giving residents choice.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, damage was observed on the flooring in several areas including a housekeeping room and a large number of bedrooms. The provider was aware of these issues and was endeavouring to improve current facilities and physical infrastructure at the centre through upgrading and ongoing maintenance plans.

The centre is made up of four distinct units. Clinical hand wash sinks were available within all resident rooms. These complied with the recommended specifications for clinical hand wash basins. Alcohol hand gel dispensers were readily available along corridors for staff use. Staff also carried individual bottles of alcohol hand rub to ensure they had access to gel at point of care, within residents' bedrooms.

The ancillary facilities on each unit generally supported effective infection prevention and control. For example, staff on each unit had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. The layout of the these rooms supported effective infection prevention and control practices.

Residents were up and dressed in their preferred attire and appeared well cared for. While some residents chose to relax in their bedrooms, listening to the radio and reading books, other residents chose to spend their time in the day rooms. A large number of residents were seen attending daily mass in the chapel on the morning of the inspection.

Residents told the inspectors that they looked forward to the activities scheduled in the centre, as they were entertaining and enjoyable. Residents told the inspectors about the variety of activities they could choose to attend including art therapy, pet therapy and baking sessions. The activities staff were observed engaging with residents throughout the inspection. The inspectors observed that there were multiple information notices on display for resident information including the details of advocacy services and how to make a complaint. There was a high recognition of the importance of residents remaining connected to their local communities. For example, the mass leaflet from the local parishes were all on display on a notice board where residents could read the updates from their community. Residents had attended the County Clare - Older Persons Volunteer awards. Pictures from the event showed that the residents that had attended enjoyed the celebrations. Within the centre there was an on-going inter-generational project between a local school of third class students and the residents. Each session was an hour long where the students engaged with the residents and reminisced on their lifestyle as young children.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries.

Several residents were living with a cognitive impairment and were unable to express their opinions to the inspectors fully. However, these residents appeared to be content in their environment.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the provider, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), with a particular focus on the management of infection prevention and control. Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents.

The Health Service Executive (HSE) is the registered provider of St Joseph's Hospital. There were clear lines of accountability and responsibility in relation to governance and management of the centre, including the oversight of systems for the prevention and control of healthcare-associated infection. The person in charge held the role of the director of nursing and had responsibility for the day-to-day operational management of the designated centre. The person in charge worked full-time in the centre and was supported in their role by two Assistant Directors of Nursing (ADON), clinical nurse managers and a team of nursing staff, activity co-

ordinators, administration, care staff, housekeeping, catering and maintenance staff. Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre on the day of the inspection. Communal areas were seen to be supervised at all times and call bells were answered promptly.

There were sufficient numbers of housekeeping staff assigned to the centre to meet the needs of the centre on the day of the inspection. These staff members were found to be knowledgeable in cleaning practices and processes within the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded-cloths to reduce the chance of cross-infection. Cleaning records viewed confirmed that all areas were cleaned each day

There was a comprehensive training and development programme in place for all grades of staff. Staff demonstrated an appropriate awareness of their training with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. The inspectors reviewed a sample of staff files. At the time of inspection, the files contained all of the information and documentation required by Schedule 2 of the regulations. Newly recruited staff completed an induction programme.

Records showed that there was regular engagement between the management team in the centre and the regional management of the registered provider. There was formalised and regular access to infection prevention and control specialists and an antimicrobial pharmacist. The provider had also nominated staff members, with the required training, to the roles of infection prevention and control link practitioners within the centre.

There were systems in place to monitor the quality and safety of the service. A programme of audits was completed by the nursing management team. Audit findings were analysed and informed the development of quality improvement plans, which were monitored to ensure all actions were completed in a timely manner. The provider also monitored quality of care indicators such as wound management, restrictive practices in use and falls management to identify any trends or areas of improvement. Infection prevention and control audits covered a range of topics including waste management, hand hygiene and environmental and equipment hygiene. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits were reflected on the day of the inspection..

Weekly quality and safety management reports from each unit were maintained to track and measure the performance of each unit. Reports included data on infections, number of residents with urinary catheters, antibiotic use, confirmation that cleaning records had been completed and details of maintenance issued reported.

The provider had a Legionella management programme in place. Documentation

reviewed relating to Legionella control provided the assurance that the risk of Legionella was being effectively managed in the centre. For example, routine monitoring for Legionella in hot and cold water systems had recently identified high counts of Legionella bacteria in a large number of samples tested. Appropriate remedial actions had been taken and re-sampling found that these actions had been effective in lowering the levels of contamination to safe levels in all areas.

Records of residents with previously identified multi-drug resistant organism (MDRO) colonization (surveillance) were maintained. This meant that the provider was able to monitor the trends in development of antimicrobial resistance within the centre. However, inspectors identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with multi drug resistant organisms (MDROs) including carbapenem-resistant Enterobacterales (CRE). The provider made a commitment to ensure this training was delivered.

Risk management systems were underpinned by a risk management policy. The policy detailed the systems in place to identify, record and manage risks that may impact on the safety and welfare of the residents. As part of the risk management systems, a risk register was maintained to record and categorise risks according to their level of risk and priority. Where risks to residents were identified, controls were put in place to minimise the risk impacting on residents. For example, the risks associated with a potential outbreak of legionella were assessed and appropriate controls were implemented. The risk register identified risk and items of high risk were escalated to the provider. The person in charge held responsibility for the updating of the risk register. The inspectors found that the person in charge had identified that the current care planning system was a risk, and this had been escalated to the provider. Staff told inspectors that the electronic system was outdated and frequently unreliable, with regular crashes and system downtime disrupting access to resident records. Due to its instability, staff also maintained hard copies of care plans as a backup to support continuity of care. This posed a risk of inconsistent or conflicting information between paper based and electronic records. This fragmented approach also made it more difficult to maintain an accurate and up-to-date overview of residents care, potentially impacting clinical decision making and communication among staff. There was no clear time-bound plan of the interventions required to address the risk identified.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were available to all staff. Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame. Staff recognised that policies, procedures and guidelines supported them to deliver suitable and safe care, and this was reflected in practice.

There was an up-to-date policy in place for the management of complaints. Records demonstrated that complaints documented within the centre's complaint log were managed in line with the requirements of Regulation 34: Complaints procedure.

Regulation 15: Staffing
There was adequate staffing levels in place to meet the needs of the current residents, and for the size and layout of the centre.
Judgment: Compliant
Regulation 16: Training and staff development
<p>Staff had access to, and had completed training, appropriate to their role. Staff spoken with were knowledgeable regarding the residents' support needs.</p> <p>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 the majority of staff were up-to date with mandatory infection prevention and control training.</p>
Judgment: Compliant
Regulation 21: Records
Records set out in Schedules 2, 3 and 4 were kept in the centre, were stored securely and readily accessible. The inspectors reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.
Judgment: Compliant
Regulation 23: Governance and management
The Registered Provider had not acted to address the issues escalated with the electronic care planning system in a timely manner to ensure that the system was reliable and provided accurate information for staff to follow when providing care.
Judgment: Substantially compliant

Regulation 31: Notification of incidents
Notifications were submitted in line with the requirements of the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
A review of the logged complaints found that concerns were promptly managed and responded to, in line with regulatory requirements. The satisfaction level of the complainant was recorded.
Judgment: Compliant
Regulation 4: Written policies and procedures
The policies, required by Schedule 5 of the regulations were in place, available to staff, and updated in line with regulatory requirements.
Judgment: Compliant
Quality and safety
<p>Observations during the day of the inspection indicated that there was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. Residents and visitors confirmed that there was a focus on social interaction led by the activity co-ordinators and residents had daily opportunities to participate in group or individual activities.</p> <p>A sample of assessments and care plans for residents were reviewed. Some care plans described residents' care needs and personal preferences in a detailed and person-centred manner, while other care plans lacked the detail required to guide staff to deliver effective, person-centred care. In addition, inspectors found that care plans were not always reviewed and updated when there was a change in a resident's condition and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to residents. This is</p>

detailed under Regulation 5; Individual Assessment and Care Plan.

Residents had timely access to medical officers and nursing services including community palliative care specialists, as necessary. Multidisciplinary support and care was also provided by the Integrated Care Programme for Older People (ICPOP) Community Specialist Team. The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis, as required. Copies of laboratory reports were routinely filed in the residents' healthcare record to ensure that prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antimicrobials.

Monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance (AMR) and antimicrobial consumption was undertaken. Monthly reports reviewed included breakdown and benchmarking nationally and regionally. The most recent report (Quarter 1 2025) showed low levels of prophylactic antibiotic use relative to other centres in the region, which is good practice. 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.

A review of notifications submitted to the Chief Inspector found that outbreaks of infection were generally managed, controlled and reported in a timely and effective manner. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident.

The layout of the building with separately staffed units lent itself to effective outbreak management. This meant that any unit experiencing an outbreak could operate as a distinct area with minimal movement of staff and residents between units to minimise the spread of infection. However, a review of documentation found that outbreaks occurring in different units simultaneously were managed as separate incidents. While appropriate infection control measures were implemented in each unit, a review of outbreak reports found no evidence that the potential for cross-transmission between units was identified, despite regular interactions between residents from different units. This was a potential lost opportunity for learning.

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

Proactive infection prevention measures had also been taken to reduce the risk of catheter-associated urinary tract infections and other complications. Inspectors were told that residents were assessed to ensure indwelling catheters were removed promptly when no longer required. Appropriate infection prevention and control procedures were followed by nursing staff when collecting urine samples from indwelling urinary catheters.

However, a small number of practices were identified which had the potential to

impact on the effectiveness of infection prevention and control within the centre. For example, used urinals and commode basins were not managed in a way that minimised the risk of transmitting a healthcare-associated infection.

Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean with some exceptions. For example, the floor in two communal bathrooms and one housekeeping room was visibly unclean.

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces throughout the centre. A visitor policy had recently been updated and 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 nominated support persons during outbreaks.

There was evidence of effective communication systems in the centre. Minutes of meetings reviewed showed that a wide range of relevant issues were discussed. The inspectors found there was a strong focus on ensuring that residents were satisfied with the service received. This information was gathered through resident meetings.

There were arrangements in place to safeguard and protect residents from the risk of abuse. A safeguarding policy detailed the roles and responsibilities of staff, and the appropriate steps to take, should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

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, some practices observed on the day of inspection did not ensure full compliance with the regulations. For example;

- Staff told inspectors that they manually emptied commodes and urinals into the sluice sinks prior to placing into the bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Equipment was generally clean with some exceptions. For example, a nebuliser, bedpan and standing hoist were also observed to be unclean.
- Damage from wear and tear continued to impact negatively on the cleanliness of the centre. For example, some surfaces and flooring were worn and poorly maintained and as such did not facilitate effective cleaning. The flooring within two shared bathrooms and a housekeeping room was visibly unclean.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors found that care plans were not always reviewed and updated when there was a change in the resident's condition and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to a resident. For example;

- Some residents had outdated infection prevention and control care plans in place when there was no longer an indication for their use.
- Information was not recorded in one resident's care plan to effectively guide and direct the management of MDRO colonisation.
- resident care plans were not updated following return from the acute hospitals to reflect their changing care needs in relation to wound and continence management.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professionals, as necessary. Arrangements were in place for residents to access general practitioner service, physiotherapy, dietitian services and speech and language therapy.

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, staff monitored data each month to facilitate ongoing standardised monthly monitoring and trend analysis of healthcare-associated infection, antimicrobial resistance and antimicrobial use within the centre.

Judgment: Compliant

Regulation 8: Protection

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse

and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were observed to be upheld in the centre. All interactions on the day of inspection were person-centred and courteous. Residents spoke of exercising choice and control over their day and being satisfied with activities available. Throughout the day of inspection, the staff were observed to interact with residents in a caring, patient and respectful manner.

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. Inspectors were informed that visiting was facilitated during outbreaks with appropriate infection control precautions in place.

Independent advocacy services were available.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the communal rooms available

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 11: Visits	Compliant

Compliance Plan for St. Joseph's Hospital OSV-0000613

Inspection ID: MON-0044093

Date of inspection: 04/06/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Actions Taken:</p> <p>A meeting was held on the 24th June 2025 with the relevant internal stakeholders to address the issues that had been highlighted by the Person in Charge in relation to the current electronic care planning system.</p> <p>A second meeting was convened on the 23rd July 2025. It was agreed that an option appraisal will be required to determine the most suitable care planning system to be implemented.</p> <p>Actions to be taken :</p> <p>The next meeting of the relevant stakeholders is planned for the 8th August 2025 to commence review of options. The time line for completion of options appraisal and implementation of a different electronic care planning system in line with HSE regulations may take approximately 9 -12 months</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 person in charge confirmed with the company that the bedpan washer is designed to empty, flush, wash and thermally disinfect human waste containers such as bedpans, urine bottles.</p> <p>This information has been shared with the CNMs of the Unit to disseminate to all staff. The importance of adherence to best practice which will reduce the risk of body fluid exposure, reduce the risk of environmental contamination and the spread of MDRO</p>	

colonisation has been communicated.
All equipment has been cleaned and replaced.

Actions to be taken :

We are in the process of engaging a consultant to carry out a survey to specify actual requirements in relation to the flooring on the Units.

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 care plans for the residents have been reviewed, discontinued if applicable and updated in line with the regulations. Nursing staff have been reminded of the importance and requirement to update care plans in a timely manner to enable continuity of care provision. This includes ensuring that recommendations from Multi-Disciplinary Team, residents returning from the acute hospitals are documented appropriately to ensure all relevant staff are aware of changes made.

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2026
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	30/09/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	25/06/2025

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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