



**Health
Information
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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:	Castle Gardens Nursing Home
Name of provider:	Castle Gardens Nursing Home
Address of centre:	Drumgoold, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0000696
Fieldwork ID:	MON-0049629

About the designated centre

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

Castle Gardens Nursing Home is a purpose-built single-storey facility that first opened in 2008. The centre is situated on the outskirts of Enniscorthy town. The premises can accommodate 64 residents. Bedroom accommodation consists of 54 single and five twin bedrooms and all bedrooms have full en-suite facilities. There is a large kitchen adjacent to the main dining room. There is a large central day room and several other seating areas. The centre has designed a memory care unit which has 19 of the 64 beds. Appropriate communal areas are provided within this unit as well. Other facilities include an oratory, hair salon and laundry room. All are adequate in size, decorated in a domestic manner and easily identifiable for residents to find. The centre offers nursing care for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs with low, medium, high and maximum dependency. The stated objective of the centre is to ensure that the needs and wishes of residents will be fully taken into account through their involvement in making service decisions. The centre offers 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff. Two well maintained enclosed garden areas were available to residents and were freely accessible from a number of locations throughout the centre. Adequate parking is available at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60
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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
Wednesday 11 February 2026	08:45hrs to 17:15hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

All interactions observed on the day of inspection were person-centred and courteous. The inspector observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents confirmed that they felt safe, and that they could speak with staff if they had any concerns or worries. Residents who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff.

Residents were very complimentary of the home cooked food and the dining experience in the centre. The inspector was informed that breakfast started at 7am and continued until late morning. This supported resident choice and independence by accommodating individual routines, preferences and sleep patterns. There were adequate numbers of staff available to assist residents at meal-times. The inspector observed residents being assisted with their meals in a respectful and dignified manner.

The designated centre is registered to accommodate up to 64 residents in 54 single and five twin bedrooms within two units; the main Nursing Home Unit and the Memory Care Unit. The main nursing home unit could accommodate up to 45 residents in single or twin rooms. The designated Memory Care Unit offered care for up to 19 residents with a diagnosis of Dementia and/or cognitive impairment.

All of the bedrooms had en-suite shower, toilet and wash hand basin facilities. Overall, the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean. A schedule of painting was ongoing on the day of the inspection, ensuring the centre was generally maintained to a high standard. Renovations to the dining room in the Memory Care Unit were also ongoing at the time of the inspection

While the centre generally provided a homely environment for residents, the décor in some parts of the centre was showing signs of minor wear and tear. For example, the flooring was lifting in a small number of en-suite bathrooms and the varnish finish on some bedside lockers was worn.

Ancillary facilities generally supported effective infection prevention and control. For example, staff had access to a dedicated housekeeping room in both units for the storage and preparation of cleaning trolleys and equipment. Each unit also had a sluice room for the reprocessing of bedpans, urinals and commodes. The new bedpan washer in the main unit had been commissioned, however the bedpan washer in the memory care unit was not working on the day of the inspection.

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.

Laundrying 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.

A smoking room was located to near the main reception area. This room had a window to provide natural external ventilation. However, due to the high level of use throughout the day, a persistent smell of smoke was noticeable in the surrounding communal areas.

Clinical hand washing sinks which conformed to the recommended specifications were accessible to staff. These were located on the corridors within close proximity of resident bedrooms, within sluice rooms and treatment rooms so that they were convenient for use. Conveniently located, alcohol-based product dispensers along corridors also facilitated staff compliance with hand hygiene requirements.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). This inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

The inspector found that the provider generally met the requirements of Regulation 5; individual assessment and care plan, Regulation 17; premises, Regulation 23, governance and management, Regulation 25; temporary absence or discharge of residents and Regulation 27: infection control, however further action is required to be fully compliant. Where areas for improvement were highlighted, the provider was responsive to addressing these in a timely fashion.

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 the provider as endeavouring to improve existing facilities at the centre through ongoing maintenance. For example, the new bedpan washer had been commissioned and was in use. A supply of laboratory swab tests was available in the centre for testing if there was a suspected respiratory outbreak.

Improvements were also observed in sharps management. For example safety engineered sharps were available which reduced the risk of needlestick injuries.

Mowlam Healthcare Services Unlimited Company is the registered provider for Castle Gardens Nursing Home. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The company had three directors, two of whom are engaged in the day-to-day oversight of the service. The person in charge worked full time and was supported by an assistant director of nursing (ADoN) and a team of nurses and healthcare assistants, housekeeping, catering, administration and maintenance staff.

The inspector found that there were clear lines of accountability and responsibility in relation to governance and management of prevention and control. The provider had nominated the ADoN to the role of infection prevention and control lead and link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. However, this person had not yet completed the required link practitioner training. The inspector was informed that arrangements were being made to schedule this training.

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

There were also sufficient numbers of housekeeping staff assigned to meet the needs of the centre on the day of the inspection. Housekeeping staff 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 colour coded cloths to reduce the chance of cross infection.

Maintenance issues were logged into a digital system, assigned to the appropriate staff, and tracked until completion. Progress was updated in real time, providing clear oversight of all outstanding tasks. The person in charge confirmed that reported maintenance issues were generally addressed in a timely manner.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. Outbreaks of infections were notified in line with Regulation 31.

There has been a notable increase in reported scabies cases across the South East region of the country in recent years. A scabies outbreak had been declared in the centre in October 2025. At the time of the inspection, 19 residents had been treated for confirmed or suspected scabies.

Management in the centre were engaging with Public Health regarding the management of this outbreak and had implemented the recommended controls and treatments. A quality improvement plan and a staff information sheet had been developed in response to the outbreak, outlining clear procedures for early identification and management. Staff spoken with were knowledgeable of the signs

and symptoms of scabies and knew how and when to report any concerns regarding a resident. Scabies treatment medications were stocked on site to ensure that required medications were readily available without delay if required. Deep cleaning records confirmed that bedrooms were deep cleaned after residents had been treated for confirmed or suspected scabies infestation.

Staff continued to monitor residents for any signs and symptoms and were vigilant in reporting concerns. Due to the long incubation period associated with scabies, it was too early to confirm that the outbreak was fully controlled. Nevertheless, the decrease in the number of new cases together with the extended interval between cases was considered a positive indication that infection control measures were proving effective. However, further improvements were required in the documentation relating to the scabies management to provide clear assurance that actions taken, follow up review and outcomes were consistently recorded and evaluated. These findings are discussed in more detail under the relevant regulations and under the themes of Quality and Safety.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits covered a range of topics including, environment hygiene, sharps management, policies, staffing and training. 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.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. Records viewed confirmed that staff had received mandatory infection prevention and control training. Staff also confirmed that they had received specific training in relation to the detection and management of scabies.

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

All staff had completed training in infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date

training to enable them to perform their respective roles. Staff were appropriately supervised and supported by nurse management.

Judgment: Compliant

Regulation 23: Governance and management

On the day of the inspection, discussions with staff and management indicated that the scabies outbreak was being managed in line with public health guidance. However, improvements were required in documentation relating to scabies management. Enhanced record-keeping would support oversight, accountability and assurances that appropriate infection prevention and control measures had been consistently implemented. The specific areas identified as requiring improvement are discussed in the report under the relevant Quality and Safety regulations.

Judgment: Substantially 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 outbreaks of notifiable infection as set out in paragraph 7(1)(d) of Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by the care staff and residents had daily opportunities to participate in group or individual activities.

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

evidence of residents being involved in the consultation of their care plans and their review with the resident's family, where appropriate.

However, further improvement was required to ensure that residents with confirmed or suspected scabies had comprehensive care plans and daily care notes in place detailing the associated management plan and the procedures followed. Action was also required to ensure that skin assessments were documented regular intervals following treatment for scabies, in order to monitor the effectiveness of the treatment and overall management. Details of issues identified are set out under Regulation 5; individualised assessment and care plan.

An early warning system ('Stop and Watch') had been incorporated into residents electronic care record to alert staff to signs of clinical deterioration and to recognise and respond to the signs and symptoms of sepsis urgently. However, the inspector found that, on several occasions, the early warning system had not been completed for residents exhibiting signs and symptoms of clinical deterioration including suspected sepsis. Details of issues identified are set out under Regulation 5.

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as tissue viability, physiotherapy, dietitian and speech and language, as required. Multidisciplinary support and care was provided by Wexford the Integrated Care for Older People (WEXICOP) Community Specialist Team.

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, the volume of antibiotic use was also monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

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. However, a review of files found that MDRO status and recent infection history was not consistently communicated on transfer to hospital. Furthermore, details of the ongoing scabies outbreak in the centre was not included on all transfer documentation. As a result appropriate infection prevention and control measures may not have been put in place when residents were transferred to hospital. These findings are set out under the Regulation 25; temporary absence or discharge of residents.

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 legionella were assessed and appropriate controls were implemented.

The premises were 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 and well maintained with some exceptions. For example, floor covering in a small number of en-suite bathrooms was lifting and

some electrical sockets in bedrooms were observed to be loose and not securely fixed to the wall. Findings in this regard are presented under Regulation 17; premises.

The inspector identified some 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 sharps and linen.

Notwithstanding the many good practices observed, a small number of issues were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, improvements were required in equipment and clinical waste management. Findings in this regard are presented under Regulation 27; infection control.

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.

Judgment: Compliant

Regulation 17: Premises

The premises generally conformed to the matters set out in Schedule 6 Health Act Regulations 2013, however further action is required to be fully compliant. For example;

- Some areas of premises were showing signs of wear. For example, the flooring in a small number of en-suite bathrooms was lifting and electrical sockets were not securely fitted in some rooms.
- The ventilation system in the smoking room was not effective, which resulted in the lingering smell of smoke in the adjoining areas of the centre.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. A review of resident files found that details of the ongoing outbreak, infection history and MDRO colonisation status was not consistently recorded on some transfer forms. As a result, appropriate infection prevention and control measures may not have been in place when these residents were admitted to hospital.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1).

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant. This was evidenced by;

- The covers of a small number of mattresses were worn or torn. These items could not effectively be decontaminated, which presented an infection risk particularly in the context of the ongoing scabies outbreak.
- Waste was not segregated in line with best practice guidelines. For example, clinical waste bins remained in a large number of en-suite bathrooms and in a housekeeping room when there was no indication for their use in these areas.
- Staff informed inspectors that they manually decanted the contents of commodes/ bedpans into toilets prior to manually cleaning. This increased the risk of environmental contamination and the spread of MDRO colonisation. In addition, the detergent in one bedpan washer had expired. This may impact the effectiveness of decontamination.
- One cleaning trolley was unclean. This posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed residents' care documentation and found that the standard of care planning required improvement to ensure each resident's health and social care needs were identified and were accurately detailed to guide safe care. This was evidenced by:

- Infection prevention and control care plans were not in place to guide the care of residents with confirmed or suspected scabies infestation.
- Skin assessments were not consistently documented following treatment for scabies to confirm the effectiveness of treatment or to identify treatment failure or re-infestation in a timely manner.
- The early warning system ('Stop and Watch') was not consistently used when residents first showed signs of infection or clinical deterioration. Failure to consistently use the early warning system increased the risk that clinical deterioration may not be identified or addressed in a timely manner.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by allied health professional including tissue viability, speech and language therapy, dietitian, and physiotherapy as appropriate.

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.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, internet, television and radio was available.

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially 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	Substantially 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 Castle Gardens Nursing Home OSV-0000696

Inspection ID: MON-0049629

Date of inspection: 11/02/2026

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) will ensure that there are clear guidelines in place for the effective management of suspected / actual outbreaks, and that all staff are aware of the measures to be implemented in the event of a suspected infection outbreak so that residents and staff are protected from the risk of onward transmission. The Assistant Director of Nursing (ADON) is the IPC Link Practitioner; IPC meetings will continue to be held monthly with representatives from all departments to discuss all aspects of IPC and minutes will be available for all staff. • The PIC will ensure that the outbreak contingency plan is up to date and that all staff are familiar with it. • IPC surveillance and outbreak management will be discussed as part of the monthly management meeting in the home. • The PIC/ADON will attend handover and safety pause meetings and ensure all information regarding residents' health and wellbeing and any areas of concern are discussed and escalated in real time. • The PIC will enquire about any change to residents' conditions and will actively seek feedback and updates from staff about any concerns they may have. • The PIC will hold reflective practice meetings with individual nurses to discuss the outbreak and identify any knowledge or training deficits. A Quality Improvement Plan (QIP) will be developed as necessary and any required training updates will be provided. • The PIC will ensure that residents' care plans are reviewed and updated to reflect their current care needs. This information will also be shared at handover and safety pause. • For those residents with active scabies symptoms, the PIC will ensure that appropriate assessments are carried out to monitor effectiveness of treatment, and an individualised skin care plan of care will be developed to ensure that the care interventions are appropriate. • The PIC will ensure that residents' care plans are person-centred and developed in consultation with the resident or their representative. • The care plan will focus on what matters to the resident and will incorporate the Age 	

Friendly framework, the 4 Ms (what matters to me, medication, mentation and mobility).

- The PIC/ADON will complete a care plan audit monthly and more frequently should the need arise, such as when there is a change in residents' condition or a transfer from the home.
- The PIC will develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.
- The PIC will communicate with Public Health (PH) and local CHO IPC lead to ensure all appropriate measures are in place.

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Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The PIC and Facilities Manager will conduct a review of all rooms within the home. Following this review a scheduled plan of works will be developed to address flooring and ongoing wear and tear.
- The PIC and Maintenance Person will ensure that all electrical sockets that are loose will be reviewed and secured.
- The Facilities team will review the ventilation of the residents' smoking room to ensure that it is adequately ventilated so that the effect of the odour of cigarette smoke in the adjoining areas of the home is minimised or eliminated. We will also consider an option to provide an external smoking shelter for residents.

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Regulation 25: Temporary absence or discharge of residents

Substantially Compliant

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

- The PIC will ensure that when a resident is transferred to hospital all appropriate documentation is completed on the electronic medical record and saved. This documentation will include up to date information on any outbreak in the home and any IPC concerns.
- The PIC will ensure that the MDRO colonisation status of residents will be clearly recorded and communicated on every transfer to ensure appropriate precautions are implemented in the receiving facility.
- The PIC/ADON will conduct spot checks of saved transfer letters to ensure all necessary information is included, where deficits exist this will be used as a learning opportunity for

staff.

- The transfer document will also include any events of significance that may have occurred prior to transfer, and any interventions that took place.

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Regulation 27: Infection control

Substantially Compliant

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

- The PIC has completed an audit of all mattresses in Home, and any found with tears were discarded and replaced, this was completed 12/02/2026.
- A review of waste management practices was completed on 12/02/2026. Clinical waste bins were removed from locations where they were no longer required, and segregation of waste is now in line with national guidelines and the home's policy.
- The PIC/ADON will ensure that staff are aware of correct method of decanting the contents of bedpans and urinals.
- The PIC/ADON will monitor cleaning trolleys as part of daily walkabout and any deficiencies noted will be discussed with housekeeping staff.
- The PIC will ensure that there is an IPC Quality Improvement Plan in place and that all staff are aware of it.

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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 PIC will ensure that residents assessments are completed accurately and reviewed / updated as necessary to ensure they reflect the current status of the resident, this information will be shared at handover and safety pause. This will include the accurate and timely assessment of residents' infection status and appropriate responses to changes in skin integrity, such as referral to GP. The impact of such interventions will be evaluated and recorded to guide practice.
- For those residents with actual/potential skin integrity issues, the PIC will ensure that appropriate assessments are carried out and an individualized skin integrity care plan will be developed to ensure that the care interventions are appropriate.
- For those residents with signs of deterioration, the PIC will ensure that appropriate assessments are carried out and the individualized care plan will be updated to ensure

that the care interventions are appropriate. The PIC will monitor the use of 'Stop and Watch' system so that any deterioration in residents condition is identified in a timely manner.

- The care plan will focus on what matters to the resident and will incorporate the Age Friendly framework, the 4 Ms (what matters to me, medication, mentation and mobility).
- The PIC/CNM will complete a care plan audit monthly and develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.

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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	31/05/2026
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	30/04/2026
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	Substantially Compliant	Yellow	31/03/2026

	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 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	30/04/2026
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 than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/03/2026