



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

Issued by the Chief Inspector

Name of designated centre:	Abbey Haven Care Centre & Nursing Home
Name of provider:	Abbey Haven Care Centre & Nursing Home Limited
Address of centre:	Carrick Road, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	10 February 2026
Centre ID:	OSV-0000738
Fieldwork ID:	MON-0048056

About the designated centre

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

Abbey Haven Care Centre and Nursing Home is a purpose-built facility which can accommodate a maximum of 63 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over and it provides care to people who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care delivered by appropriately skilled professionals. This centre is situated on the outskirts of the town of Boyle and is a short drive off the N4 Dublin to Sligo link road. It is a large modern building constructed over one floor. Bedroom accommodation consists of single and twin rooms, all with full en-suite facilities. A variety of communal accommodation is available and includes several sitting rooms, dining areas, a prayer room and visitors' room. The centre has a large safe garden area that can be accessed from several points and has features such as a fountain and raised flower beds that make it interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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 10 February 2026	09:00hrs to 17:00hrs	Celine Neary	Lead
Tuesday 10 February 2026	09:00hrs to 17:00hrs	Marguerite Kelly	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that Abbey Haven Nursing Home was a nice place to live. There was a friendly, warm and welcoming atmosphere in the centre, and staff were observed to be kind, helpful and respectful towards residents. The inspectors spoke with residents to gain insight on their experience of living in the centre. The feedback was positive, and residents commented on the kindness of the staff. Residents told the inspectors that they "feel safe", "happy enough", "all good at the moment" and that "staff are helpful and come to me when I call".

This unannounced inspection found that staff were available to assist and supervise residents throughout the centre. There was supervision in place and residents appeared comfortable in their presence. Staff knew residents well and were familiar with their preferences and daily routines. Residents were offered choice in how and where they spent their day, and also when it came to mealtimes, could dine in their dining room or bedrooms as they chose. The inspectors observed that staff interacted with and cared for residents in a kind and caring manner, which was unhurried and patient. Staff knew residents well and were friendly and supportive in their approach.

Activities were well-organised, and they were varied and interesting. Residents told the inspectors that they found an improvement in activities provided and that they were "more fun".

The dining room was bright, spacious, clean and nicely decorated. For example, the tables had a tablecloth and a vase with fresh flowers in the middle. The floor in the dining room was sticky in places and worn, especially by the kitchen entrance.

Overall, the cleanliness of the centre was very good, and housekeeping staff were working hard to maintain these standards.

Personal clothing, linen and bedding were laundered on site. Residents spoken to had no complaints surrounding the laundry processes. The infrastructure of the on-site laundry room did support the functional separation of the clean and dirty laundry processes. Correct temperatures were being used, and laundry staff were seen on the day of inspection checking and replacing identifying labels on clothing.

Although hand-wash sinks are present, the current number and distribution are insufficient to meet clinical demand. Additionally, the staff hand-wash sinks were not compliant as outlined in HBN 00-10 Part C Sanitary Assemblies, which is the standard required for sanitary ware. Alcohol hand gel dispensers were located in communal areas and at the point of care, enabling staff hand hygiene, which is required for resident safety.

The sluice room (room dedicated for the reprocessing of bedpans, urinals and commodes) was clean, contained a bedpan washer/disinfectant, hand hygiene sink, commode pan rack and drip trays for the storage of bedpans and urinals post disinfection.

The organisation of storage space posed a risk to infection prevention and control (IPC). For example; resident shower chairs were seen stored in the sluice, nebulizer machines (a small machine that helps deliver medication directly to your lungs) were stored on top of nutrition drinks and residents' supplies were stored in the clean linen room. Inappropriate storage practices can lead to cross-contamination.

There was a nurse's room for the storage and preparation of medications, clean and sterile supplies such as needles, syringes and dressings. There were single-use wound dressings open, which is not good practice. Once the packaging is opened, the sterility of the product is not guaranteed, and there is a direct risk of introducing infection to a wound site. Sharps boxes were seen with a temporary closure mechanism not in place, and unsigned for traceability. If a bin is knocked over or dropped, an open lid allows contaminated needles to spill out, creating a needle stick injury risk for staff and residents.

Capacity and capability

Overall, this inspection found that residents were supported and encouraged to have a good quality of life in the nursing home. The governance structure in the centre had stabilised and was effective. The improvements found on the last inspection in August 2025 had been sustained. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services. However, some action was required to bring the designated centre into compliance, specifically in respect of governance and management, premises, infection control and assessment and care plans.

The purpose of this 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 (as amended).

The provider had sufficient staffing resources in place. For the most part, training and development was up-to-date and complete. Improved supervision of staff had been sustained and continued to have a positive impact on the quality and safety of care provided. However, a review of training records indicated that a small number of staff were not up to date with IPC training in line with their role within the centre. The provider had supported a nurse to the role of infection prevention and control (IPC) link practitioner, to increase awareness of IPC and antimicrobial stewardship.

On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose,

and to meet residents' individual needs. There was at least one registered nurse on duty at all times. This finding was reinforced by feedback from residents and relatives.

The centre had up-to-date infection prevention and control policies, which covered aspects of standard precautions and transmission-based precautions.

There were management systems occurring, such as clinical governance meetings, staff meetings and residents' meetings. IPC was discussed at the team meetings. However, not all meetings seen had an agenda and quality improvement plan (QIP). For example, the meeting held on 08.01.2026 discussed 'staff training is to be scheduled'. However, during the day of inspection, a small number of staff were seen to be out-of-date for IPC and hand hygiene training.

There were systems in place to monitor the quality and safety of care delivered to residents through a range of audits. These included audits in the areas of falls management and infection control. Incident reviews were conducted to identify what measures should be put in place to minimise the risk of recurrence. There was regular input and meetings held with staff and residents had actions and recommendations arising from these, which were implemented. A schedule of infection prevention and control audits was in place and was undertaken by nursing management, covering a range of topics. Audits were scored and tracked to monitor progress. However, the unannounced night-time audit on 16.01.2025 identified inappropriate storage of toiletries and three unclean chairs, mirroring the observations of the day of inspection. Both findings increase the risk of cross-contamination between residents and equipment.

Surveillance of healthcare-associated infection (HCAI) and multi-drug resistant bacteria colonisation was routinely undertaken and recorded. Documentation reviewed identified some examples of antimicrobial stewardship practice. However, the programme needed to be further developed, strengthened and supported in order to improve antimicrobial use and combat antimicrobial resistance. For example, more detail was required on this register to describe the method of diagnosis, such as the type of sample or swab used.

The inspectors found the centre very clean, and the provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning checklists and colour-coded cloths and mops to reduce the chance of cross infection. Similarly, housekeeping staff spoken to had a good understanding of the cleaning needs of the centre.

The provider had implemented a number of Legionella controls in the centres water supply. For example, infrequently used outlets and showers were run weekly. Additionally, documentation was available to confirm that the hot and cold water supply was routinely tested for Legionella to monitor the effectiveness of controls.

While the centre recently experienced an acute respiratory infection (ARI) outbreak, a review found that the line list lacked real-time clinical observations, which has the

potential to hinder an effective post-outbreak review and the identification of key learning points.

Regulation 15: Staffing

From the observations of the inspectors and from speaking with residents and staff, there were adequate numbers and skill mix of staff on duty on the day of the inspection to meet the assessed needs of residents. Staff were observed to be kind and courteous to residents and responded to their requests for assistance in a timely manner.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. However, some staff were not up-to-date for IPC and Hand hygiene training. Both local and national IPC policies were available to guide and support staff.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were mostly effective management systems in place to monitor the safe and effective infection prevention and control practices. However, further action is required to be fully compliant. This is evidenced by:

- MDRO surveillance needs more details of sampled sites to monitor trends and ensure effective infection control.
- While there were various strategies in place to ensure appropriate use of antimicrobial medications, there was limited analysis of antibiotic usage in terms of volume, indication, and effectiveness to ensure that this information will inform quality improvement plans to maximise the benefit of antimicrobial therapy.
- The auditing systems were identifying issues found on the day of the inspection. For example, storage issues and unclean equipment. These recurring findings, observed on the day of inspection, indicate that the audit process is not being used to drive corrective action or quality improvement.

This lack of management oversight could increase the risk of cross-contamination.

- The current management systems for post-outbreak review were not adequate as all relevant data was not captured as the outbreak progressed, which has the potential to hinder the effectiveness of a post-outbreak review and the identification of key learning points.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints management system was in place and met the requirements of the regulation. A complaints procedure was displayed in the centre and detailed the process for making a complaint and the personnel involved in the management of complaints. Records of complaints detailed the actions taken by the complaint officer to resolve the complaint, the satisfaction of the complainant with the outcome and lessons learnt that were shared with the wider staff team to improve the quality of the service.

Judgment: Compliant

Quality and safety

Resident's health and social care needs were maintained by a good standard of evidence-based care and support from a team of staff who knew their individual needs and preferences. Residents reported feeling safe and content living in the centre.

Residents were supported to access appropriate health care services in line with their assessed needs and preference. General Practitioners (GPs) attended the centre and ensured that residents had regular medical reviews. There was good evidence of regular reviews and timely access to allied health professionals, for

example, dietitian, chiropodist, occupational therapist, optician and speech and language therapist. Where residents needed to attend appointments off-site they were supported to do so. Residents were referred to these specialists as needed, and a prompt assessment was completed. There was a good standard of care planning in the centre.

Throughout the day inspectors observed the staff treating the residents with kindness and compassion. The staff appeared to know their residents well. Staff were seen assisting residents in a dignified manner. Call-bells were answered promptly, and assistance was provided by the staff.

Residents' rights to choice, dignity and privacy were upheld on this inspection. All current residents had their rights respected, and staff were observed respecting the rights and protecting the dignity of residents throughout this inspection.

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

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 there was evidence of good infection control practice, there were some issues fundamental to good infection prevention and control practices which required action to comply with Regulation 27: Infection Control.

An IPC assessment formed part of the pre-admission records. These assessments were used to develop care plans that were seen to be person-centred. There was evidence that the care plans were reviewed by staff at intervals not exceeding four months. The inspectors reviewed the management of wound care, Multi-Drug Resistant Organism (MDRO) and catheter care (a thin, flexible tube used to either drain fluids from the body or deliver medical treatments directly into it) and found they were generally well managed.

However, two care plans seen by inspectors had incorrect information regarding the care of MDRO residents. Residents were incorrectly documented as requiring isolation precautions when no clinical indication supported this measure. While staff informed inspectors that these residents were not actually isolated, the discrepancy

between written records and clinical practice demonstrates a lack of oversight in maintaining accurate infection control data.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to the hospital. This document contained details of health-care associated infections and colonisation to support the sharing of and access to information within and between services.

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

The registered provider had substituted traditional unprotected sharps/needles with safer sharps devices that incorporate features or a mechanism to prevent or minimise the risk of accidental injury. Notwithstanding some of the good practices in IPC, there were some areas that needed improvement. For example, there were toiletries seen around the centre that were not labelled for a specific resident. Shared toiletries, create a risk of cross-infection between residents. Similarly, some of the twin-occupancy rooms observed by the inspectors did not have separate toiletries cupboards in the shared en-suites.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were not restrictive, and there was adequate private space for residents to meet their visitors. The updated 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 nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises were clean and well maintained. Communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Outdoor space was independently accessible and safe for all residents living in the centre. However, some areas required review to be fully compliant with Schedule 6 requirements, for example:

- Storage areas lacked proper segregation between resident-specific equipment and general supplies. This can hinder effective cleaning and increase the risk of cross-contamination between clean and used items. For example, nebulisers stored on top of nutrition drinks.
- En-suite facilities in shared double twin bedrooms lacked individual storage provisions. This absence of dedicated space prevents the segregation of personal care items (such as toothbrushes and toiletries), increasing the risk of cross-contamination between residents.
- Current waste bins lack protective enclosures, leaving bags exposed. All clinical and domestic waste should be stored in lidded, hands-free containers to prevent the spread of contaminants and ensure effective decontamination.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents informed the inspectors that there was a good choice of food available to them and that they could access food and snacks whenever they wanted. Water and a glass were available in the residents' rooms, and residents said they were renewed daily.

Residents could choose to attend their dining room for a social mealtime experience, or have their meals in their bedrooms, whichever was their preference.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 26: Risk management

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

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services

(2018), however further action is required to be fully compliant. This was evidenced by:

- Barriers to effective hand hygiene practice were observed during the course of this inspection. For example, there were a limited number of HBN 00-10 Part C compliant clinical hand-wash sinks available for staff use.
- Sharps boxes were seen with a temporary closure mechanism not in place, and not signed. If a bin is knocked over or dropped, an open lid allows contaminated needles to spill out, creating an immediate needlestick injury risk for staff and residents.
- Single-use wound dressings were found stored in open packaging. This practice compromises the sterility of the product and poses a risk of introducing infection to resident wounds.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors reviewed the fire safety management folder. Regular simulations of evacuations of the compartments in the centre were undertaken, to ensure staff could evacuate residents safely, in the event of a fire. Fire training was provided regularly and staff could tell the inspectors what they would do in the event of a fire emergency. Assembly points were easily accessible to residents who required assistance with evacuation and transfer. They were clearly signposted. Daily and weekly records were maintained to check that exits were clear and that the fire alarm was in working order. There was evidence that quarterly and annual servicing of the fire alarm system and the emergency lighting was undertaken.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of care plans and assessments found that generally infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents. However, two care plans incorrectly documented isolation requirements without clinical justification. This discrepancy between written records and actual practice demonstrates a deficit in documentation oversight.

Judgment: Substantially compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and expertise in line with their assessed needs, which included access to a range of healthcare specialists.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured residents were consulted about the management of the designated centre through participation in residents' meetings. Residents also had access to an independent advocacy service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Abbey Haven Care Centre & Nursing Home OSV-0000738

Inspection ID: MON-0048056

Date of inspection: 10/02/2026

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A training needs analysis will be undertaken to identify the training requirements within the center. Timeframe: 30th April 2026</p> <p>A training schedule has been compiled which will bring the training matrix into full compliance. Timeframe: 30th June 2026</p>	
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>The system in place for the monitoring of multi-drug resistant organisms within the center will be reviewed to incorporate details of the sampled sites and greater information in relation to antibiotic usage. Timeframe: 30th May 2026</p> <p>Skip the Dip training will be provided for all Nursing Staff. Timeframe: 30th June 2026</p> <p>The care plans of residents with a listed MDRO will be reviewed to confirm they</p>	

accurately reflect the plan of care to be delivered.

Timeframe: Complete.

New storage units have been installed in the ensuites in all twin occupancy rooms. This allows for the appropriate labelling and storage of the residents toiletries and belongings.

Timeframe: Complete

The Outbreak Timeline template in use has been reviewed to clearly indicate the dates residents were identified as positive cases and the dates when their isolation period commenced.

Time frame: 30th May 2026

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Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Following the inspection a further review of storage within the center was undertaken. Additional shelving has been installed in the Clinical treatment room to allow for appropriate storage of residents supplies and equipment to reduce the risk of cross contamination.

Timeframe: Complete

All shower chairs are now stored in the assigned equipment store as the alternative to the sluice room.

Timeframe: Complete

New storage units have been installed in the ensuites in all twin occupancy rooms. This allows for the appropriate labelling and storage of the residents toiletries and belongings.

Timeframe: Complete

Additional waste bins were sourced and all bins within the center have a closed lid and are foot pedal operated.

Timeframe: Complete

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Regulation 27: Infection control

Substantially Compliant

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

An external Infection prevention and control consultant was sourced to undertake a review to support the centre to meet the regulatory requirements in relation to infection Prevention and control. Following this review of the building suitable locations for the installation of sufficient Clinical wash hand basins were identified. The installation of sufficient clinical hand wash sinks will be undertaken.

Timeframe: Complete.

The mandatory use of the temporary closure system on the sharps boxes was discussed with all Nursing staff at a recent Nurses meeting. Signage has been placed in the treatment room as a reminder to staff; to enhance compliance in the use of the temporary closure system. The use of the temporary closure system will be monitored by the management team during their environmental walks of the building.

Timeframe: Complete

Single use wound dressings will be managed in line with the manufacturer's instructions. Any excess dressing material remaining once opened will be disposed of to reduce the risk of product contamination. Nursing staff have been advised to order appropriately sized dressing materials to reduce waste.

Timeframe: Complete.

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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 two care plans identified on the day of inspection will be reviewed to confirm they accurately reflect the plan of care to be delivered in line with Infection prevention and control guidance.

Timeframe: Complete.

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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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2026
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	30/04/2026
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	30/06/2026
Regulation 27(a)	The registered provider shall ensure that infection	Substantially Compliant	Yellow	30/04/2026

	prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	30/05/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2026