



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

## Issued by the Chief Inspector

Name of designated centre:	Abbeygale House
Name of provider:	Health Service Executive
Address of centre:	Farnogue Residential Unit, Old Hospital Road, Wexford
Type of inspection:	Unannounced
Date of inspection:	18 November 2025
Centre ID:	OSV-0000743
Fieldwork ID:	MON-0048568

## About the designated centre

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

This is a purpose built centre opened in 2012. It is a split level building divided into two units with Abbeygale House situated on the top level while the ground floor is a unit for psychiatry of old age. Abbeygale House is a 30-bedded unit dedicated to older persons' services. The centre is staffed by qualified nursing and care staff at all times and caters for residents whose dependency levels range from low to maximum. It accommodates both female and male residents over the age of 18 years with a wide range of care needs. The location, design and layout of Abbeygale House are suitable for its stated purpose. There are 24 single en suite bedrooms and two three-bedded en suite rooms. All bedrooms were equipped with overhead hoists. There were sufficient additional and accessible toilet and bathroom facilities for residents. Meals are prepared off site and there is a kitchen located between two dining rooms. Other communal areas include two sitting rooms, a visitors' room, a treatment room, hairdressing salon and utility rooms. There is also a quiet room. There was suitable and sufficient storage for equipment. There is a well maintained enclosed garden which residents can access freely.

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

Number of residents on the date of inspection:	27
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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 18 November 2025	08:45hrs to 15:45hrs	Kathryn Hanly	Lead

## What residents told us and what inspectors observed

The inspector met with the majority of the 27 residents living in the centre, and spoke with seven residents in more detail to gain a view of their experiences in the centre. Residents were very complimentary of the staff and the services they received. One residents said that staff 'couldn't do enough' for them while another said that they 'get the best of care and attention'.

Residents were complimentary of the home cooked food in the centre. Some residents attended the dining rooms for their meals while the others choose to have lunch in their bedrooms. 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 inspector observed staff actively engaging with residents in a respectful and kind manner ensuring their needs were responded to. Privacy and dignity of residents was promoted and protected by staff when providing care.

Notwithstanding the positive feedback, some residents raised concerns regarding a resident who was exhibiting responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), including shouting and the use of inappropriate language, which they had found distressing. They said that these episodes had frightened them and that they had moved to a different day room to avoid the noise. Management had acknowledged these concerns and were actively working to address the issue, including reviewing supports in place and ensuring that residents were appropriately placed to promote their safety and well-being.

An activities schedule was displayed near reception, showing that activities were planned across seven days. On the morning of the inspection, some residents participated in a game of bingo. However, on the afternoon of the inspection the majority of residents had retired to their bedrooms and were sleeping, watching television or spending time with visitors. Staff were seen delivering newspapers to residents in their bedrooms. Of the remaining two residents in the dayroom, both reported a lack of interest in the activities. Several other residents indicated that the available activities did not reflect their personal interests. As a result, residents engagement and social participation appeared limited, which may negatively affect their overall well-being and quality of life.

Bedroom accommodation comprised 24 single en-suite bedrooms and two three-bedded en-suite rooms. All bedrooms were equipped with overhead hoists, a television, and call bell facilities. Bedrooms were appropriately sized, with space in all rooms for a comfortable chair at each bedside. All residents had a wardrobe and

bedside locker for their clothing and personal items. The majority of residents had personalised their bedrooms, with items such as photographs and artwork

There was adequate access to communal spaces which included two sitting rooms, two dining rooms, a visitor room, a hairdressing room, a quiet room and a snoezelen room containing sensory equipment. A small outdoor courtyard was independently accessible and safe for all residents living in the centre.

Overall, the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

Ancillary facilities generally supported effective infection prevention and control. However, there was a lack of appropriate storage space in the centre resulting in the inappropriate storage of supplies and equipment within the assisted bathroom.

There was a dedicated treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Staff had access to a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. There were two sluice rooms for the reprocessing of bedpans, urinals and commodes. These rooms were observed to be clean and tidy.

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

Conveniently located, alcohol-based product dispensers were readily available within bedrooms and on corridors. Clinical hand washing sinks were available within each bedroom, in both sluice rooms, at the nurse's station and in the treatment room. This complied with current recommended specifications for clinical hand hygiene sinks. However, miscellaneous items including wipes, plastic bags, cups and plates were observed on some sink ledges, this could increase the risk of cross contamination.

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

## Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the

provider's compliance with infection prevention and control oversight, practices and processes.

Overall, this was found to be a well-managed centre with a commitment to providing good standards of care and support for the residents. The provider generally met the requirements of Regulation 5; healthcare, Regulation 16; training, Regulation 17; premises, Regulation 23; governance and management and Regulation 27: infection control, however further action is required to be fully compliant. Oversight of activity provision and residents' rights also required attention and is detailed under Regulation 9. Where areas for improvement were highlighted, the provider was responsive to addressing these in a timely fashion.

The inspector 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 majority of actions outlined had been addressed and a plan was in place to address outstanding issues. For example, shower doors had been repaired and privacy screens had been secured and adjusted to ensure they extended sufficiently to provide a resident with privacy to undertake their activities in private.

The registered provider is the Health Service Executive (HSE). There a was well-defined management structure in place with identified lines of accountability and authority. The centre is operated and managed through the governance structures of St. John's Community Hospital, Enniscorthy. The person in charge of Abbeygale House reported to the Director of Nursing at St John's Community Hospital, who in turn reported to the Manager of Older Persons Services.

Within Abbeygale House, a team of nurses, healthcare assistants, catering, and housekeeping staff supported the person in charge. An additional clinical nurse manager had recently joined the team. The inspector was informed that there was ongoing recruitment of healthcare assistants in the centre to ensure adequate staffing levels were maintained.

Due to ongoing staff vacancies of healthcare assistants and high levels of both planned and unplanned staff leave, the centre continued to rely heavily on agency personnel. On the day of the inspection, agency staff were covering four of the five nursing shifts and three of the six healthcare assistant shifts. Housekeeping services were also provided by agency staff. Management reported that efforts were made to seek continuity of personnel and consistency of support required for residents.

However, some visitors reported that the high level of agency usage adversely affected the continuity and overall quality of care experienced by their relatives.

The provider had nominated two staff members to the roles of infection prevention and control link practitioners to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Staff also had access to training and support from infection prevention and control specialist advice as required.

Infection prevention and control audits were undertaken by nursing management and covered a range of topics including staff knowledge, hand hygiene procedures, laundry, environment and equipment hygiene. High levels of compliance were consistently achieved in recent audits.

Surveillance of healthcare associated infection (HCAI) and multi drug resistant organism (MDRO) colonisation was also routinely undertaken and recorded

The centre had access to maintenance support who were based off site. Maintenance issues were recorded in a log book and communicated via email to personnel in Wexford General Hospital. However, the inspector found that it was not always clear whether reported issues had been formally logged or appropriately closed out, limiting the effectiveness of the oversight process.

The registered provider had a legionella management programme in place. Water samples were routinely taken to assess the effectiveness of local legionella control measures.

Staff had access to national infection prevention and control guidelines which covered aspects of standard including hand hygiene, waste management, sharps safety, environmental and equipment hygiene.

There was an ongoing schedule of training in place to ensure staff had relevant and up to date training to enable them to perform their respective roles. However, up-to-date infection control training records were not maintained. Management reported that this training had been completed but the records had not been updated to reflect this.

There had been an increase in reported scabies cases across the region in recent years. Two residents, that had recently been admitted, had undergone treatment for suspected scabies infestation. However, the inspector also found that not all agency staff had received training in the management of residents with scabies. This gap in training further contributed to concerns regarding the consistency and quality of care provided. Findings in this regard are presented under Regulation 23; governance and management.

## 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 of staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

However, oversight of agency staff allocations required ongoing review to ensure that agency staff were familiar with the resident's preferences, medical history

and care plans. Findings in this regard are detailed under Regulation 16; training and staff development.

Judgment: Compliant

### Regulation 16: Training and staff development

Agency staff were not included in the provider's training matrix. The provider had written agreements with recruitment agencies that agency staff had completed mandatory training. However, agency staff had not received training on the care of residents with scabies.

The provider's directly employed staff had access to a suite of infection prevention and control training to enable them to perform their respective roles. However, gaps in adherence to mandatory training records were identified.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c), required improvement. This was evidenced by the following:

- Management systems for the oversight for the maintenance of the premises required review. Inconsistent logging and unclear closure of issues limited the effectiveness of the current reporting system. This was a repeat finding from previous inspections.
- Oversight of staff training records required improvement. Up-to-date infection control training records were not maintained. A review of the training matrix found gaps in the documentation of infection prevention and control training records. The provider had not ensured that agency staff had received appropriate infection prevention and control training.
- Oversight of activity provision and residents' rights required attention and is detailed under Regulation 9.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

## Quality and safety

Management and staff strived to provide a good quality of life for the residents living in Abbeygale House Nursing Home. While the inspector observed kind and compassionate staff treating residents with dignity and respect, enhanced oversight was required to improve the quality and safety of service provision.

The centre adopted an open visiting policy for residents during the day except during protected meal times where visiting was restricted in order to allow residents time and enjoyment of meals without distraction. Visitors confirmed that visits were encouraged and facilitated in the centre.

Residents' healthcare needs were generally met to a good standard. A review of documentation found that residents' had access to a medical officer, who attended the centre daily on weekdays. Specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. However, access to physiotherapy services remained limited, with services only available privately at the residents own expense. This will be discussed further under Regulation 6: Healthcare.

The inspector reviewed a sample of resident's elimination (urinary catheter) and infection prevention and control care plans. Comprehensive assessments were completed for residents on or before admission to the centre. 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.

The inspector also reviewed residents' records and saw that where a resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return or admission to the designated centre, the staff ensured that all relevant information was obtained from the discharging hospital.

The premises were generally designed and laid out to meet the needs of the residents. Bedrooms were personalised and residents had ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained. The

ancillary facilities including sluice rooms and housekeeping rooms also supported effective infection prevention and control.

Following the last inspection all rooms had been reviewed to ensure they were in line with the current Statement of Purpose with floor plans reflecting same. However, there was limited storage available within the unit and the assisted bathroom was used for storage.

Monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance (AMR) and antimicrobial consumption was undertaken through Community Healthcare Organisation (CHO) 5. There was a low level of prophylactic antibiotic use within the centre, which is good practice.

The inspector identified many 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 the safe handling and disposal of used waste and sharps.

Staff demonstrated a proactive approach to infection prevention and control by maintaining a high level of vigilance for early signs and symptoms of infection among residents. When symptomatic residents were identified, staff immediately implemented appropriate infection prevention and control protocols. This helped to minimise the risk of transmission to other residents and staff.

A review of notifications submitted found that outbreaks were generally managed, controlled and documented in a timely and effective manner. The centre had experienced one outbreak of influenza in early 2025. While it may be impossible to prevent all outbreaks, the low level of transmission and short duration of this outbreak indicated that the early identification and effective management of the outbreak had contained and limited the spread of infection.

Management were engaging with Public Health regarding the management of two cases of suspected scabies, which were detected on residents' admission, and had implemented a number of controls to ensure the safety and well-being of residents, staff and visitors. There had been no cases of scabies acquired within, or linked to, the centre to date. However, there was also some ambiguity regarding the required period of isolation for residents being cared for with transmission based precautions and laundry was not managed in line with best practice guidance.

In addition, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example, housekeeping equipment and hand hygiene facilities were not managed in a way that minimised the risk of transmitting a healthcare-associated infection. These findings are set out under the 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 visitors room.

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, well maintained and conformed to the matters set out in Schedule 6 Health Act Regulations 2013.

However, storage space within the unit was limited and the assisted bathroom was being used for storage.

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 hospital. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. Copies of transfer letters were kept in resident's files.

When residents were admitted from the hospital, the inspector saw evidence that relevant infection prevention and control information was obtained upon the residents' admission to the centre.

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;

- Clinical handwashing sinks were not kept free of extraneous items including plates, cups, rolls of bin liners and cleaning wipes. The handwashing sink in the housekeeping room was visible unclean. This may increase the risk of cross contamination.
- The cleaning trolley was visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.
- Linen was not managed in line with best practice guidelines. A large number of alginate bags containing used linen were observed on the floor of an isolation room. This practice increased the risk of contamination and the potential spread of infection within the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed for residents on or before admission to the centre. 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 infection prevention and control interventions to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 6: Health care

Residents were not provided with timely access to physiotherapy in line with the provider's statement and purpose and contract of care, which states physiotherapy is provided at no additional cost to the resident.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Further action was required by the registered provider to ensure residents' rights were respected, for example:

- There was some ambiguity regarding the necessary period of isolation for a resident that was being cared for with transmission based precautions. This lack of clarity may impact resident's rights by potentially limiting their freedom of movement, social interaction and access to communal areas.
- Some residents reported recent incidents of responsive behaviours that had negatively impacted their day-to-day lives in the centre.
- While an activity schedule was in place, some residents reported limited engagement, with available activities not consistently reflecting their interests, impacting social participation and well-being.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Abbeygale House OSV-0000743

Inspection ID: MON-0048568

Date of inspection: 18/11/2025

## 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 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> <ul style="list-style-type: none"> <li>• The Service Level Agreement between the HSE and approved, vetted agency providers requires all agency staff to be compliant with mandatory training requirements relevant to their role and to carry a valid clearance pass as evidence of same. Compliance with these requirements is subject to audit at agency provider level by the National Office for Agency Frameworks and Sourcing. Locally, a log is now maintained by the centre to confirm that agency staff have presented a valid clearance pass prior to commencing duty.</li> <li>• Education on the care and management of residents with scabies was delivered to all staff, including directly employed and agency staff, through daily safety pauses. This action was completed on 28/11/2025 and followed up to capture staff absent on the day. The education content was based on the HSE Dublin South East Region Quick Reference Guide on Outbreak of Classical Scabies in Residential and Short-Stay Facilities and the HSE Scabies Patient Information Leaflet (V2.0, 15 October 2024). Evidence of this training was provided to the inspector following the inspection. Staff will retain a high level of surveillance for any future cases and education will be provided to any new staff at point of induction.</li> <li>• The centre will ensure that regular agency staff are included, where feasible, in site-specific training programmes, including Infection Prevention and Control (IPC) training and emergency drills. Records of attendance will be maintained as part of the centre's training governance framework.</li> <li>• A three-monthly audit of mandatory training compliance for directly employed staff will be undertaken by the CNM2 and has been incorporated into the Annual Audit Schedule. Any identified gaps will be addressed promptly, with staff scheduled to complete outstanding training within defined timeframes. All currently identified gaps in IPC training will be fully addressed, with 100% compliance achieved by 31/03/2026.</li> <li>• Training compliance and oversight has been added as a standing agenda item at staff meetings from January 2026 to ensure ongoing monitoring, assurance, and continuous</li> </ul>	

improvement.

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Regulation 23: Governance and management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- A revised maintenance governance system was implemented in November 2025 with the introduction of a structured Maintenance Logbook to ensure effective oversight of the premises. All maintenance issues are now formally logged, assigned, actioned, and clearly closed on completion. This was established with agreement of the newly appointed Maintenance Manager for Wexford. The CNM on duty reviews the logbook weekly to ensure timely resolution and appropriate closure of issues. Any outstanding or recurrent issues are escalated to the maintenance department and senior management for follow-up.
- Oversight of staff training has been strengthened through the introduction of a three-monthly audit of mandatory training records for directly employed staff, conducted by the CNM2 and incorporated into the Annual Audit Schedule. Audit findings are reviewed at governance and management meetings. Any identified gaps are escalated and addressed promptly, with staff scheduled to complete outstanding training within defined timeframes. All current gaps in Infection Prevention and Control training will be fully addressed, with 100% compliance achieved by 31/03/2026.
- The Service Level Agreement between the HSE and approved, vetted agency providers requires all agency staff to be compliant with mandatory training requirements relevant to their role and to carry a valid clearance pass as evidence of same. Compliance with these requirements is subject to audit at agency provider level by the National Office for Agency Frameworks and Sourcing. Locally, a log is now maintained by the centre to confirm that agency staff have presented a valid clearance pass prior to commencing duty.
- The centre will also ensure that regular agency staff are included, where feasible, in site-specific training programmes, including Infection Prevention and Control (IPC) training and emergency drills. Records of attendance will be maintained as part of the centre's training governance framework.
- Activity programmes are being reviewed to ensure they are meaningful, reflect all residents' assessed needs and preferences, and promote social engagement and well-being. Monitoring of activity provision, alongside resident feedback and quality reviews, will be used to inform ongoing improvements.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• A review of storage capacity within the unit has been completed. All items previously stored in the assisted bathroom have been removed to ensure the space is available for its intended use.</li> <li>• To address the identified shortfall in storage space, additional shelving is being installed within the unit to provide adequate, designated storage. Installation of the shelving will be completed by 30/04/2026.</li> <li>• The Person in Charge will oversee and monitor the implementation of this action and will carry out ongoing checks to ensure storage areas are used appropriately and that assisted bathroom facilities remain available for resident use at all times.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• All clinical handwashing sinks have been cleared of extraneous items to ensure they are used solely for hand hygiene purposes. The handwashing sink in the housekeeping room was thoroughly cleaned on 18/11/2025. Ongoing checks have been implemented to ensure sinks remain clean, accessible, and free from inappropriate storage. The PIC and CNMs will monitor compliance with same.</li> <li>• The cleaning trolley was deep cleaned, and an additional cleaning trolley has been ordered to support effective cleaning and decontamination practices. In addition, the housekeeping room has been incorporated into the weekly deep-clean schedule from 20/11/2025 to maintain consistently high hygiene standards.</li> <li>• Linen management practices have been reviewed and brought into line with best practice guidelines. Used linen is now immediately secured in alginate bags and managed appropriately, with alginate bags no longer placed on the floor. This action was completed on 18/11/2025.</li> <li>• Compliance with these infection prevention and control measures is overseen by the CNMs and two IPC Link Practitioners, who conduct daily monitoring and observation of IPC practices. Findings are escalated as required and reviewed through the centre's governance structures.</li> </ul>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• All clinically indicated physiotherapy referrals are completed and submitted in a timely manner via email to the HSE Wexford Community Healthcare Network (CHN), in accordance with the provider’s Statement of Purpose and Contract of Care, which confirms that physiotherapy is provided at no additional cost to residents. An acknowledgement email is received to confirm receipt of each referral.</li> <li>• Two residents were assessed by the community physiotherapy service in December 2025 and were not identified as requiring ongoing physiotherapy input. Individualised exercise programmes were provided following assessment and have been incorporated into each resident’s care plan to support ongoing mobility and functional ability.</li> <li>• Referrals for a further five residents have been recently submitted and expected to be progressed by 28/02/2026. The centre will continue to liaise with the CHN to facilitate timely review and assessment.</li> <li>• The Person in Charge and CNMs will maintain oversight of all physiotherapy referrals, assessment timelines, and follow-up actions.</li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Further actions have been implemented to ensure residents’ rights are respected and protected.</p> <ul style="list-style-type: none"> <li>• The management and duration of isolation for residents requiring transmission-based precautions has been clarified and standardised in line with national infection prevention and control guidance. In-house education on scabies management and IPC has been provided to all staff, including regular agency staff, to ensure a consistent and proportionate approach. Ongoing monitoring by the CNM and the IPC Link Practitioner ensures that restrictions are applied only for the minimum duration required and are regularly reviewed, thereby safeguarding residents’ rights to freedom of movement, social interaction, and access to communal areas. This action was completed on 28/11/2025</li> <li>• Arrangements are in place to ensure that residents experiencing responsive behaviours are appropriately supported and that the rights of all residents are protected. Residents identified as experiencing responsive behaviours are referred to and reviewed by the Medical Officer and, where required, the Psychiatry of Later Life Service. The resident referenced at the time of inspection has since experienced a change in presentation, and the impact on other residents’ day-to-day lives is no longer evident. Ongoing multidisciplinary review and care planning will continue to ensure a balanced approach that supports individual needs while maintaining a safe and respectful living environment for all residents.</li> <li>• To further support residents’ rights to meaningful occupation and social participation, a</li> </ul>	

six-monthly residents' activity preference survey will be completed on 31/01/2026. Findings will inform the development of an updated activity programme that reflects residents' interests and choices. The proposed activity schedule will be presented to and discussed at the Residents' Council meeting on 10/02/2026 to ensure resident consultation and co-production. Following approval, the revised schedule will be implemented and will offer a choice of activities, alongside individualised one-to-one activity plans for residents who prefer not to participate in group activities.

- The Person in Charge and CNMs will maintain ongoing oversight of these measures through care plan review, staff supervision, and staff meetings to ensure sustained compliance with Regulation 9 and continuous promotion of residents' rights.

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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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2026
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	31/03/2026
Regulation 27(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	18/11/2025

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	28/02/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	17/02/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	17/02/2026
Regulation 9(4)	The person in charge shall make staff aware of the	Substantially Compliant	Yellow	17/02/2026

	matters referred to in paragraph (1) as respects each resident in a designated centre.			
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