

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

Issued by the Chief Inspector

Name of designated centre:	Riverstick Care Centre
Name of provider:	Sunacrest Limited
Address of centre:	Riverstick Nursing Home, Curra, Riverstick, Cork
Type of inspection:	Announced
Date of inspection:	21 May 2025
Centre ID:	OSV-0008228
Fieldwork ID:	MON-0047213

About the designated centre

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

Riverstick Nursing Home was built in the 2020 and is set in the rural village of Riverstick, 17km from Cork city centre and 10.5km from Kinsale. Riverstick Nursing Home offer an extensive range of short stay, long stay, rehabilitation, convalescence and focused care options. The centre is registered to accommodate 95 residents. Accommodation is configured to address the needs of residents and includes single and twin accommodation with large en-suites. The home is divided into four units one of which, Carrigdhoun accommodates transitional care beds in partnership with the South South West Hospital Group. The other units, Muskerry, Seandun and Carbery accommodate long term and respite care beds. Set in landscaped gardens, there are outdoor areas ideal for anyone wishing to spend time in nature, suitable for outdoor pursuits and recreational activities as well as providing tranquil space. The centre provides 24 hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	90
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 May 2025	08:30hrs to 17:00hrs	Ella Ferriter	Lead
Wednesday 21 May 2025	08:30hrs to 17:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was a one day announced inspection. The inspectors found that residents were happy living in Riverstick Care Centre and their rights were promoted and respected. Staff implemented a person-centred approach to care and were observed by the inspectors to be kind and caring towards residents during the inspection. The inspectors met and spoke in detail to 32 residents throughout the day. The feedback was extremely positive about the care they received in the centre and about the kindness of staff. One resident told inspectors they "couldn't be in a nicer place", while another stated that staff were "exceptionally kind". Visitors the inspectors met with throughout the day, nine in total, stated they were very satisfied with the care their family member received and told inspectors that they were always made welcome.

On arrival to the centre, the inspectors met with some of the senior management team. After an opening meeting, the inspectors were guided on a tour of the centre by the person in charge. There was a pleasant and relaxed atmosphere evident, throughout the centre. A number of residents were seated in the sitting room chatting with each other, some were in the dining room having breakfast and others were being attended to by staff in their bedrooms.

Riverstick Care Centre is a two storey designated centre for older people, which provides long term, respite and transitional care for both male and female adults, with a range of dependencies and needs. The centre is located in the village of Riverstick, which lies between Cork City and Kinsale. It is registered to provide care to a maximum of 95 residents in 91 single bedrooms and two twin bedrooms, all with en-suite facilities. There were 90 residents living in the centre on the day of this inspection.

Residents' bedrooms are divided into four separate wings named after local areas. Carbery, Carrigdhoun on the first floor and Seandun and Muskerry on the ground floor. All residents living on the ground floor (44), and 14 residents on the first floor, were admitted for long term care. The remaining beds in the centre are allocated for transitional care residents, who had been admitted to the centre via an acute hospital, for a short stay of up to two to six weeks.

Inspectors saw that the majority of residents living in the centre had personalised their bedrooms with photographs, ornaments and other personal memorabilia, to help them feel comfortable and at ease in the home. There was access to a flat screen television in all bedrooms, which had facilities to stream programmes via the Internet, if a resident wished. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms and ancillary facilities inspected appeared visibly clean and well maintained. Equipment viewed was also generally clean. Inspectors saw that a number of assurance processes were in place, in relation to the standard of environmental hygiene. These included cleaning specifications and checklists as well as colour coded cloths and mops, to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned on a regular basis.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete, to obtain their feedback on the service. In total, 13 residents completed the questionnaires. All residents conveyed that they were happy and content living in the centre and described staff as professional, friendly and obliging. One residents stated that staff are "always smiling". Residents conveyed that they were very satisfied with their living environment and accommodation. However, some residents stated they would like a more varied social programme and more variety in food choices. Although residents stated that their rights were respected and they had choice about how to spend their day others suggested that communication could be improved, when staff attended to them. The inspectors did not receive any questionnaires from family members.

There was a choice of nicely decorated and inviting communal spaces on both floors, including, dining rooms, lounges, an activity room, a coffee dock and a hair salon. These areas were seen to be used thought out the day by residents. A dedicated family room, equipped with comfortable seating, tea making facilities in addition to a shower and toilet was also available. Finishes, materials, and fittings in the communal rooms and resident bedrooms generally struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration.

The outdoor courtyard and garden area on the lower ground floor was readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required. While communal rooms and bedrooms generally provided a homely environment for residents, improvements were required in the décor of the main corridors on both floors. These appeared clinical with minimal décor, bright fluorescent lighting and white walls. Findings in this regard are further discussed under Regulation 17.

The inspectors saw that residents were well dressed in clothing of their choice and well attended to by staff throughout the day. There was a staff member allocated to the supervision of communal rooms and staff were seen to encourage participation and stimulate conversation with residents. The activities schedule was displayed and included a variety of activities such as exercise classes every day, bingo, walks in the garden and movies. From discussions with staff and residents it was evident that there had been some weeks where there were less activities, as there was a deficit of one of the activity staff. However, a new person had recently been recruited and there were plans for further development of the programme. Residents told inspectors they were hopeful for some days out of the centre, to visit local

attractions during the summer months. The management team informed inspectors that this was currently being organised.

The majority of residents told the inspectors that they were happy with the food available to them and that they always had choice. One resident told the inspectors that they were always asked for their opinions about the food and were encouraged to give feedback. Another resident told the inspectors that the food had improved in recent months and was a good standard most days, with a few exceptions. The inspectors observed lunch being served on both floors and saw that the meals served were well presented and there was a choice of food available. The atmosphere in the dining areas was relaxed, where residents chatted to each other and to staff. Daily menus were displayed in suitable formats and in appropriate locations so that residents knew what was available at mealtimes. There was adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly, sensitively and individually.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place and the quality and safety of the service.

Capacity and capability

This was an announced 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 also had a focus on the provider's compliance with infection prevention and control oversight, practices and processes. Findings of this inspection were that Riverstick Care Centre was a well-managed centre, where there was a focus on ongoing improvement. The governance and management systems were robust and the centre was well resourced, to ensure that residents were supported to have a good quality of life. Some actions were required in relation to infection control and the premises and these findings will be detailed in the quality and safety section of this report.

The centre is owned and operated by Sunacrest Limited, who is the registered provider. The company comprises of four directors, who are also involved in the operation of eleven other designated centres in the country. The provider employed a Director of Clinical Governance, Quality and Risk to support the centre and they were a named person participating in management on the centres registration. From a clinical perspective, the centre was being managed by an appropriately qualified person in charge. They were supported in their role by three assistant directors of nursing, three clinical nurse managers and a team of registered nurses, healthcare attendants, catering, maintenance, domestic and activities staff. The lines of authority and accountability were clearly defined. The centre also had the support of a facilities manager, finance department and a human resource department.

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 care 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 each unit to meet the needs of the centre. The provider had nominated an assistant director of nursing to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre.

Training in the centre was being well monitored. A comprehensive training matrix was made available to the inspectors and demonstrated up -to-date training for all staff, in areas such as manual handling and safeguarding vulnerable adults. Some training was due in fire safety and the management of responsive behaviours, which the inspectors saw was scheduled for the weeks ahead. There was an induction programme in place, which all new staff were required to complete. Staff were seen to be supervised in accordance with their role and responsibilities.

Residents' records were reviewed by the inspectors who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspectors. Staff personnel files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Clinical key performance indicators were recorded to provide an overview of the frequency of infections, wounds and restrictive practices. A number of groups and committees were in place to ensure oversight of clinical risks to residents, such as restrictive practice, infection prevention and control, and safeguarding. The inspectors reviewed a sample of these minutes and found that quality improvement plans were put in place where required.

There were effective systems in place to monitor the quality and safety of care, in areas such as care planning, wound care and falls management. The system was underpinned by a range of audits and associated actions identified in areas where improvements were required. The provider had a centralised serious incident management team, where incidents in the centre were referred, investigated and discussed, to identify areas for improvement and learning. All incidents had been reported to the Chief Inspector, as per regulatory requirements.

A review of notifications submitted to the Chief Inspector found that outbreaks were managed, controlled and documented in a timely manner. Staff working in the centre had managed several small outbreaks in 2024 and there had been no outbreaks detected in 2025 to date. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns

regarding a resident. Reviews of the management of recent outbreaks, to ensure preparedness for future outbreaks had been completed.

A schedule of infection prevention and control audits was in place which covered a range of topics including hand hygiene, environment and equipment hygiene, waste, laundry and sharps management. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent infection prevention and control audits were reflected on the day of the inspection.

The person in charge maintained a complaints register for the service. The inspectors reviewed a sample of complaints and found there were examples of good practice where complaints raised by residents were resolved in a timely manner. For example; some residents were not satisfied with the laundry services and enhanced arrangements were implemented. Residents were provided with feedback on the decisions made and the outcome of their complaint. Where residents were not happy with the outcome of a decision, they were provided with information on how to raise their concerns further.

Regulation 14: Persons in charge

The person in charge was full time in post and they had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding the governance and management of the service. They had been in this post since the centre opened in 2022.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre. Residents stated that there were enough staff to provide the care they wanted, at the time they wished.

Judgment: Compliant

Regulation 16: Training and staff development

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. There were some gaps in mandatory training including fire and responsive behaviour, however, the person in charge confirmed that this training was scheduled for the coming weeks.

Judgment: Compliant

Regulation 21: Records

Records were seen to be maintained and stored adequately and met legislative requirements. Records were made available to the inspector who noted that they complied with Schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored, to ensure a safe and appropriate services for residents. There was an annual review of the quality and safety of care to residents which incorporated feedback from residents. Infection prevention and control and antimicrobial stewardship governance arrangements ensure the sustainable delivery of safe and effective infection prevention and control.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with were aware how to raise a complaint. Complaints received were appropriately recorded, investigated and the outcome was discussed with the complainant. An appeals procedure was in place. Information on the complaints procedure was on display in a prominent position within the centre and methods of accessing support was communicated to residents at residents meetings.

Judgment: Compliant

Quality and safety

Inspectors found that residents were supported and encouraged to have a good quality of life in Riverstick Care Centre, which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and a premises that met their needs. Some actions were required pertaining to infection control and the premises, which will be detailed under the relevant regulations.

Residents had access to a wide range of health and social care services, such as a general practitioner, physiotherapy, community palliative care, speech and language therapists and dietitians. Records evidenced that referrals were sent promptly, if a resident's needs changed and where a specialist practitioner prescribed treatments, these were implemented by nursing staff. The provider employed a physical therapist who attended the centre daily and they were present on the day of this inspection. Residents had access to appropriate equipment such as pressure relieving equipment and manual handling equipment. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met.

Pre-admission assessments were conducted by a nurse manager, in order to ascertain if the centre could meet the needs of residents prior to admission. Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. A sample of care plans reviewed were found to be personalised to residents' individual needs

and provided good guidance on the care to be delivered. There was evidence of discussion and consultation with residents and/or their family members. The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge for the storage of samples awaiting collection was available.

Residents were encouraged to give feedback about their care and services via residents meetings every three months. Resident satisfaction surveys were carried out and the most recent survey reviewed by the inspectors evidenced high levels of satisfaction amongst residents. Suggestions made by residents were in the process of being actioned by the management team. Residents had access to an advocate who was employed by the provider and signage relating to independent advocacy services were also seen to be on display in the centre.

Inspectors 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 safe handling and disposal of waste. Conveniently located alcohol-based product dispensers within resident bedrooms and on corridors facilitated staff compliance with hand hygiene requirements. Clinical hand hygiene sinks were also available within easy walking distance of resident's bedrooms. These complied with the recommended specifications for clinical hand hygiene sinks. However, a small number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. Findings in this regard are presented under Regulation 27; infection control.

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. The provider ensured that Garda (police) vetting was obtained, before any person commenced employment in the centre.

Residents had access to a varied social programme over seven days per week. Residents were provided with access to local and national newspapers, telephone and Internet services. It was evident that residents' rights were protected and promoted in the centre and individuals' choices and preferences were seen to be respected. Residents were encouraged to maintain their links with the community and go out with family.

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.

The visitor policy had recently been updated and outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits nominated support persons during outbreaks.

Judgment: Compliant

Regulation 17: Premises

The registered provider generally provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 Health Act Regulations 2013. However, the long corridors on both floors felt overly clinical and were more reminiscent of a hospital setting than a home. They lacked the homely and personal touches that may help residents feel at ease.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional status was well monitored. Residents weights were assessed monthly and more frequently if required. Nutritional care plans were communicated with the catering team. Residents had good access to speech and language and dietetics services. Comprehensive care plans were in place to support people with their nutrition needs and weights were completed, in line with best practice. Intake and output records were maintained when necessary to support nutritional and fluid intake.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Compliant

Regulation 26: Risk management

The provider had ensured that a comprehensive risk management policy 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. Following outbreaks, the person in charge had prepared detailed outbreak reports in line with national guidelines. Reports included a time line of events, the number of residents and staff affected, infection control measures implemented. Reports also identified learning points and included actions to improve future responses.

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. For example;

- While antibiotic usage was recorded, there was no documented evidence that this data was used to inform targeted antimicrobial stewardship audits or quality improvement initiatives.
- A small number of nursing staff told inspectors that the dedicated sampling port was not used to collect urine samples from indwelling urinary catheters. Practices described increased the risk of catheter associated urinary tract infection.
- Signage instructed staff to manually empty that commodes and urinals into the sluice sinks prior to placing in bedpan washers for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Used linen trolleys were stored in a room containing clean linen and supplies. This posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The centre had an electronic resident care record system. Care planning documentation was available for each resident in the centre, as per regulatory

requirements. 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 interventions to meet the assessed needs of residents.

Judgment: Compliant

Regulation 6: Health care

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. There was good access to allied healthcare professionals including physiotherapist and occupational therapist. In addition, the centre also has access to dietetic, speech and language, tissue viability, and chiropody services. A general practitioner visited the centre three days per week.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre maintained a record of restrictive practices in use in the centre. This was reviewed weekly by nursing management and updated accordingly. On the day of inspection, 12 of the 90 residents living in the centre were using bedrails, which were considered restrictive. There were also nine pieces of sensor equipment in use. There was an effective mechanism in place for the management of restrictive practice that monitored, recorded and reviewed the use of same. Audits were undertaken on the use of restrictive practice by the managers, to monitor trends and areas for improvement.

Judgment: Compliant

Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents could retire to bed and get up when they choose. Residents had access to television, radio, newspapers and Internet services. Religious services and resources were also available. Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, inspectors were 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverstick Care Centre OSV-0008228

Inspection ID: MON-0047213

Date of inspection: 21/05/2025

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the Registered Provider will have the following implemented and actioned as required: <ul style="list-style-type: none">• A design review is currently under way to identify and implement design features that will make the space feel more homely and less clinical. This will ensure a homely and at ease environment for our residents.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required: <ul style="list-style-type: none">• To further strengthen the development and support of the overall antimicrobial stewardship programme in the centre, the following are now in place: Monthly audit of antibiotic use is now in place with the PIC, CNM 2 and member of the RPR Clinical Governance Team. Findings of this audit are then communicated to clinical staff and the resident's GP. All nurses will be retrained on Antimicrobial Stewardship.• CSU collection has been reviewed and our policy updated to clearly guide and support staff in collecting urine samples. The CNM'S will support the staff nurses with ongoing education and information sessions.• Signage removed from sluice rooms that instructed staff to empty commodes and urinals into a sluice sink. Now all bodily waste disposed of directly into the bedpan washer.	

- Used linen trolleys no longer stored in the clean linen and supplies store room, now located in dedicated spaces where there is no cross contamination risk.

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	30/09/2025
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	18/06/2025