Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Kilbarry Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Carrigea Crescent, Kilbarry, Waterford
Type of inspection:	Unannounced
Date of inspection:	27 January 2026
Centre ID:	OSV-0008637
Fieldwork ID:	MON-0048876

About the designated centre

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

Kilbarry Care Centre is a purpose-built facility which can accommodate a maximum of 90 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. The home is divided over three floors, and all residents have access to a secure courtyard, garden to the rear of the centre and balconies on each of the upper floors.
There is a designated Memory Care Centre which offers care for residents with a diagnosis of Dementia and/or cognitive impairment, specifically during periods of time when they may require focused care for the behavioural and psychological symptoms associated with their condition.
The home is located in a residential area and a local bus service is within walking distance. There is ample parking to the front of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	86

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
Tuesday 27 January 2026	08:15hrs to 16:00hrs	Kathryn Hanly	Lead
Tuesday 27 January 2026	08:15hrs to 16:00hrs	Sinead Corbett	Support

What residents told us and what inspectors observed

Inspectors spoke with 14 residents in to gain a view of their experiences in the centre. Residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care and the standard of environmental hygiene. Residents looked well cared for and had their hair and clothing done in accordance to their own preferences.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Inspectors were informed that breakfast started at 8:30 and continued until late morning. This supported resident choice and independence by accommodating individual routines, preferences and sleep patterns.

The weekly activity schedule was displayed in resident's bedrooms and in communal areas. Residents' spoken with said they were happy with the activities programme in the centre and a small number said that preferred their own company but were not bored as they had access to newspapers, books and televisions.

Inspectors observed a group of residents attending their weekly knitting club. As they worked on their knitting, they chatted easily with one another, sharing light conversation and laughter. The exchanges reflected a sense of familiarity and comfort among residents as they enjoyed both the activity and each other's company.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. There was a high level of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre. However, those residents who could not communicate their needs appeared comfortable and content.

It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. Inspectors observed that residents rights and dignity was supported and promoted with examples of kind, discreet, and person- centred interventions between staff and residents throughout the day.

Inspectors observed staff and resident interactions and found that where residents presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), these situations were well-managed by the staff team present.

Visitors were observed to be welcomed by staff. Staff knew visitors by name and actively engaged with them. Visits took place in the communal areas and resident's

bedrooms where appropriate. There was no booking system for visits and the residents who spoke with inspectors confirmed that their relatives and friends could visit anytime. Visitors whom the inspectors spoke with were also complimentary of the care and attention received by their loved ones.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. Finishes, materials, and fittings in the communal areas and resident bedrooms struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration.

Residents' accommodation comprised 90 single bedrooms, all with en-suite toilet and shower facilities. Bedrooms were observed to be clean and spacious with plenty of storage for clothing and belongings. Many resident bedrooms were personalised with items of significance, such as soft furnishings and ornaments.

There was a variety of communal spaces available to residents. Communal areas were seen to be supervised at all times and call bells were answered promptly. Additional window seating had been installed at intervals along corridors in the memory care unit, creating quiet spots where residents could pause, sit and rest if they wished.

Ancillary facilities supported effective infection prevention and control. The main kitchen was clean and of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. There was a dedicated medicine room on each floor for the storage and preparation of medications, clean and sterile supplies and dressing trolleys. Staff also had access to a dedicated housekeeping room on each floor for storage and preparation of cleaning trolleys and equipment and sluice rooms with bedpan washers for the reprocessing of bedpans, urinals and commodes. Ancillary areas were well-ventilated, clean and tidy.

Clinical hand washing sinks were available on corridors within close proximity to bedrooms and within sluice rooms and medicine rooms. These were easily accessible and conformed to the recommended specifications for clinical hand wash sinks. However, barriers to effective staff hand hygiene were identified during the course of this inspection. Findings in this regard are detailed under Regulation 27.

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

Overall, inspectors found that this was a well-managed centre where residents said that they were supported and facilitated to have a good quality of life. There was evidence that the governance and management systems and oversight in the designated centre had been strengthened since the last inspection. For example the full-time housekeeping supervisor position had been filled and improvements in the standards and oversight of environmental hygiene were evident. However, some actions were required to come into full compliance with the regulations, which are detailed under the relevant regulations.

Mowlam Healthcare Services Unlimited Company is the registered provider for Kilbarry Care Centre. The company is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The company had three directors, two of whom are engaged in the day-to-day oversight of the service. The person in charge worked full time and was supported by an assistant director of nursing, two clinical nurse managers, a team of nurses and healthcare assistants, activities coordinators, housekeeping, catering, administration and maintenance staff. Inspectors found that that there were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection.

The provider had nominated the person in charge (PIC) 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.

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There a was well-defined management structure in place with identified lines of accountability and authority.

Inspectors were informed that there were no staff vacancies at the time of the inspection. There was an adequate number of staff on duty on the day of inspection to provide care for the residents living in the designated centre. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

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

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection. Cleaning

records viewed confirmed that all areas were cleaned each day. Deep cleaning records confirmed that all bedrooms were deep cleaned each month.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training. Training had also been provided on the use of the early warning system ('Stop and Watch') to help staff identify and promptly respond to signs of clinical deterioration in residents.

Following outbreaks, the person in charge prepared and circulated detailed outbreak reports in line with national guidelines. Reports included a timeline of events, the number of residents and staff affected and details of infection control measures implemented. Reports identified learning points and included clear recommendations to improve future responses.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the 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 said 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 that staff had relevant and up to date infection prevention and control training to enable them to perform their respective roles. All staff had received, or were scheduled training in the coming weeks, to ensure they had up-to-date mandatory training specific to their roles.

Discussions with staff on the day revealed they were generally familiar with the precautions that were in force to reduce and mitigate against the risk of infection and outbreaks in the centre. However, further training is required to ensure staff are clear about the recommended duration of transmission based precautions required when caring for residenst with suspected scabies. Findings in this regard are detailed under and Regulation 27.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements ensured the sustainable delivery of safe and effective infection prevention and control. There were effective management systems in place to monitor the quality and safety of care provided to residents. The PIC ensured that service delivery was safe and effective through ongoing infection prevention and control audit and surveillance.

Judgment: 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)(d) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that improvements had been made by the provider since the last inspection to enhance the quality and safety of care delivered. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities.

Residents' nursing care and healthcare needs were met to a good standard. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services. Antimicrobial stewardship initiatives reviewed provided assurance regarding the quality of antibiotic use within the centre. For example, there was a low level of prophylactic antibiotic use within the centre, which was good practice. Antibiotic consumption was monitored monthly and audits of antibiotic prescriptions were undertaken. Records of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely recorded.

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. Microbiology reports were sent directly to the resident's GP practice who in turn verbally communicated results to nursing staff. Staff said that copies of reports were not filed in resident's nursing home records and staff did not have direct access to results. This system increased the risk of miscommunication, delays and incomplete records, particularly out of hours and at weekends when the GP surgery may be closed. These findings are set out under Regulation 27; infection control.

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

Inspectors focused on resident's elimination (urinary catheter), infection control and wound care plans. The standard of care planning was good and described person centred and evidenced based interventions to prevent catheter associated urinary tract and wound infections. Accurate infection prevention and control information was consistently recorded in care plans to effectively guide and direct the care of a small number of residents that were colonised with an MDRO. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. Upon residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and follow-up appointments and referrals were made. Notwithstanding this good practice inspectors were not assured that the transfer of residents from the centre was consistently carried out in line with the requirements of the regulations as copies of the information sent from the designated centre to the receiving hospital were not always kept on file.

There had been an outbreak of influenza infection in the centre in early January 2026. A review of notifications submitted found that this outbreak was detected, managed and contained within one unit in a timely and effective manner.

A vaccination programme was available to staff and residents to mitigate the burden of influenza and COVID-19 in the centre. Strategies to promote flu vaccination uptake in 2025 had been implemented and included the provision of on-site vaccination clinics and education on the benefits of vaccination. However, rates of staff influenza vaccine uptake in 2025 fell well below the national uptake target of target of 75%. Low uptake likely contributed to infection transmission within the centre during the January 2026 outbreak.

There had been an notable increase in reported scabies cases across the South East region of the country in recent years. Staff working in the centre had managed three scabies outbreaks since 2024, demonstrating effective and timely infection control practices. At the time of the inspection, the situation appeared to have been resolved. A quality improvement plan had been developed in response to the outbreaks, outlining clear procedures for early identification and management. Staff continued to monitor residents for any signs and symptoms and were vigilant in reporting concerns.

However discussions with staff and a review of the quality improvement plan inspectors identified some uncertainty among staff about when transmission based precautions should be commenced when caring for a residents with suspected scabies. Findings in this regard are further discussed under Regulation 27; infection control.

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

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

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

Notwithstanding the many good practices observed, improvements were required in the management of equipment and hand hygiene facilities. These findings are discussed further under Regulation 27: infection control.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider 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.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

It was not possible to verify the transfer of relevant information about the residents from the centre to the receiving hospital, including infection and colonisation status, as copies of records were not always available on file to review. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate placement and medical treatment.

The MDRO colonisation status of a resident was not communicated on transfer to hospital. This meant that appropriate precautions may not have been in place when caring for this resident in hospital.

Judgment: Substantially 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;

- The current process, in which microbiology results were sent directly to GPs, not filed in residents records, and verbally relayed to nursing staff, posed risks of delayed communication during out of hours, misinterpretation, incomplete documentation and compromised antimicrobial stewardship practices.
- There was some ambiguity regarding the management of residents with suspected scabies. A review of documentation suggested that isolation was only commenced after topical treatment was applied. Residents with suspected scabies should be cared for from the time scabies is confirmed/ suspected until 24 hours after the first treatment.
- Barriers to effective staff hand hygiene were identified during the course of this inspection. Inspectors observed evidence that medications disposed of in a clinical hand washing sink. This increased the risk of contamination and breached safe medication disposal standards. In addition, alcohol-based

hand-rub was not available at point of care, either inside or directly outside each bedroom.

Equipment and supplies were not consistently used and maintained to minimise the risk of transmitting a healthcare-associated infection. For example;

- Shared glucometers (handheld device used to check blood sugar levels) were used for residents requiring regular blood sugar monitoring. Single use nebuliser equipment was also re-used for individual residents and stored inappropriately. This increased the risk of cross infection.
- The underside of a small number of shower chairs, cleaning equipment, including mop handles and the drip trays of water dispensers were unclean. This increased the risk of cross infection.
- Staff used a tagging system to identify equipment and areas that had been cleaned. However, this system had not been consistently implemented at the time of inspection. For example, some items of shared equipment was not tagged after cleaning and the old tag was not removed prior to using some equipment. There were no guidelines in the use of this system and staff reported that they had not received any specific training on the correct use of this system.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care plans and assessments for residents were reviewed. 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. Care plans were sufficiently detailed to guide staff in the provision of person-centred care.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by GPs of their choice. Residents also had access to a range of health and social care professionals including physiothery, dietitian and speech and language therapy.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents who spoke with inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Restrictions during a recent influenza outbreak were proportionate to the risks. As strict isolation was not feasible for residents who were living with a diagnosis of dementia or advanced cognitive impairment, staff focused on cohorting measures to prevent spread to other floors while preserving a safe and familiar environment for residents in the affected unit.

Visitors also confirmed that visits continued during the outbreak with practical precautions, such as wearing of masks, to manage associated risks.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

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

Compliance Plan for Kilbarry Care Centre OSV-0008637

Inspection ID: MON-0048876

Date of inspection: 27/01/2026

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 25: Temporary absence or discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: • The Person in Charge (PIC) and Clinical Nurse Manager (CNM) will monitor transfer documentation to ensure that the information recorded reflects the physical, psychological, social and emotional needs of the residents. • The transfer document will also include any events of significance that may have occurred prior to transfer and will specifically note infection/colonisation status of resident including MDRO colonisation status if relevant. • The PIC will ensure that the transfer document once completed is saved on the electronic medical record. • The PIC and CNM will monitor compliance with the completion and saving of transfer documentation to ensure the information is accurate, complete and informative.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • The PIC and CNM have reviewed the current practice in the home regarding laboratory results and ascertained that paper results were not routinely sent by GP, however they did communicate results by telephone. The PIC will request from the GP a copy of microbiology results to ensure that there is an up to date record of all relevant clinical information for all residents in the centre. • The PIC will ensure that a copy of the most recent Health Protection Surveillance Centre (HPSC) guidance on Infection Prevention & Control (IPC) and management of	

outbreaks is available.
• The PIC will ensure that IPC protocols and procedures are implemented during a suspected outbreak and that all staff are familiar with same.
• The PIC will ensure that an IPC / Outbreak Quality Improvement Plan (QIP) is developed and made available to staff following any infection outbreak. Implementation of this QIP will be monitored by the PIC and CNM and reviewed at monthly management meetings.
• Several workshops on outbreak management have been held in the home and printed information has been sent to all staff regarding the effective and most up to date management of suspected scabies and appropriate actions to take during a scabies outbreak.
• The PIC will ensure that the procedure to escalate incidents to the HCM for advice and support is followed.
• The PIC will ensure that the housekeeping staff understand the protective measures they need to take during specific infection outbreaks. The PIC will ensure that hygiene and cleaning standards and procedures in the centre are maintained, and that housekeeping staff ensure that rooms of residents with known infection rooms are deep cleaned. The PIC and CNM will spot check rooms as part of daily walkabout.
• The PIC and CNM have reviewed the facilities available for staff to maintain effective hand hygiene; additional alcohol-based hand rub dispensers have been put in place to ensure access for all staff at the point of care. All nursing staff have been reminded of their responsibility to ensure unwanted medications are disposed of safely and in accordance with the centre's medication management policies.
• All residents that require a glucometer now have an individual unit available for them which is stored safely and separately. All nurses are aware of their responsibility to ensure person-centered medication management practices are implemented as per the centre's policies and national guidelines.
• Nebulizer masks are for individual resident use only and staff have been reminded to ensure that all open masks remain in individual's bedrooms. Nebulizer masks are labelled and date of opening of the new mask is written on the label. They are cleaned after every use and air dried in the resident's room as per the centre's policy.
• The safe-tag cleaning system has been reviewed. Guidelines for use have been shared with staff and are displayed in the home. The PIC/CNM will monitor compliance as part of daily walkabout.

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 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	31/03/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are	Substantially Compliant	Yellow	31/03/2026

	implemented by staff.			