



**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:	Kilkenny Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Newpark Crescent, Newpark, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	02 July 2025
Centre ID:	OSV-0008695
Fieldwork ID:	MON-0047417

About the designated centre

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

Kilkenny 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. Each resident has a pre-admission assessment completed prior to admission and family input is actively encouraged. Our staff work closely with residents and family members to complete Life Stories and develop a person-centred activities programme based on the residents' individual choices and preferences.

Care is provided for people with a range of needs: low, medium, high and maximum dependency. We provide nursing care for a variety of residents, including those suffering from multifunctional illness, and conditions that affect memory and differing levels of dependency. Respite care is provided to facilitate temporary relief for primary caregivers. This service may be provided for varied periods of time, agreed upon by the HSE (where applicable), the caregiver, the person requiring care, and Kilkenny Care Centre. We provide convalescent care for people who, following treatment in hospital are assessed to require a further period recovering or recuperating following surgery, major illnesses and accidents. Palliative care is given to residents who are long term in Kilkenny Care Centre as part of their ongoing care, as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	88
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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 2 July 2025	06:50hrs to 15:30hrs	Catherine Furey	Lead
Wednesday 2 July 2025	06:50hrs to 15:30hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

There was a calm and relaxed atmosphere within the centre, as evidenced by residents moving freely and unrestricted throughout the centre. It was evident that management and staff knew the residents well and were familiar with each residents' daily routine and preferences. 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. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

Visitors were observed to be welcomed by staff, and it was evident that staff knew visitors by name and actively engaged with them. Visitors also complimented the quality of care provided to their relatives by staff, who they described as approachable, attentive and respectful.

Kilkenny Care Centre is a purpose-built care facility providing 90 single en-suite bedrooms. The location, design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs. Finishes, materials, and fittings struck a balance between being homely and being accessible, whilst taking infection prevention and control into consideration. The aesthetics and interior design of communal areas were also of a high standard. Overall, the general environment and residents' bedrooms, communal areas, toilets, and bathrooms inspected appeared visibly clean and generally well-maintained.

There was a variety of comfortable communal spaces, including sitting rooms, day rooms and dining rooms available to residents. Communal areas were seen to be supervised at all times, and call bells were answered promptly.

Clinical hand wash sinks were installed within easy walking distance of resident rooms. These complied with the recommended specifications for clinical hand wash basins. Alcohol hand gel dispensers were readily available along corridors for staff use.

There was unrestricted access to the secure garden from the ground floor. Residents who wished to smoke were supported to smoke in a designated area in the garden. Residents were observed walking throughout the corridors unhindered and accessing the garden. The main front door of the centre was controlled by a keypad locking system. Some residents did not have the code for this door, and the reason for this was based on a validated risk assessment of their safety.

Dinner time in the centre was a busy occasion, and residents were served their meals in the dining rooms on each floor. A small number of residents were served

their meals in their bedrooms. The inspectors spoke with some of these residents, who confirmed that this was their own choice.

During meal times, staff were observed to be interacting with residents in a friendly manner. Staff were supportive of residents' communication needs and were observed to be kind and person-centred in their approach to residents. Staff asked residents if they would like assistance, and when assistance was provided, it was done in a respectful and discreet manner. Staff sat with the resident at their level and asked residents which item they would like next, and if they wanted to take breaks or have drinks. There were good choices available, and all residents to whom the inspectors spoke were highly complimentary of the food on offer.

Capacity and capability

This was an unannounced inspection to monitor compliance with the regulations and standards. This inspection had a specific focus on the centre's performance with respect to safeguarding, in addition to the provider's compliance with infection prevention and control oversight, practices and processes. The findings of this inspection were that further action was required by the registered provider to improve the infection prevention and control governance and oversight of the service. There were ineffective management systems in place to oversee and coordinate effective outbreak control measures in the centre. This meant that residents were not appropriately safeguarded from the spread of infection.

The registered provider of Kilkenny Care Centre is Mowlam Healthcare Services Unlimited Company, which is part of the national Mowlam Healthcare group. There are established management structures in place within the company which provide a high level of oversight from a national, regional and local level. The person in charge was on duty on the day of inspection, supported by an assistant director of nursing and a clinical nurse manager. These three clinical management roles were in a supernumerary capacity and were in addition to three registered nurses, one assigned to each floor of the centre. Further care and support of residents was provided by healthcare assistants, catering, domestic, activities, administrative and maintenance staff.

The previous inspection on 19 February 2025 found deficits in the provision of care, and, subsequently, poor compliance with a number of regulations. At that time, assurance was not fully provided that the registered provider had taken all reasonable measures to protect residents living on the second floor from abuse, or that staff had up-to-date knowledge and skills appropriate to their role in responding to and managing responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The provider had submitted a compliance plan which set out various actions to be taken to come into compliance. This inspection

found that the provider had successfully implemented their compliance plan, and the systems in place to ensure all residents are safeguarded, and their human rights are promoted were stronger and resulted in better outcomes for residents.

Inspectors verified that the compliance plan response relating to Regulation 23: Governance and management had been actioned. For example;

All previously vacant staff posts had now been filled, which led to greater oversight and supervision, particularly on the second floor.

Staff performance appraisals had been completed, which gave an opportunity for staff to discuss how they feel they are performing and for the line manager to provide constructive feedback on overall performance, identify development areas and agree objectives for improvement.

While there had been an increase in compliance overall, the management of an outbreak of scabies was poorly coordinated, and this led to new noncompliance in the area of infection control.

A significant number of residents and staff had shown signs of a contagious skin infestation since September 2024. A clinical diagnosis of scabies was made by the GP, and a dermatologist review of one case confirmed crusted scabies, which is a severe and more contagious progression of scabies infestation. The Public Health team were notified, and an outbreak of scabies was declared by Public Health on 29 May 2025. Documentation confirmed regular contact with Public Health in recent months; however, only one outbreak control meeting had taken place to date.

A review of the outbreak management by inspectors identified that the response to the scabies outbreak to date had been fragmented and lacked coordination and oversight, which likely contributed to the persistence of the issue. The provider was required to take urgent action following this inspection to ensure there was local oversight, supervision and assurance mechanisms in place to ensure that the outbreak was effectively managed. Findings in this regard are further discussed under the relevant regulations.

Inspectors observed there were sufficient numbers of clinical and housekeeping staff to meet the needs of the centre on the day of the inspection. Residents were seen to receive support in a timely manner, such as providing assistance at meal times and responding to requests for support. Housekeeping staff had completed a nationally recognised specialised hygiene training program for support staff working in healthcare. These staff members were generally found to be knowledgeable in cleaning practices and processes and demonstrated a commitment and enthusiasm for their role. However, a review of cleaning records showed that bedrooms had not been deep cleaned after residents received treatment for confirmed or suspected scabies. This may result in re-infestation and ongoing transmission within the centre.

A schedule of infection prevention and control audits was in place. Infection prevention and control audits were undertaken by nursing management and covered a range of topics, including hand hygiene, equipment and environment hygiene, use of personal protective equipment (PPE), waste and sharps management. Audits

were scored, tracked and trended to monitor progress. Notwithstanding high levels of compliance achieved in recent audits, improved oversight was required to ensure consistent adherence to recommended infection prevention and control measures by all staff during the ongoing scabies outbreak. A recent audit of care planning had also identified issues with recording infection prevention and control supports provided to residents. This had not been addressed at the time of the inspection.

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training. However, findings on the day of the inspection indicated that further training was required to ensure staff are knowledgeable and competent in care planning and the management of outbreaks. Findings in this regard are reported under Regulation 27.

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 from nominated support persons during outbreaks. There were no visiting restrictions in place, and visitors were observed coming and going to the centre on the day of inspection. Signage alerted visitors to the ongoing outbreak of scabies in the centre.

Regulation 15: Staffing

Staffing levels were appropriate, having regard for the size and layout of the centre across three separate floors, and the individual and collectively assessed needs of the residents. Staffing levels had been increased incrementally, in line with rising levels of occupancy. The whole time equivalent staffing numbers on the day of inspection, were in line with those outlined in the centre's statement of purpose, which forms Condition 1 of the centre's registration.

Judgment: Compliant

Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff had access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Additional training was also provided in promoting a human rights based approaches.

There was significant improvements in the supervision of staff, particularly on the second floor. Inspectors observed that each floor was well-supervised and there was a stable team of staff providing care and support, including frequent checks of residents who walked with purpose. This meant that there had been a significant reduction in negative resident interactions and a more streamlined approach to safeguarding residents from potential incidents due to another resident's responsive behaviours.

Judgment: 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(1)(d), were not sufficiently robust. This was evidenced by the following:

- Improved oversight of the systems in place to assure that outbreaks are effectively detected and managed in a timely manner was required.
- A review of care plans found that accurate information was not recorded in resident care plans to effectively guide and direct the care residents with confirmed or suspected scabies.

Given the concerns noted on the day of the inspection an urgent action was issued to the provider with respect to Regulation 27: Infection Control.

Judgment: Not compliant

Quality and safety

Overall, residents were in receipt of a good standard of care from dedicated and kind staff who promoted each resident's individual human rights. Residents were safeguarded from abuse and were respected as individuals.

Notwithstanding the positive feedback from residents and visitors, the findings of this inspection were that the impact of the inadequate governance and management of the service directly impacted the quality of care provided to residents. Non-compliances with Regulation 27 found on inspection posed a risk to the safety and well-being of residents.

Resident care plans were accessible on a paper-based system. Care plans viewed by the inspectors were generally personalised and sufficiently detailed to direct routine care. However, care plans had not been updated to inform that care of residents with confirmed or suspected scabies, while other care plans were not sufficiently

detailed to guide staff to deliver safe and effective care to residents with suspected or confirmed scabies.

The ongoing scabies outbreak in the centre was likely exacerbated by several infection prevention and control failures, including the lack of resident isolation when symptomatic, unclear guidance among staff, improper management of laundry and non-washable items and potential errors in the application and administration of treatments. These gaps contributed to continued transmission and highlight the need for improved staff training, standardised procedures and improved oversight of infection prevention and control procedures. Details of issues identified are set out under Regulation 27.

Safeguarding measures that are put in place are compatible with residents' freedom to exercise their rights, and positive risk-taking is supported. Each resident is supported to assess the risks associated with the choices they make and to weigh up the benefits and the potential harms of these choices. Safeguarding measures are proportionate and are not overly intrusive interventions that deny residents their rights.

A number of safeguarding incidents had been notified to the Chief Inspector since the previous inspection. Some of these are related to interactions of a physical nature between residents. Others related to alleged neglect of residents by staff. The inspectors followed up on each of these and found that, where required, safeguarding plans had been put in place in response to these incidents.

Many of the safeguarding incidents between residents were being managed in the centre through monitoring of residents with known responsive behaviours in a person-centred manner, ensuring their safety and the safety of all residents.

The provider had ensured that facilities were available for residents' occupation and recreation, and residents were provided with opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer and said they could choose whether or not to attend. Activities were held on each floor of the centre at different times of the day. Resident consultation could be improved to ensure all residents are provided with opportunities to give feedback on the service provided.

Regulation 27: Infection control

Outbreaks were not managed, controlled and documented in a timely and effective manner. This was evidenced by;

- Additional infection prevention and control training and supervision was required. There was ambiguity among staff regarding specific infection prevention and control measures required during the ongoing outbreak.

Inconsistent practices can lead to cross contamination and continued transmission.

- A review of documentation indicated that residents showing signs of infestation were not immediately isolated pending clinical diagnosis and for 24 hours after initial treatment. This may have allowed the infestation to spread between residents, staff and possible visitors.
- Two residents had completed their initial course of treatment on the morning of the inspection. However, staff were unclear regarding the required duration of isolation following the initial course of treatment.
- Documentation indicated that scabies treatments were not properly applied or administered as per Public Health recommendations. Incomplete or ineffective treatment allows infestation to persist and spread.
- Clothing and bedding were mismanaged after residents received treatment for confirmed or suspected scabies, with unnecessary delays prior to sending for laundering. Additionally, items that could not be laundered, such as slippers, shoes and soft toys, were not appropriately managed when residents were treated. These items could have reintroduced mites to the environment or to other residents.
- Bedrooms were not routinely deep cleaned when residents were treated for scabies. This may contribute to re-infestation post treatment.

Additionally, appropriate infection prevention and control care plans were not in place to guide the care of several residents with confirmed or suspected scabies. Where care plans did detail the confirmed or suspected diagnosis of scabies, sufficient detail was not recorded to effectively guide care.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning had improved significantly since the previous inspection, and it was evident that the management and staff team were committed to developing a person-centred approach to care planning. Comprehensive, validated assessments were completed for all residents, and these informed each individual care plan. The content in care plans captured personal details, individual needs and preferences. With respect to safeguarding care plans, a sample of these were reviewed by inspectors and found to detail the specific interventions required to keep residents safe.

Infection control care plans required review. This is discussed under regulation 27.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre. All restrictive practices were implemented in line with national guidance, and the provider's own local policy. Alternative approaches were attempted by staff to assist the resident before implementing any restrictive practice. Risk assessments aimed to identify any physical, psychological, emotional, social or environmental factors that may trigger responsive behaviours, in order to prevent or limit the use of restrictive practices. Restrictive practices were reviewed on a regular basis in order to evaluate their necessity, impact and effectiveness.

Staff had access to appropriate training on managing the types of behaviours that may occur in the centre.

Judgment: Compliant

Regulation 8: Protection

The registered provider has taken all reasonable measures to safeguard and protect residents. This was evidenced by the following:

- Staff displayed a good level of understanding of the need to ensure residents are safe from harm. Staff were encouraged to be open and accountable in relation to safeguarding, with it being discussed at all management and team meetings.
- Feedback is actively sought from residents about their safety and how able they feel in raising concerns about care practices.
- Any incidents or allegations of abuse were investigated by the person in charge and referred to appropriate external agencies, for example, the safeguarding and protection team and advocacy services, where required.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the centre was striving to promote a rights-based service which was equitable for all residents. Residents were encouraged to partake in activities which included positive risk-taking. Nonetheless, a review of residents' meetings identified very low attendance despite high occupancy levels. Inspectors spoke to some residents who were able to freely voice their opinions and feedback on the service. None of these residents had attended a residents' meeting, and two were unaware that they had ever taken place. Inspectors noted that safeguarding and advocacy had been discussed at these meetings. This was a missed opportunity to inform many residents of how they can be empowered to direct their care and realise their

rights, and establish whether they are aware of how they can access advocacy and decision-support services.

Judgment: Substantially 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	Not compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilkenny Care Centre OSV-0008695

Inspection ID: MON-0047417

Date of inspection: 02/07/2025

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• The Person in Charge (PIC), supported by the management team of Assistant Director of Nursing (ADON) and Clinical Nurse Managers (CNMs), and the clinical team will implement the appropriate Infection Prevention and Control (IPC) practices in response to the scabies outbreak, and the centre's management team will monitor, supervise and guide IPC practices in the centre. The IPC standards will be implemented in accordance with the centre's IPC policies, Public Health advice and current HPSC guidelines.• All residents showing signs of infestation will commence isolation immediately and remain in isolation for 24 hours after the initial treatment. A checklist has been compiled; this checklist will be completed for each resident that presents with a rash which is confirmed or suspected of scabies. This checklist clearly identifies the 24-hour isolation period required and will include the dates of isolation.• An individual IPC Scabies Care Plan has been completed for each resident with suspected or confirmed infestation. This care plan identifies the treatment plan, isolation period, management of laundry, resident / resident's representative communication, an evaluation of the effect of treatment and any further relevant information. The management team will monitor compliance with the completion and implementation of care plans.• The PIC, ADON and CNMs will meet on a weekly basis to discuss the outbreak. The management team will continue to liaise closely with the Public Health team for support and advice as necessary.• The PIC, supported by the Healthcare Manager will ensure that the quality improvements outlined in the Urgent Compliance Plan are fully implemented and maintained. These include, in addition to the actions already outlined: effective and ongoing liaison with Public Health, intensive staff education and awareness about IPC and specifically the management of a Scabies outbreak, provision of information to staff, residents and families, vigilant monitoring of residents so that anyone presenting with new symptoms can be investigated and treated in a timely manner; prompt and regular	

communication with the GP, effective administration of prescribed treatment, appropriate management of laundry, and a deep clean of the centre.	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Effective communication between the centre and Public Health, targeted training, education, clear, accurate record-keeping, and raising awareness among all staff about management of the scabies outbreak will have a beneficial impact on improving consistent, timely and appropriate IPC practices in the centre and will reduce the risk of cross-contamination.</p> <ul style="list-style-type: none"> • Since the inspection, the PIC has been in regular contact with the Public Health CNM2, and meetings have been held with the Outbreak Control Team (OCT). The Public Health Consultant and CNM2 carried out a site visit on 11/07/25. Recommendations were provided by Public Health, and the PIC has implemented these accordingly. • The PIC has completed Infection Prevention and Control (IPC) training on the management of scabies with staff. • The HSE Public Health Algorithm on the Management of Outbreaks of Classical Scabies in Residential Care Facilities is available for reference purposes at each nurses' station and all staff have been provided with HSE and Public Health guidance regarding the management of Scabies infection for ease of reference. • The PIC has facilitated the staff in the centre to complete HSE Land Infection Prevention and Control training, and on-site education programmes have been provided. Staff have been provided with individual information leaflets regarding scabies. • The PIC, ADON and CNMs will implement the appropriate IPC practices in response to the scabies outbreak and will supervise the clinical team and guide IPC practices in the centre. All residents showing signs of infestation will commence isolation immediately and remain in isolation for 24 hours after the initial treatment. • A checklist has been compiled; this checklist will be completed for each resident that presents with a rash which is confirmed or suspected scabies. This checklist clearly identifies the 24-hour isolation period required and will include the dates of isolation. These dates will also be highlighted on the ISBAR (Introduction, Situation, Background Assessment, Recommendation) handover sheet. • The Stop and Watch alert system will be updated on the residents' electronic record. An individual IPC Scabies Care Plan has been completed for each resident with possible or confirmed infestation, which identifies the treatment plan, isolation period, management of laundry, resident/resident's representative communication, an evaluation of the effect of treatment and any further relevant information. • The PIC and centre's Management team will ensure the scabies treatment is applied or administered in accordance with Public Health Guidelines. The GP and Pharmacy have been updated regarding these requirements. • Clothing and bedding will be managed as per Public Health guidelines. Each resident's laundry will be placed in an alginate bag and sent to the Laundry where they will be washed at a minimum of 50° Celsius. Items that cannot be laundered in a hot wash will be placed in a sealed bag for 4 days. • The entire centre will be deep cleaned in accordance with HSE Public Health's advice. A 	

deep cleaning schedule has been compiled and commenced. Rooms will be deep cleaned following the 24-hour isolation period.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Prior to the Residents' Meeting, the PIC will place a notice in the dining areas and sitting rooms on each floor to alert the residents of the upcoming meeting. The Activity Coordinators will verbally inform residents of the meeting date when it has been decided.
- The PIC will oversee the meeting and will ensure that as many residents as possible are facilitated to attend.
- The PIC will ensure residents are provided with information in relation to empowering them to direct their care, to ensure they are aware of their human rights and also to ensure they are aware of the process for accessing advocacy and decision support services.

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 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.	Not Compliant	Orange	31/07/2025
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.	Not Compliant	Red	31/07/2025
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to	Not Compliant	Red	31/07/2025

	infection prevention and control and outbreak management is implemented in the designated centre, as required.			
Regulation 27(c)	The registered provider shall ensure that staff receive suitable training on infection prevention and control.	Not Compliant	Red	31/08/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/09/2025