

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

Issued by the Chief Inspector

Name of designated centre:	Beech Park Nursing Home
Name of provider:	Dunmurry West Care Homes Ltd.
Address of centre:	Dunmurry East, Kildare Town, Kildare
Type of inspection:	Unannounced
Date of inspection:	24 June 2025
Centre ID:	OSV-0000012
Fieldwork ID:	MON-0047090

About the designated centre

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

Beech Park Nursing Home is a purpose-built, single-storey residential service for older persons. The centre is situated in a rural setting outside Kildare town. The centre provides accommodation for a maximum of 47 male and female residents aged over 18 years of age. Residents accommodation is provided in 33 single bedrooms, 12 of which have full en suite facilities and 21 have en suite toilet and wash basin facilities and seven twin bedrooms. Full en suite facilities are provided in four of the twin bedrooms and a wash basin is available in the other three twin bedrooms. Toilets and showers are located within close proximity to bedrooms and communal sitting and dining areas. The centre provides long-term, respite and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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
Tuesday 24 June 2025	07:50hrs to 16:15hrs	Sinead Lynch	Lead
Tuesday 24 June 2025	07:50hrs to 16:15hrs	Frank Barrett	Support
Tuesday 24 June 2025	07:50hrs to 16:15hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Inspectors found that this was a well-run centre where residents were supported by a team of staff who were kind and caring. From what the inspectors observed and from what residents told them, residents were happy with the care and support they received. Those residents who could not articulate for themselves appeared comfortable and content. The centre had a relaxed and friendly atmosphere.

The inspectors spoke with seven visitors during this inspection. Visitors expressed a good level of satisfaction with the quality of care provided to their relatives and friends, and stated that their interactions with the management and staff were positive. Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of inspection and visitors were seen coming and going throughout the day.

Call-bells were available throughout the centre. Staff were responsive without any delays in attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of staff. Staff had name badges that were visible for residents to read.

Overall, the premises was found to be clean and bright. Residents said their bedrooms were cleaned on a daily basis and they were satisfied with the standard of cleanliness. The inspectors observed that the level of cleanliness throughout the centre was good and had improved since the last inspection. Although the centre was clean, areas of the centre required maintenance to improve the lived environment for the residents. For example, some floors were heavily marked and dented and areas of the centre needed repainting. Adequate ventilation was also required as some areas of the centre were very warm, this was a repeat finding from the last inspection and is discussed later in the report. Some residents reported that their bedrooms were too hot as detailed under Regulation 17; Premises.

Lunchtime was observed to be a sociable and relaxed experience, with residents eating in the dining rooms or their bedrooms, aligned with their preferences. All food was cooked in the main kitchen which was a suitable size, clean and organised. The kitchen also had a separate room for the storage of chemicals and cleaning equipment, and a separate toilet for kitchen staff. Plenty of drinks were also available for residents at mealtimes and throughout the day. Residents spoken with said they were satisfied with the food available. Positive interactions between staff and residents were noted at mealtimes and throughout the day. Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection found many improvements to the care and welfare of the residents, since the last inspection of October 2024. There were good governance and management systems in place which ensured that the service was appropriate to the needs of the residents. The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a well-defined, overarching management structure in place. However, areas for improvement were identified in relation to the management and oversight of the premises, which continued to impact the quality of life for the residents living in the centre.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended), and inform the application to renew the registration. The inspectors followed up on the compliance plans from previous inspections and acknowledged the improvements and positive changes made by the provider.

Dunmurry West Care Homes Ltd is the registered provider for Beech Park Nursing Home. This centre is a part of the Beechfield Group which has a number of nursing homes throughout Ireland. The local management team consisted of the person in charge and one assistant director of nursing and each were aware of their role and responsibilities. There was also support from senior managers such as; the group operations and procurement manager. There were clear management systems in place with regular meetings held to oversee and discuss the day-to-day operation of the centre remained outstanding.

This inspection included a focused review of the premises and fire safety practice and procedure as well as infection prevention and control. Inspectors reviewed management arrangements to ensure appropriate systems were in place to identify and action any issues requiring attention. This inspection found that significant improvement was required of the provider to implement a system to address premises issues. Inspectors noted that the audits in place were effective to check fire safety systems, however, there were insufficient auditing to review the premises. Audits of the overall premises were not being routinely carried out which would identify ongoing concerns as outlined under Regulation 17: Premises. The inspectors followed up on the actions identified by the provider outlined in the compliance plan following the last inspection in October 2024, some of these actions had not been completed. For example, repairs in the laundry room and the regulation of the thermostats to control the heating in the centre.

Fire safety management at the centre had been strengthened since previous inspections. The provider had actioned fire safety concerns noted on a fire safety risk assessment (FSRA) in 2022, and had completed a revised FSRA in April 2025, which assessed the remaining fire safety risk at the centre as tolerable. However, further scrutiny of fire safety was required, as the latest FSRA did not assess attic spaces or voids. While there had been work completed in the attics previously, ongoing monitoring of fire containment measures in the attic would be critical to the overall containment within the centre which would form the basis of progressive horizontal evacuation which was practiced at the centre. Fire safety is discussed in detail in the quality and safety section of the report under Regulation 28: Fire Precautions, and fire safety management is considered under Regulation 23: Governance and management.

The person in charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had also nominated the assistant director of nursing to the role of the IPC link nurse who was engaged in the IPC link programme.

Records as set out in Schedule 2, 3 and 4 of the regulations were available to the inspectors on the day of the inspection. These were stored safely and easily accessible when requested. The provider had made improvements to the safe storage of records since the last inspection.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of the residents living in the centre.

There were sufficient staff resources to maintain the cleanliness of the centre. There were housekeeping staff in each area of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were maintained to assist the person in charge with monitoring and tracking completion of mandatory and other training undertaken by staff. A review of these records confirmed that training was ongoing.

There was also an IPC notice board to give information to residents and staff on ways to prevent an infection. Up-to-date posters were visible to guide staff on best practice in IPC.

Judgment: Compliant

Regulation 21: Records

Records were found to be stored in a safe and accessible format on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

While the management structure of Beech Park nursing home ensured that there were resources available, the governance and management systems in place required further strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- There were no effective premises audits to identify and action maintenance concerns and ensure the environment available to residents was effectively monitored to address issues identified under Regulation 17: Premises.
- While fire safety management had improved at the centre, the latest revision of the fire safety risk assessment (FSRA) did not review critical elements of fire safety design such as compartmentation in the attic.
- The provider had not addressed all the findings from the last inspection. This is discussed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year. However, not all areas detailed in the statement of purpose were used for their intended purpose. This is detailed further under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a robust complaints procedure in place. This procedure was in line with the requirements of the regulations. There was one open complaint on the day of the inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies as required under the regulations were made available to the inspectors. These had been updated and reviewed following any changes or updates as required.

Judgment: Compliant

Quality and safety

Overall, residents expressed satisfaction with the care provided and with the responsiveness and kindness of staff. However, deficits in the oversight of the premises were impacting on the overall quality and safety of the service provided.

A full review of the premises and proactive approach to responding to maintenance issues as they arose was required to provide a comfortable and safe environment for the residents who live there. This is discussed in detail under Regulation 17: Premises.

Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise any risk to residents, visitors and their co-workers, such as appropriate use of personal protective equipment (PPE), and good hand hygiene practices. However, improvements were required in the safe handling

of linen and the management of waste. Findings in this regard are presented under Regulation 27: Infection control.

A comprehensive pre-admission assessment was completed for each resident. These assessments were used to develop care plans that were seen to be person-centred and reviewed regularly as required. Resident care plans were accessible on a computer-based system. Transfer documents were in place to ensure that when a person was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety.

Visitors were facilitated in residents' rooms and in the communal areas of the centre. There were no restrictions on visitors and they were observed visiting the centre on the day of inspection. There was a multi-purpose room that was used for both visiting and for the hairdressing services also.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, telephone, WiFi and TV. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided.

Inspectors found numerous improvements in fire safety management at this centre and that staff were aware of their roles in the event of a fire. However, some areas of concern still remained and required attention as further detailed under Regulation 28: Fire precautions.

Regulation 17: Premises

Improvements were required of the registered provider to ensure that the premises is in line with the Statement of Purpose and the floor plans for which it is registered. For example:

- Some areas used for the running of the centre were not included in the floor plans or statement of purpose including the boiler house, external continence store and a chemical store room.
- A room labelled as a WC on the floor plans near the staff canteen had the sanitary ware removed, and was used to store wheelchairs and other mobility equipment.
- A room labelled as a multi-purpose room, was used as a hairdressers room, and a visitors room.

Significant improvement internally and externally was required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Some bedrooms in the centre did not have an appropriate level of heating control. Thermostats in two rooms were turned down to their lowest settings, however the rooms were very warm indicating a faulty control unit. This was not at the request of the residents who expressed their discomfort in these rooms.
- The control of water temperatures requires further assessment as some bathrooms and en-suites in residents rooms were noted as having hot water which appeared to be very hot, posing a risk to residents using the bathroom.
- Day-to-day maintenance issues required action to ensure that the centre was kept in good condition including:
 - Damaged paintwork on walls, and damaged areas of ceilings as a result of previous water leaks which had been fixed; one bedroom had mould on the window surround.
 - Damaged flooring in many areas, some of which was on a schedule for replacement, however, a firm end date for this work was not available.
 - Bathroom taps were noted to be loose in two bathrooms, making them difficult to use.
 - A handrail for use by residents beside a communal toilet was loose, posing a risk of injury.
 - A door to the courtyard was damaged and was not closing fully
- Roof guttering in the courtyard required repair as it was not securely fixed in all areas. This was resulting in rain-water spilling over in times of rainfall.
- Some areas of paving in the courtyard were uneven making it difficult for use by residents with mobility issues. The front car-park also had differing levels and presented some obstacles to access and drainage.

Judgment: Not compliant

Regulation 18: Food and nutrition

There was a selection of nutritious and wholesome meals made available to residents. There was adequate supplies of fresh drinking water placed around the centre.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Waste was not segregated in line with best practice guidelines. General waste was disposed of in clinical risk waste bins in several resident bedrooms. Residents that did not have an active infection had a clinical waste bin inside their room when standard precautions were required for delivering care.
- The management of used linen was not in-line with evidence based practices in infection prevention and control. For example, linen skips were not brought to residents rooms when needed, and the inspectors observed staff carrying used linen in their arms. This practice increases the risk of cross-contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the works completed so far, further action was required by the registered provider to take adequate precautions against the risk of fire and provide suitable fire fighting equipment for example:

- Wooden furniture that was not fire-retardant was in place in the resident smoking area. This included a chair and a table.
- While there were adequate and serviced fire extinguishers in place, in one area, the fire extinguishers were obstructed by removed flooring materials and other construction items.

Improvement was required to provide adequate means of escape, including emergency lighting, for example:

- Not all emergency exit doors in the centre were fitted with automatic locks that would disengage on sounding of the fire alarm. Signage was not in place at these doors to direct evacuees to the means of opening these doors in an emergency
- Emergency lighting and appropriate emergency directional signage was not available at an area near the nurses station.

Improvements were also required to the fire drills and evacuation procedures as follows:

- While fire drills were being conducted regularly at the centre, there was a lack of assurance that staff had completed full compartment evacuations. Some drills recorded the evacuation of residents as they were situated between two cross-corridor doors, however, not all of these corridor doors reflected compartment lines.

- Floor plans displayed throughout the centre to assist in evacuation, were not consistent. The information varied on these plans, and none of them reflected the actual compartment lines and critical information for evacuation, fire fighting, equipment, or the readers' location. This could cause delays or confusion in the event of a fire.

Improvements to the arrangements for detecting or containing fires was also required as follows:

- Compartmentation at the centre required review to ensure that actual compartments were in place, which aligned with attic compartmentation, and compartment doors. An attic hatch in an equipment store did not appear to be a fire rated hatch.
- A fire door audit had been completed at the centre, which identified a number of doors which required repair or replacement, however there was no time bound action plan for the remediation of the issues identified.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated nursing assessment tools. Inspectors reviewed a sample of residents' assessments and care plans regarding weight loss, pressure ulcers, and infection control and prevention and found that they were person-centred, detailed, and updated as a resident's condition changed and at intervals not exceeding four months. Inspectors observed that in all samples reviewed, the newly admitted residents were accurately assessed and based on the assessments, the care plans were completed within 48 hours.

Judgment: Compliant

Regulation 6: Health care

The centre had a small number of residents with pressure ulcers that were in the healing process and were being managed appropriately. Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to a consultant in gerontology, tissue viability and dietitians as required.

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. For example, the volume and indication of antibiotic use were monitored and analysed each month.

Staff had knowledge of "skip the dip", a national programme to reduce the use of dipstick to determine if a resident had a urine infection.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. Any incidents that had occurred in the centre were appropriately investigated and all residents reported that they felt safe and secure in the centre.

The registered provider was a pension-agent for two residents. There were safe and transparent documents available in respect of each residents finances.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Beech Park Nursing Home OSV-0000012

Inspection ID: MON-0047090

Date of inspection: 24/06/2025

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	Substantially 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 homes environmental audit has been further developed and accountability enhanced. With enhanced monitoring of practice on the floor any issues, as they arise are actioned immediately. A robust auditing framework will be implemented for premises and maintenance issues with scheduled walk arounds and governance reviews by the Management Team within the home. Maintenance staff's hours have been increased from 3 days to 4 days/week within the home.• A full review of compartmentation has been conducted. 5 attic hatches have been identified as requiring works to be compliant as fire hatch rated.• A full door audit has also been completed which identified 10 doors requiring repair.• The Nursing Home has engaged with their external contractor to review the heating system and to ensure that all thermostats are working. The company is also reviewing all taps within the nursing home to ensure that all water is running at the appropriate temperature levels.• Maintenance hours in the Nursing Home have been increased from 3 to 4 days onsite.	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p>	

The homes statement of purpose has been full reviewed and updated. This now includes:

- A full review of all areas used for the running of the centre was reviewed. The Statement of Purpose now includes the information on the boiler house, external continence store and chemical store room.
- A review of staffing hours has also been conducted and updated in the SOP.
- A full review of the Nursing Homes floor Plans has been conducted and all rooms are now labelled correctly as per usage. The WC on the floor plans near the staff canteen has now been changed to Store room
- A room labelled as a multi-purpose room, has now been changed to a hairdressers room.

The Nursing Floor plans have been reviewed and revised to reflect accurate usage of all spaces internally and externally

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The homes statement of purpose has been full reviewed and updated. This now includes:

- A full review of all areas used for the running of the centre was reviewed. The Statement of Purpose now includes the information on the boiler house, external continence store and chemical store room.
- A review of staffing hours has also been conducted and updated in the SOP.
- A full review of the Nursing Homes floor Plans has been conducted and all rooms are now labelled correctly as per usage. The WC on the floor plans near the staff canteen has now been changed to Store room
- A room labelled as a multi-purpose room, has now been changed to a hairdressers room.

The Nursing Floor plans have been reviewed and revised to reflect accurate usage of all spaces internally and externally.

- The Nursing Home has engaged with their external contractor to review the heating system and to ensure that all thermostats are working. The company is also reviewing all taps within the nursing home to ensure that all water is running at the appropriate temperature levels.
- Maintenance hours in the Nursing Home have been increased from 3 to 4 days onsite in the home and this is reflected in the Statement of Purpose.
- The homes environmental audit has been further developed and accountability enhanced; this is now overseen by the senior management team within the home. The damaged paintworks on walls and ceilings have been repaired.

- A full review of the flooring in the Nursing Home was conducted by the Senior Management Team and an external contractor. Any damaged flooring will be addressed / repaired as per the safety of the residents and all other flooring will be completed by November 2026.
- The loose taps were repaired on the day of inspection.
- The doors to the courtyard have been repaired.
- Repairs to the guttering is ongoing by an external company.
- The maintenance personnel within the home are repairing the uneven paving and care park area.

Regulation 27: Infection control

Substantially Compliant

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

- Training on Healthcare risk waste management is ongoing. Residents identified with active MDRO (Multi-Drug Resistant Organisms) infections have yellow clinical waste bins placed in their rooms to support infection control and minimize the risk of cross-contamination. Standard precautions are strictly followed by all staff, including the use of appropriate personal protective equipment (PPE), hand hygiene, and environmental cleaning. In addition, resident-specific instructions and precautions are in place and clearly documented to guide staff in managing each individual case effectively.
- MDRO status is monitored regularly, and infection control procedures remain ongoing in line with current guidelines and facility policy.
- All clinical staff including health care assistants , housekeeping and nurses have completed training on MDRO management.
- To facilitate proper handling of clean and soiled linens , more linen skips have been ordered and are placed in affected rooms as needed.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Wooden furniture that was not fire retardant was discarded straight away after the inspection.

- Wooden furniture that was not fire retardant has been discarded straight away after HIQA inspection.
- The flooring materials were removed from the fire extinguishers on the day of the inspection. The flooring contractor has been notified of same.
- A review has been carried out of all emergency exit doors. Following this audit it was

identified that 4 emergency exit doors required new mag locks to be fitted and appropriate signage to be placed at these areas.

- A review has been carried out for emergency lightening and appropriate emergency directional signage at both nurses' stations. The Nursing Home has engaged with an external company to complete the works.
- All fire drills are now being conducted in full compartments. This will maintain a high level of preparedness and to align with best practice standards.
- All floor plans are currently being updated by an external provider. These will include compartment lines, equipment.
- A full review of compartmentation has been conducted. 5 attic hatches have been identified as requiring works to be compliant as fire hatch rated.
- A full door audit has also been completed which identified 10 doors requiring repair.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/09/2025
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.	Not Compliant	Orange	30/09/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/08/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	31/07/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/07/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre	Substantially Compliant	Yellow	31/08/2025

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/09/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/07/2025