

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

Issued by the Chief Inspector

Name of designated centre:	College View Nursing Home
Name of provider:	Aspen Green Limited
Address of centre:	Clones Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	17 June 2026
Centre ID:	OSV-0000128
Fieldwork ID:	MON-0049962

About the designated centre

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

College View Nursing home is a purpose-built nursing home located in landscaped gardens on an elevated site within the Cavan town opposite St Patrick's College on the Clones Road. The centre is registered to accommodate a maximum of 69 residents, both males and females, over the age of 18 years on a long-term and short-stay, respite and convalescence basis. The centre provides care for a wide range of age-related conditions such as general nursing care for elderly residents, Old Age Psychiatry, dementia specific care, respite care, post-operative care and palliative care. The town can be accessed by wide footpaths, which have been extended to meet the drive into the nursing home. There are extensive gardens over an acre which include raised flower beds, extensive lawns and secluded sun and patio areas for those residents who like to sit outside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68
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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 17 June 2026	09:00hrs to 18:15hrs	Michael Dunne	Lead
Wednesday 17 June 2026	09:00hrs to 18:15hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life, supported by a team of staff who were kind, caring, and responsive to their assessed needs. The overall feedback from residents was that they were content with the care they received; one of the residents who expressed a view told the inspectors that " staff are great here, they work very hard". Notwithstanding the positive feedback, the inspectors found that there were actions required to ensure the service provided was in line with the statement of purpose. These areas are discussed in more detail under the relevant regulations in this report.

Shortly after arrival at the designated centre, the inspectors were met by the person in charge, and following a request for documentation to support the inspection process, the inspectors commenced a walk around the centre where they had the opportunity to meet and chat with residents and staff members. There were 68 residents accommodated at the time of this inspection.

Following the walk around the centre, the inspectors held an introductory meeting with the person in charge and a regional manager, which included a review of the provider's compliance plan arising from the previous inspection held in July 2025. Inspectors also provided feedback on their observations and findings from the walk around the designated centre.

Residents reported that they felt safe living in the centre and stated that, should any concerns arise, they were comfortable approaching any member of staff for support. The inspector observed that residents appeared relaxed and at ease in the presence of staff. This was further supported by feedback from residents on the day of inspection, who described staff as polite and respectful. Residents who spoke with the inspector confirmed that they regularly attended activities within the centre, while others stated that they were supported by staff to participate in events and activities in the local community.

Inspectors noted that residents were well presented and appropriately dressed in clean, well-fitting clothing and suitable footwear. Residents were seen receiving support from staff with their personal care needs, with these interactions carried out in a respectful, friendly, and unhurried manner. Observations indicated that staff had a good understanding of residents' individual needs and preferences, and that residents appeared safe, secure, and comfortable in their presence. Residents who required assistance were supported promptly, with staff providing timely and responsive support throughout the inspection.

Overall, the centre was bright, clean, and welcoming. The corridors were enhanced with artwork and murals that provided visual interest and supported residents in orientating themselves throughout the designated centre. Residents had unrestricted

access to secure garden areas. Communal spaces were comfortable, well-maintained, and tastefully furnished with a variety of seating options. Notice boards located throughout the centre displayed relevant information for residents, including details on the complaints process, advocacy services, and safeguarding procedures.

However, inspectors also observed that a number of furniture items, doors, floor surfaces, and walls throughout the centre were scuffed, worn, and damaged. As these surfaces were no longer smooth and impermeable, they could not be effectively cleaned or maintained to an appropriate standard. The quality and condition of the premises are intrinsically linked to effective infection prevention and control measures, and damaged surfaces present a risk to maintaining a clean and hygienic environment. A number of communal toilets, and shower rooms were being used to store residents' mobility equipment. However, prior to this inspection, the provider had submitted an application to vary the centre's registration to facilitate the provision of additional designated storage facilities within the centre.

This was a repeat finding from the previous inspection conducted in July 2025, indicating that the required improvements had not yet been adequately addressed. Inspectors acknowledge that works to improve flooring and walls were contingent on the replacement of fire doors, which had been delayed, but were due for completion by the end of August 2026.

Residents' bedrooms that were viewed by the inspector appeared clean, contained storage, and were decorated with personal items. However, several en-suite shower drains and tiling grout seen by the inspectors were not clean. The failure to maintain clean en-suites can create a risk of cross infection.

Residents were complimentary about both the quality and quantity of food provided in the centre. Inspectors observed a mealtime during the inspection and found it to be well managed by the staff team on duty, with residents receiving timely and appropriate support to enjoy their meal. Residents who required additional assistance with eating and drinking were supported in a respectful and unhurried manner, ensuring a positive dining experience. Meal options available on the day included pork chops or fish cakes. Inspectors also noted that a daily menu was displayed prominently in the dining room, providing residents with clear information about the meals available.

During a walk round, the inspectors observed residents attending a Mass service while others were engaged in either group activities or following their own individual routines. There was a varied activity schedule in place which covered the entire week. Communal rooms were well set up to provide activities for the residents, there was equipment in place to provide music, and arts and crafts activities. Communal areas displayed pictures of residents engaged in either group or individual activity.

There was sufficient space for residents to meet with visitors in private. The inspector observed a number of residents receiving visitors during the inspection and found that appropriate measures were in place to ensure that visits were managed in a safe manner.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

Overall, this was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. For the most part, there were effective management systems in place, which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits with a focus on continual improvement. The provider and person in charge had introduced a number of improvements since the previous inspection; however, this did not improve compliance levels found on this inspection. Actions the provider had committed to take, as part of their compliance plan arising from the last inspection, were not fully implemented. This impacted on the compliance levels for Regulation 28: Fire Precautions, Regulation 27: Infection control and Regulation 17: Premises, as a number of actions remained outstanding. Although inspectors were informed that the required actions to bring Regulation 28: Fire Precautions into compliance would be carried out by the end of August 2026.

This inspection was an unannounced risk inspection completed by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and also with a focus on infection control. This inspection found that, while the provider had taken a number of steps to improve compliance with the regulations since the last inspection in July 2025, these measures were insufficient to ensure that the service was safe, appropriate, and effectively monitored.

The registered provider of College View Nursing Home is Aspen Green Limited, and the company's Chief Executive Officer (CEO) represents the provider. The person in charge has been in the role since June 2021, and works full-time in the centre. They were supported by an assistant director of nursing (ADON), who deputised when the person in charge was not available. The remainder of the staff team consists of staff nurses, a senior household coordinator, an activities coordinator, health care assistants, household, catering, maintenance, and administration staff.

There is a leadership and management team in place with clear lines of authority and accountability. The management structure was in line with the structure set out in the centre's statement of purpose. Managers were well known to staff and residents, and were observed interacting with residents and staff throughout the day of the inspection. An annual review of the quality and safety of care for 2025 had been completed by the provider, taking into account the views of residents in its preparation. This document also contained a quality improvement plan for 2026, which the provider was working through at the time of this inspection.

There was evidence of regular meetings between centre management and heads of department to review key clinical and operational aspects of the service. Records of these meetings were maintained, documenting attendees, agenda items, and agreed actions. The inspector also reviewed records of senior management team meetings, which addressed matters including staffing, human resource issues, and clinical topics such as infection prevention and control.

The provider had systems in place to monitor the quality and safety of the service, and the inspectors found that the majority of deficits identified in audits were addressed. However, it was noted in two 'quality walk rounds', the last one dated 03.06.2026, that identified actions in relation to residents' clothing, and stated 'remove resident clothes without labels in box1'. This box was still in place at the time of inspection. The failure to act on audit findings regarding unlabelled clothing impacts residents' right to personal dignity. Similarly, environmental audits did not consistently identify instances where practices fell short of required standards, resulting in necessary corrective actions not being implemented.

Arrangements for recording accidents and incidents involving residents in the centre were in place, and were notified to the office of the Chief Inspector of Social Services as required by the regulations. There was good oversight of incidents and accidents, which ensured that any learning from the incident was shared with the appropriate staff.

All staff members working in the centre had current, and satisfactory An Garda Síochána (police) vetting clearance. The registered provider acted as a pension agent on behalf of 10 residents. Centralised and transparent procedures were in place to ensure this process safeguarded resident finances. Records regarding the management of residents' finances were well-maintained, and made available to the inspectors for review.

Observations confirmed there were appropriate numbers of nursing and care staff available to meet the assessed needs of the residents. Call-bells were responded to in a timely manner, and residents who required reassurance or assistance were supported appropriately. A review of rosters confirmed that staffing levels were consistent with those set out under the centre's statement of purpose.

The centre had up-to-date infection prevention and control (IPC) policies covering both standard and transmission-based precautions. However, a review of training records identified that several staff members were not current with mandatory IPC training. In addition, gaps were identified in specialist IPC training for nursing staff, with a number requiring updated training in aseptic technique and antimicrobial stewardship. To strengthen IPC and antimicrobial stewardship practices, the provider had appointed two nurses as IPC link practitioners. Protected time was allocated to support this role, and both demonstrated a strong commitment to their responsibilities through activities such as conducting regular IPC audits and providing face-to-face support and guidance to staff.

Overall, there was good oversight of records, which helped to ensure that records were well-maintained, secured, and available in the centre for inspection. A review

of Schedule 5 of the regulations found that the provider maintained policies and procedures in line with the Schedule. One policy relating to residents' personal property, personal finances and possessions was out-of-date, and required updating in line with the providers' timeline for renewal; however, this policy was updated by the person in charge on the day of the inspection. A number of additions and amendments were required to ensure the statement of purpose presented an accurate account of the services available in the designated centre. This was discussed with the management team on the day of the inspection.

The inspectors reviewed a number of resident contracts for the provision of services, and found that they were signed and identified the room that was allocated to the resident.

A complaints policy and procedure, which clearly outlined the process of raising a complaint or a concern, was available. Information regarding the process was clearly displayed and accessible in the centre. A review of the complaints log found that complaints were recorded, acknowledged, investigated, and the outcome communicated to the complainant.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill-mix were appropriate to meet the assessed needs of the current residents, in line with the statement of purpose. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing complement included laundry, catering, activity, and administration staff. There were adequate levels of staff allocated to household tasks regarding the cleaning of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

While a training schedule was in place to ensure staff possessed the skills necessary for their roles, some gaps in mandatory training were identified. Specifically, a number of staff were not up to date with core IPC training. Additionally, there was a deficit in specialist IPC training for nursing staff, with several lacking required updates in aseptic technique and Antimicrobial Stewardship.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management and oversight of the service was not fully effective in maintaining compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013 (as amended), and ensuring the service was delivered in line with the centre's statement of purpose.

Although there was a risk management policy and procedure in place, supported by risk assessments to mitigate known risks, the inspectors identified several risks that had not been identified, and therefore did not have mitigation in place. For example:

- The storage of door frames in two unlocked facilities posed a risk to residents entering these rooms. This finding necessitated an immediate action to the provider to secure these areas.
- Several risks were identified in relation to the management of infection control in the centre that were not well-managed, and were not identified as posing a health and safety risk in the auditing process. This meant that there were no mitigation in place to reduce or eliminate these risks.
- The compliance plan arising from the previous inspection had not been fully implemented in respect of Regulation 28: Fire precautions.
- Upgrades to the laundry room to include the installation of an additional door to allow for the clear segregation of clean and dirty laundry had not been fully completed in line with the dates submitted in the compliance plan following the June 2024 inspection.
- Current supervision and oversight measures were ineffective in identifying shortcomings in the management of infection control and in the provision and management of appropriate storage facilities.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the

resident would be accommodated. Contracts detailed the services to be provided, and the breakdown of fees for such services. Contracts were signed by the resident and/or their nominated representatives, where appropriate.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a statement of purpose in place dated March 2026, which included the information set out in Schedule 1 of the regulations. However, this document required a number of changes to accurately reflect the current service, for example:

- The information on the availability of laundry services was omitted.
- The cost of the associated service charge for activities was incorrect.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a complaints policy in place which had been updated in line with regulatory requirements. Records of complaints were maintained in the centre, and the inspectors observed that these were acknowledged, and investigated promptly, and the complainant's satisfaction was documented.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all Schedule 5 policies and procedures were accessible to staff. These policies and procedures had generally been reviewed, and updated within the previous three years and, where appropriate, reflected current national best-practice guidance.

Judgment: Compliant

Quality and safety

The findings of this inspection concluded that enhanced governance and management oversight were required to ensure that the quality and safety of care provided to residents were consistently monitored and effectively managed, in order to achieve the best possible outcomes for residents. In particular, greater focus and sustained action were necessary to bring the centre into full compliance with Regulation 27: Infection Control, Regulation 28: Fire Precautions, and Regulation 17: Premises.

Notwithstanding these findings, residents were found to be receiving a good standard of nursing care that was responsive to their assessed needs. Residents had timely access to medical care from their General Practitioner (GP), who attended the centre regularly. In addition, residents benefited from good access to a range of health and social care professionals, as well as specialist psychiatry services, ensuring that their healthcare needs were appropriately assessed, monitored, while promoting their overall health and well-being.

Care plans were developed in partnership with residents or, where necessary, their representatives. They were clearly written and provided comprehensive guidance on the interventions required to meet residents' assessed needs. Care plans were reviewed and updated at least every four months, or more frequently when required. Care plans for residents with urinary catheters were detailed, person-centred, and easy to follow. Similarly, care plans for residents requiring wound care support contained clear and comprehensive guidance to support the delivery of appropriate care. Residents who required support with their communication needs were well-supported. Observations confirmed that residents were in receipt of appropriate and discreet support to make their views known. Care plans supported this process by identifying the most appropriate interventions to support individual residents with their communication needs.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred. The management team were clear on the steps to be taken when an allegation was reported.

While it is acknowledged that the provider had completed some fire safety works that had been identified previously, not all recommendations had been completed at the time of this inspection. Inspectors also acknowledged that the provider maintained an additional resource at night as mitigation to assist with evacuation in the event of a fire emergency. Inspectors found improvements in the daily management of fire safety as well as an increased frequency of simulated evacuations.

Overall, the premises were suitably designed and maintained to meet the needs of residents. Communal areas were comfortably furnished and tastefully decorated.

Corridors were spacious, internal surfaces for the most part were well maintained, and handrails were provided throughout to support residents' mobility. Residents also had access to a well-maintained and secure garden area.

On balance, the centre was clean and orderly; however, upgrades to doors and door frames remained outstanding and were impacting on the decoration of other areas of the centre. While several storage areas were available throughout the centre, they were not of sufficient size to accommodate the number of hoists currently in use in the designated centre.

The centre provided a laundry service for residents. Residents whom the inspectors spoke with were happy with the laundry service. The laundry worker demonstrated a good knowledge of laundry processes, specifically regarding the correct washing, and disinfection temperatures, and the segregation of linen types.

However, the laundry room required an improvement to eliminate the risk of cross contamination. There was a dedicated nurse's room for the storage and preparation of medications and clean and sterile supplies such as needles, syringes, and dressings. Sharps boxes were observed on the floor and overfull with sharps, presenting an immediate needle-stick and inoculation risk.

Disposable Gloves seen by inspectors were seen not to be fit for purpose and ripped when putting on. This was discussed at an IPC meeting on 21.05.2026, however at the time of this inspection carried out on the 17 June 2026 these gloves were still in situ, and had not been removed from the sluice facility.

Each unit contains a dedicated dirty utility room designed for the safe disposal, and reprocessing of items contaminated with bodily fluids. However, only three of these rooms possess functioning bedpan washer-disinfectors; the remaining one did not have any means of washing, and disinfecting containers holding body fluids.

Staff told the inspectors they had to transport bedpans, and urinals holding human waste through shared corridors to access functioning equipment in other units. In addition, the storage in the dirty utility room was not appropriate. Bedpans and urinals were overcrowded on an undersized wall rack, and commode pans were incorrectly stored on equipment drying trays. This practice prevents proper air-drying, increasing the risk of resident cross-contamination.

In contrast, inspectors identified some examples of good practice in the prevention and control of infection. For example, staff applied standard precautions to protect against exposure to blood and body substances during handling of waste and used linen. Appropriate use of personal protective equipment (PPE) was also observed during the course of the inspection.

There were resident meetings occurring in this centre, which provided residents with the opportunity to give feedback on the service provided. These meetings covered a range of topics that were important to residents, and included items such as catering, activities, and outings.

There was a schedule of activities in place which was available for residents to attend seven days a week. Residents also had good access to a range of media, which included newspapers, television and radios.

Regulation 10: Communication difficulties

Care plans reviewed for residents with additional communication needs were found to be well-maintained, accurate, and adequately reflected individual needs, ensuring that residents' communication preferences were documented and supported.

Judgment: Compliant

Regulation 11: Visits

Visits were seen to take place in line with visiting guidelines. Visitors were seen attending the centre throughout the inspection. Discussions with residents and visitors confirmed that they were satisfied with the arrangements that were in place. The provider maintained a visiting policy in line with the regulations.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises conformed to the requirements of Schedule 6 of the regulations. For example ;

- There was a lack of suitable storage space in the designated centre.
- Flooring throughout the centre was showing signs of wear and tear.
- Signage on a number of doors was missing.
- Dirty utility rooms lacked functioning washer-disinfectors, leading to the transport of human waste through public corridors.
- There was insufficient storage space on wall racks for equipment that had been sluiced, a number of commode pans were located on drying trays, which led to a risk of cross-contamination.
- Some of the hand hygiene sinks failed to meet HBN 00-10 standards. Non-compliant sinks can act as reservoirs for waterborne pathogens.
- Unclean carpet flooring was found in several store rooms. Carpeted flooring is highly porous and inappropriate for clinical storage zones, as it traps dust, spills, and organic matter.

- En-suites located in double-occupancy bedrooms lacked separate storage facilities for residents' toiletries. Sharing storage space forces two residents to intermingle their personal hygiene items. This layout directly compromises residents' privacy and infection control.
- The laundry room's small footprint for the volume of laundry processing made the functional separation of clean, and dirty phases difficult creating a risk of cross-contamination between soiled and processed linens.

Judgment: Not compliant

Regulation 26: Risk management

There was a risk management policy and risk register in place which identified hazards and control measures for the specific risks outlined in the regulations. Arrangements for the investigation and learning from serious incidents were in place and outlined in the policy. There were a number of risks found on inspection that did not have mitigation in place, the relevant issues concerned are discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 27: Infection control

The provider did not fully meet the requirements of Regulation 27: Infection Control and the National Standards for infection prevention and control in community services (2018). The environment and equipment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- Waste management practices required improvement as waste bins in use were either too small, and some were labelled incorrectly. The contradictory and inaccurate labelling compromises standard waste segregation protocols, and increases the risk of hazardous clinical waste being inadvertently disposed of within the domestic waste stream.
- Sharps boxes were signed and dated, but they were not managed in accordance with safe disposal protocols. Specifically, overfilled, stored on the floor, and the temporary closure mechanisms were not deployed on several active sharps bins, leaving the disposal apertures exposed, and this practice increased the risk of needle-stick injuries and cross-contamination.
- Some en-suite facilities were not maintained in a clean and safe manner.
- Single-use wound dressings and solutions were seen open and partially used. This may impact the sterility and efficacy of these products.

- Disposable gloves seen by inspectors were not fit for purpose and ripped when putting on. Using ripped or sub-standard gloves exposes staff to direct contact with bodily fluids and blood-borne pathogens, while increasing the risk of cross-contamination between residents.
- Multiple shared toiletries were observed. Communal use of personal hygiene items such as shower gels, shampoos, and creams creates a direct vector for cross-infection.
- Alcohol hand gel dispensers were in place along the corridors but were not available at the point of care.
- Reusable cloth tourniquets (a tight band tied around a resident's arm during blood sampling) were seen stained and unclean. Porous fabric cannot be decontaminated between uses, and easily traps body fluids, and multi-drug resistant organisms.
- Storage in the dirty utility room was not appropriate. Bedpans and urinals were overcrowded on an undersized wall rack, and commode pans were incorrectly stored on equipment drying trays. This practice prevents proper air-drying, increasing the risk of resident cross-contamination.
- The organisation of storage space was not appropriate as some items of equipment and resident supplies were not segregated from each other. For example, resident incontinence wear was stored in shared bathrooms; unmarked toiletries were seen, and an unclean hoist was observed in a shared shower room. This can lead to cross-contamination.

Judgment: Not compliant

Regulation 28: Fire precautions

While there is good oversight of fire safety in this centre, delays to the upgrade of all fire doors identified in the fire safety risk assessment meant that not all fire doors gave the required level of protection against the spread of fire and smoke.

Observations of fire doors on this inspection found that there were excessive gaps around the fire door sets, and there was an absence of fire seals.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre, and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good, and described person-

centred, and evidenced based interventions to meet the assessed needs of residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre, as required or requested.

Services, such as physiotherapy, were available to residents weekly, and services such as tissue viability nursing expertise, speech and language, and dietetics were available through a system of referral.

There was evidence that recommendations made by health care professionals were followed up and monitored. This supported the delivery of care, in line with residents' assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate and there was good evidence to show that the centre was working towards a restraint-free environment in line with local and national policy. Records showed that where restraints were used, these were implemented following robust risk assessments with alternatives trialled prior to use where appropriate.

At the time of inspection there were a small number of residents who had responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Care plans reviewed were person-centered and guided individual care interventions.

Judgment: Compliant

Regulation 8: Protection

All staff were facilitated to attend training on safeguarding residents from abuse. The person in charge ensured that staff were aware of the reporting procedures, and of their responsibility to report any concerns regarding residents' safety. Residents confirmed to the inspector that they felt safe, and secure in the centre, and would be comfortable with speaking with members of the staff if they had concerns. The provider maintained up-to-date records for staff in line with Schedule 2 of the Regulations.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, preferences, and choices were respected and promoted throughout the centre. Residents were supported to participate in activities that reflected their interests and abilities. Care staff facilitated a varied daily activity programme, including arts and crafts, quizzes, storytelling, bingo, and music sessions. Individualised one-to-one activities were also provided to ensure all residents had opportunities for meaningful engagement based on their personal interests.

Comprehensive key-to-me assessments and life story books were completed for residents, supporting person-centred care and effective communication. Residents had access to a range of media, including radio, television, and Wi-Fi. The environment supported privacy, and care provision was tailored to meet residents' individual needs. Advocacy services were available and accessed as required.

The registered provider ensured residents were consulted about the management of the designated centre through participation in residents' meetings. Residents also had access to an independent advocacy service.

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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for College View Nursing Home OSV-0000128

Inspection ID: MON-0049962

Date of inspection: 17/06/2026

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

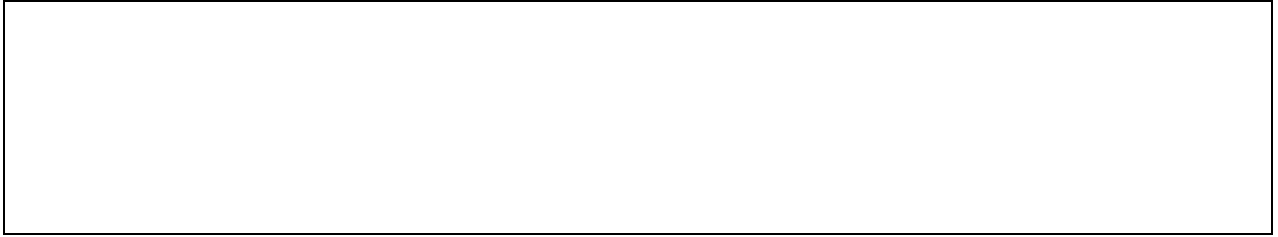
The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • 4 nurses identified lacking in antimicrobial stewardship training to complete the training- completed. • Frequency of IPC training has been changed every 2 years, any staff due will complete this training. An IPC link is in place to support the oversight of IPC practices – Expected Completion 30.09.2026	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Storage rooms identified were immediately locked on the day of inspection -Complete • A review of IPC audit tool is underway to strengthen the auditing process to identify the risks a timely manner. All actions will be documented, discussed and completed with reporting to the PIC for oversight on a monthly basis at staff meeting - 30.09.2026 • Fireworks have been ongoing in the centre; a significant amount of the works has already been completed. The final works are expected to be completed by 30.10.2026 • Some works had been completed in the laundry room including the additional entrance door and relocation of machinery. A new partition and shelving will be added to ensure clear segregation. – 30.10.2026	

• A new IPC link had been appointed within the centre, IPC training has been arranged for appointed person in addition to rostered protected time in conjunction with DON and ADON to enhance oversight of IPC within the centre-Ongoing	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: • The statement of purpose has been corrected and submitted to the inspector following the inspection- Complete	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • An application to vary had been submitted to increase storage in the designated Centre in February 2026, which has since been approved, and works have commenced to convert these areas into designated storage areas to meet the needs of the Centre. – 30.11.2026 • An audit will be completed of the flooring within the center and necessary works added to center's capex plan -30.10.2026 • New signage had been purchased at the time of inspection however the Centre was in the process of replacing the doors, signage will be added as the new doors are installed – 30.10.2026 • At the time of inspection there were 3 functioning washer-disinfectors, and a 4th was waiting for repair. IPC measures have since been enforced and monitored through daily checks -10.09.2026 • Additional wall racks will be added to sluice rooms to ensure sufficient space for storage of equipment – 30.10.2026 • Upgrade of hand hygiene sinks had commenced, and work will be completed- 30 April 2027 • A review of clinical storage areas has been completed and works commenced to replace the carpets -30.09.2026 • Individual storage will be provided for each individual resident in double occupancy rooms - 15.09.2026 • A risk assessment will be completed to ensure a robust process to ensure IPC compliance, in addition we will review footprint of the current laundry and determine any further actions needed- 30.09.2026	

Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • A larger bin has been procured to replace the smaller bins in sluice rooms and assisted toilets and shower rooms. General waste and clinical waste labels for these bins are ordered. 30th of August 2026 • Reinforce daily practice of sharps management and waste management through staff briefing by The IPC link practitioner and clinical coordinators, The Director of nursing and Assistant Director of Nursing to oversee -Ongoing • A deep clean of these rooms was completed and will be audited through IPC and housekeeping audits and daily checks. -completed • Appropriately sized dressing materials are ordered in consultation with TVN to ensure dressing and materials are used in compliance with IPC- Ongoing • A faulty delivery of gloves were removed from circulation and replaced immediately with a different brand on the day of inspection. Faulty stock was returned to the supplier. – Complete • Communal use of personal hygiene items has been discontinued – complete • Additional hand sanitizers were added to corridors and individual sanitizers provided to staff. - Complete • Disposable tourniquets have been source for future use -Complete • Additional wall racks will be added to sluice rooms to ensure sufficient space for storage of equipment – 30.10.2026 • A review of resident storage within shared bathrooms ongoing to ensure segregation of equipment and supplies – 30.09.2026	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • A project was ongoing at the time of inspection to enhance fire precautions within the home; the final stage of this project was the replacement of any fire doors that was needed – Completion by 30.10.2026	



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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2027
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	30/10/2026
Regulation 27(a)	The registered provider shall ensure that	Not Compliant	Orange	30/10/2026

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
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	30/10/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/10/2026
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	24/08/2026