



**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:	Kilcara House Nursing Home
Name of provider:	Mertonfield Limited
Address of centre:	Kilcara, Duagh, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	03 November 2025
Centre ID:	OSV-0000241
Fieldwork ID:	MON-0040166

About the designated centre

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

Kilcara House Nursing Home is a family run designated centre set in a rural location within a few kilometres of the towns of Abbeyfeale and Listowel. It is registered to accommodate a maximum of 29 residents. It is a two-storey building with lift access to the upstairs accommodation. Downstairs it is set out in three wings: Abbeyfeale Duagh and the new wing and upstairs has six beds. Bedroom accommodation comprises single and twin rooms and some have en suite shower and toilet facilities. Communal areas comprise two sitting rooms, a day room and two dining rooms. There is a secure enclosed courtyard with seating and there is a mature garden with walkways and seating at the front entrance to the centre. Kilcara House nursing home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term, convalescence care and respite care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Monday 3 November 2025	09:15hrs to 17:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The inspector met with many of the 26 residents and spoke with 11 residents in more detail to gain a view of their experiences in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspector met with four visitors and they were extremely happy with the care and attention their relative received.

Kilcara House Nursing Home is situated in a rural area, between the towns of Listowel and Abbeyfeale, in North Kerry. The centre is a two storey facility, on a large well maintained site. The location, design and layout of the centre is generally suitable for its stated purpose and meets residents' individual and collective needs with some exceptions. To the front and side of the centre there is seating and tables available for residents, under mature trees overlooking well maintained gardens. The enclosed courtyard is well maintained; this can be access via the dining room and conservatory.

On entry to the centre, the inspector saw that the place was decorated for Halloween throughout. The entrance porch and hall had been de-cluttered and the addition of the essential oil atomiser and candles (battery) made the entrance homely, and looked well. The suggestion box and reading material such as the residents' guide, statement of purpose and risk management information were displayed for residents' perusal.

The communal areas in the centre comprised the front dayroom, two dining rooms, a conservatory, and a second larger sitting room which was situated in the back corridor of the premises. There was an ample amount of seating in these rooms for residents use.

At the start of the inspection, the inspector spoke with the seven residents in the dining room as they came for their breakfast. Staff actively engaged with residents, confirming their breakfast choice, and then serving residents in a timely and social manner. All resident came to the dining room throughout the morning for their breakfast following personal care delivery. There were adequate numbers of staff available to residents that required assistance at meal-times and they were supported with their meals in a respectful and dignified manner. Residents said that they enjoyed the home cooked food in the centre. There was a calm and relaxed atmosphere within the centre and it was evident that staff knew residents well and were familiar with each residents' daily routine and preferences.

There was a varied programme of activities provided seven days a week. Activities were facilitated by an activity co-ordinator, nursing and care staff, and were tailored to suit the expressed preferences of residents. The activities staff called to all residents, explaining the day's activities and inviting residents to the back day room for bingo, news paper reading and chat. At residents' request, there was a

traditional Irish music concert playing on the TV while the activities person brought residents to the day room for the activities.

Bedroom accommodation in the centre comprised 21 single and four twin rooms. The majority (22) of bedrooms had en-suite facilities. Residents were supported to personalise their bedrooms, with items such as photographs and artwork. The inspector observed that in one twin bedroom, there was no privacy curtain around one bed to ensure the privacy and dignity of that resident. While the centre generally provided a homely environment for residents, some of the décor and finishes were showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and the physical infrastructure at the centre through ongoing maintenance and painting.

The main kitchen was of adequate size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. Staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. However, these rooms did not facilitate effective infection prevention and control measures.

Bed linen and residents' clothing was laundered on-site. The infrastructure of the laundry supported the functional separation of the clean and dirty phases of the laundering process. However, improvements were required regarding the general upkeep of this room due to the amount of inappropriate storage here.

Alcohol-based hand-rub wall mounted dispensers were readily available along corridors and had been upgraded following the findings of the last inspection. Nonetheless, dedicated clinical hand hygiene sinks were not available within easy walking distance of all resident's bedrooms, and those available did not comply with mandated national standards. Along the front corridor there was a small storage press; this had a variety of items stored here including a container with communal toiletries such as shampoo, body wash and a mouth cream.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) as well as to inform the renewal of registration process.

Findings of this inspection were that further action was required by the registered provider to improve the governance and oversight of the service. Management systems in place to identify and monitor the quality and safety of care provided to residents, required improvement and this is discussed under Regulation 23: Governance and Management. Action was also required regarding care planning, records relating to medication management, risk management, infection prevention and control; these are reported on under the relevant regulations.

Mertonfield Ltd. is the registered provider of Kilcara House Nursing Home. The company director was the person nominated to represent the provider and they work in the centre on a daily basis. The management structure in place had clearly identified lines of authority and accountability. There was a person in charge with responsibility for the day-to-day operation of the centre. They were supported by an assistant director of nursing (ADON), and a team of nurses, healthcare assistants, catering, household, activities and administration staff.

A sample of staff files were examined and these showed that the requirements as specified under Schedule 2 were in place for staff, including vetting disclosures. The duty roster was reviewed and showed that the person in charge was rostered on duty on the day of the inspection, however, they were not on duty; the deputy person in charge was on annual leave; the inspector was informed of the senior nurse responsible for the service on the day. The ADON came on duty to support staff during the inspection. On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. The provider had also ensured that there were sufficient staff available to support residents to engage in meaningful activities in line with their interests and capacities. The findings of this inspection were similar to the last inspection regarding household cleaning staff. There continued to be only one housekeeper employed in the centre. The inspector was informed that housekeeping was undertaken by the provider at weekends. The provider had undertaken a further recruitment campaign for additional housekeeping staff. However, the successful candidate had recently resigned from this position. A review of the duty roster showed there was no one assigned cleaning duty the weekend prior to the inspection as well as during the current week where one day had no one assigned for cleaning duties. Current arrangements were not sustainable and may impact on effective infection prevention and control and the quality of environmental hygiene during outbreaks, or during leave or possible extended periods of unplanned leave.

Staff training records were examined and it was difficult to assess the degree of compliance with training requirements as many staff did not have dates of training completed; other staff were not included in the training matrix so there was no information available regarding their training. This is reported under Regulation 16: Training and staff development.

Quality improvement (QI) governance meetings were held three times in 2025, and while operational information was discussed with audit results and key performance indicators informing the meetings, the QI meeting in May did not discuss the poor infection control inspection findings of April, so it was unclear how effective these

meetings could be if know information was not used to inform quality improvements.

The service was not a pension agent for any residents. Petty cash records were examined and these showed that while most transactions had two signatures, others had just one signature. Upon return of resident's property, some records stated that 'all' was returned rather than itemise what was actually returned either to the resident or their estate, to safeguard both the resident and the staff member returning money and valuables.

While there was a staff nurse nominated to the role of infection prevention and control link practitioner, they were a relief staff and were not routinely on the duty roster. As a result, insufficient time was available to support staff to implement effective infection prevention and control (IP&C) and antimicrobial stewardship practices within the centre.

Audits were undertaken by nurse management and covered clinical and environmental aspects and these showed that high levels of compliance were consistently achieved. However, the audit programme did not serve as a tool to improve quality improvement as local audits had not identified a number issues highlighted on the day of the inspection. This was a repeat finding. Details of issues identified are set out under the relevant regulations.

Regulation 14: Persons in charge

There was a person in charge. It was reported to the inspector that they were full time in post. They had the necessary requirements of nursing and management experience as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Action was required to ensure the centre was adequately resources, as:

- a review of staffing rosters showed that there were deficits in household cleaning staff as there was no one allocated to cleaning duties on the roster for the weekend prior to the inspection as well as one day during the week of inspection. While this was a repeat finding, the provider representative assured that recruitment was in progress to address this deficit.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Action was required to ensure all staff training was up to date for mandatory training, as:

- while the training matrix reported that all staff were due training in managing behaviours that challenge in 2026, there were no dates confirming staff had completed this training
- records showed that 30 staff were either overdue training or had no date of completed training in manual handling and lifting
- 24 staff had no completion date for infection prevention and control training
- all staff available to the service were not included in the training matrix such as relief staff, so their training status could not be determined
- the Health Act and regulations made under it were not available to staff
- relevant guidance published by Government or statutory agencies in relation to designated centres for older people were unavailable to staff.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was reviewed and this was comprehensively maintained in line with the requirements set out in Schedule 3 (3).

Judgment: Compliant

Regulation 21: Records

Petty cash records were examined and these showed that while most transactions had two signatures, others had just one signature. Upon return of resident's property, some records stated that 'all' was returned rather than itemise what was actually returned either to the resident or their estate, to safeguard both the resident and the staff.

Judgment: Substantially compliant

Regulation 22: Insurance

A current insurance certificate was displayed in the centre and was valid to May 2026. It had the requirements as specified in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure the service was adequately resourced and that the management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored:

- while there was a schedule of audit, it was not comprehensively adhered with to ensure effective monitoring to enable quality improvement, for example, some audits were neither signed or dated and some were incomplete; audits were undertaken up until mid August, however, there were none completed since then to ensure continuous and effective monitoring
- disparities between audits results and the inspection findings indicated that there were insufficient assurance mechanisms in place to enable quality improvement
- auditing of residents' finance records were not included in the audit schedule to ensure that these were appropriately maintained to safeguard residents and staff
- quality improvement (QI) governance meetings were held three times a year and while operational information was discussed with audit results and key performance indicators informing the meetings, the QI meeting in May did not discuss the poor infection control inspection findings of April to enable improvements
- relevant management staff were unfamiliar with the regulations underpinning the service; the current regulations were not available to support and inform the service
- there was a lack of oversight of the duty roster as there were not adequate household cleaning staff on duty on a number of days. The duty roster also did not reflect the staff working on a daily basis, for example, the roster showed that the person in charge was working on the day of inspection but they were not on duty; it was unclear from the roster who was in charge and responsible for the service on the day of inspection,
- the infection prevention and control link practitioner was a relief nurse that only worked two to three hours per week when in the centre (they were not routinely on the duty roster), which was not enough time to adequately guide and support staff in safe infection prevention and control practices.
- there was a lack of oversight of staff training with many staff due or overdue mandatory training.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the incident and accident records showed that notifications were submitted to the regulator in accordance with specified regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of complaints records showed that issues were recorded, investigated and followed up appropriately. The outcome of the complaint and whether the complainant was satisfied with the outcome, was reported. In general, the complainant signed the record as part of their quality initiative. However, the complaints procedure displayed had not been updated to reflect their complaints policy and the requirements of the regulations such as the time-lines and review officer for example.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available. They were being updated at the time of inspection to ensure they remained current and in compliance with regulatory updates and mandated national policies.

Judgment: Compliant

Quality and safety

A rights-based approach to care was promoted; both staff and management respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff, and residents had daily opportunities to participate in group or individual activities. There were no visiting restrictions in place. Visits and social outings were encouraged and facilitated.

Overall, the inspector found that the provider was, in general, delivering a good standard of care; however, the gaps in oversight, as mentioned in the Capacity and

Capability section, impacted the quality of life for the residents living in the centre. Further improvements were required in relation to residents' right to be consulted and participate in the organisation of the centre, care planning, medication management, infection control and the premises.

Improved oversight of assessment, care planning and residents' records was required to ensure that residents needs were consistently documented and communicated to all nursing and care staff, and evidence of this is detailed under Regulation 5: Individual assessment and care plan.

Residents had timely access to general practitioners (GPs), medical and nursing services including community palliative care specialists as necessary. Residents also had regular access to allied health and social care professionals such as physiotherapy, chiropody, tissue viability and dietitian as required. Multidisciplinary support and care was provided by the Integrated Care Programme for Older People (ICPOP) Community Specialist Team.

Medication management was examined. Controlled drugs were maintained in accordance with professional guidelines best practice. A sample of medication administration charts were examined and these showed that photographic identification was missing from eight charts. The medication fridge was overdue a service since May 2025 to ensure it remained effective and medication was safely stored.

The premises was designed and laid out to meet the needs of the residents. Some bedrooms were personalised and residents had ample space for their belongings. The general environment including residents' bedrooms, communal areas and toilets appeared visibly clean. A schedule of maintenance and painting work was ongoing, and while the environment was generally maintained, some surfaces were showing signs of wear and required refurbishment.

National guidelines advise that disposable single use hand sanitiser cartridges or containers should be used to reduce the risk of contamination and this was implemented following the findings of the last inspection. Water testing was completed in May and reports seen by the inspector showed that, the water was safe at that time. Nonetheless, controls to mitigate the risk of Legionella had not been implemented in accordance with current national guidelines; in addition, relevant staff were unfamiliar with these guidelines.

Servicing certification of fire safety equipment was up to date. Emergency evacuation plans were displayed throughout the centre and were easy to follow. Upstairs, there were evacuation chairs in all the bedrooms as well as on the corridor leading to the evacuation stairs route.

Regulation 10: Communication difficulties

Observation on inspection showed that staff had good insight into the communication needs of residents and facilitated residents to communicate in accordance with their ability. Staff took time to ensure residents communication needs were met.

Judgment: Compliant

Regulation 11: Visits

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

The visitor policy had 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.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to double wardrobes, chest of drawers and bedside lockers to maintain their private possessions and clothing. Laundry was completed on site and there were no issues raised by residents about the laundry service provided.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises conformed with specified regulatory requirements, as follows:

- the décor in some parts of the centre was showing signs of minor wear and tear. Surfaces and finishes including doors, handrails, architraves, seating and bedroom furniture were worn and could not facilitate effective cleaning.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents gave positive feedback about the food served. Observation of mealtime showed that meals were served in a timely manner and people seated together at tables were served together. Appropriate assistance was provided to residents requiring help. Some residents preferred to dine in the conservatory and that was facilitated.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

While copies of nursing transfer letters were available on site, it could not be determined whether other documentation such as a copy of their prescription and resuscitation decisions for example, were included in the transfer documentation to ensure the resident could be cared for in accordance with their stated decisions, and in accordance with their transfer policy.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to ensure the requirements of Regulation 27: Infection control, and the National Standards for infection prevention and control in community services (2018) were met:

- controls to mitigate the risk of Legionella had not been implemented in accordance with current national guidelines; relevant staff were unfamiliar with this policy to enable appropriate measures to be put in place,
- along the front corridor there was a small storage cupboard; this had a variety of items stored here including a container with communal toiletries such as shampoo, body wash, toothpaste and a mouth cream
- sharps bins were not closed appropriately when not in use to mitigate the risk of sharps injury
- the medication fridge had not been serviced in accordance with the equipment requirement (due for service date 30/05/25) to ensure it operated at an optimal temperature that ensured the integrity of the medications stored in it
- there was a limited number of dedicated clinical hand wash sinks in the centre. The sinks in the resident bedrooms and en-suite bathrooms were dual

purpose used by residents and staff. These sinks did not comply with current guidelines associated with clinical handwash sinks

- there were lots of obsolete items stored on shelving in the laundry such as miss-matched socks, slippers and t-shirts which required disposal
- there were several boxes and black refuse bags at the exit of the laundry room which was a fire exit and partially obstructed the fire escape
- in the cleaners' room, the designated handwash sink had chemicals and cleaning equipment in the sink; this room had cleaning chemicals and was unsecured
- the designated clinical hand wash sink in the sluice room was stainless steel; during the inspection it was evident that this sink was used for decanting fluid waste as well
- none of the aforementioned were identified as part of the recent Infection prevention and control audit.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure that assessments and care plans records were maintained in accordance with regulatory requirements, to ensure that they effectively guided staff in the care to be provided to a resident. For example:

- residents did not have a comprehensive assessment completed on admission to inform their care planning, for example, a skin or pain assessment was not completed
- a resident's significant medical history did not inform the assessment or care planning process to ensure appropriate interventions would be implemented if the resident became acutely unwell
- a resident's history of recurrent infections or previous infection were not included as part of the resident's breathing and circulation assessment to inform care planning
- some care plans were not routinely discontinued, for example, following an acute illness such as infection or when a wound healed for example. This would ensure the current status of the resident was reflected and known.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical, specialist and allied health professional expertise. Multidisciplinary support and care was provided by the Integrated Care

Programme for Older People (ICPOP) Community Specialist Team to enable better outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there were very little restrictive practices in the centre, action was required to ensure restrictive practices were implemented in accordance with national policy, as:

- there were no assessments seen to inform the implementation of restrictive practices such as bed rails for example, to be assured that these were appropriate and would not negatively impact the resident.

Judgment: Substantially compliant

Regulation 9: Residents' rights

While there were many aspects of the service that promoted a rights-based approach to daily life in the centre, the following required action to ensure regulatory compliance:

- while one residents' meeting was held in January 2025, there were none facilitated since then to ensure residents were consulted about and participated in the organisation of the centre
- in a twin bedroom, one resident did not have a privacy curtain to ensure their privacy and dignity.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilcara House Nursing Home OSV-0000241

Inspection ID: MON-0040166

Date of inspection: 03/11/2025

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment is in progress for Health care assistant and a cleaner. The proprietor of nursing carries out cleaning at weekends when available, while awaiting recruitment of same.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training matrix for 2024 was available at time of inspection. Which showed training on managing behaviour that is challenging was completed by all staff in July 2024 and not due until 2026 Infection control training was completed in November 2024, and was rebooked following infection prevention control inspection for 16th July 2025, which was cancelled by trainer Same has been rescheduled for December 2025. Manual handling training was due in June 2025, same was booked but not confirmed. Has now been rebooked for 08-January earliest date available.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Management will ensure all residents; petty cash transactions are co-signed. All residents' property will be itemized and signed accordingly when returned to either resident or family. Audits will be carried out on same for safeguarding both residents and staff.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management will ensure, auditing are carried out more often to ensure effective monitoring. Findings of all audits will be discussed at management meetings and quality management meetings to enable improvements.</p> <p>Auditing of residents' finance records has been added to the scheduled auditing. Following all HIQA inspections, all findings will be discussed at quality management meetings for all staff.</p> <p>All relevant management staff have been re-informed of the importance of being familiar with current regulations. These were misplaced at the time of inspection but are now readily available to all staff.</p> <p>Recruitment is in progress for Health care assistant and a cleaner, as one staff member has retired, and another has reduced their ours.</p> <p>The person in charge was not on duty on the day of inspection for personal reasons, but had arranged for two RGN's on duty, this was not evident on roster. Going forward management will ensure that any person not on duty will be cross off roster. Also designated person in charge for day will be highlighted on roster.</p> <p>The IPC lead is now employed for 3 days per week and on the roster.</p> <p>All mandatory training has been booked, but canceled by instructors, same have been rescheduled for all staff.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints procedure has now been updated to reflect Kilcara's complaints policy</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider and management will continue with the maintaining and upgrading of the home to ensure effective infection prevention and control. To enable this recruitment for a second cleaner is in progress. Plans for upgrading, handrails, some bedrooms and furniture is in place for 2026</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: Transfer and discharge letters have now been updated to include resuscitation decisions, a copy of the current prescription, the GP's letter (if available), and a list of any personal items sent with the resident. These elements were already being provided previously; they are now formally documented within the transfer/discharge letter</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Family's bring in each residents own toiletries – few toiletries were left in store press, which were not in use, some have been discarded Service of the medication fridge has been booked Laundry area has been decluttered, and same will be reviewed on a daily basis with regular auditing The boxes and refuse bags at the exit of the laundry were awaiting disposal, same has now been discarded. The cleaner has been reinforced for health and safety of residents to keep the cleaning door locked, same will be overseen by management/ nurse on duty. All RGNs have been reminded of the importance of returning the sharps bin to the large closed white box after use, in order to reduce the risk of sharps injuries Controls are in place to mitigate the risk of Legionella; however, these were not previously documented. Going forward, all staff have been and will continue to be informed of these controls, and appropriate documentation will be maintained. Management will ensure that all staff are aware of and have read the relevant policy. The proprietor intends to replace the hand-wash sink in the dirty utility room, as it has been eroded by chemical exposure</p>	

The proprietor has proposed replacing the taps on selected sinks with hands-free taps in order to comply with IPC regulatory requirements

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Following the RGN meeting, the following points were discussed: Care plans will be removed when an illness or condition has resolved, to ensure the resident's status is accurately reflected
 Residents' histories of infections are now included as part of the core admission details, whereas previously they were documented only within the medical history and care plan

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 Risk assessments and consent are always obtained prior to implementing any form of restraint
 All restrictive practices are documented in residents care plan with clear rationale, alternatives considered, and monitoring requirements. And as mentioned in regulation 5, need to be removed when no longer active. Practices are regularly reviewed with the aim of reduction.
 ongoing audits will ensure continued adherence and safe implementation.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents are consulted and involved daily in the organisation of the centre, with the management, proprietor, and activities coordinator engaging with them regularly. Management going forward will schedule more frequent residents' meetings to further support meaningful participation. Kilcara always aim to maintains a high standard of dignity and respect.</p> <p>The privacy curtain noted as missing on the day of inspection had been removed for laundering and has since been replaced</p>	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	15/01/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	11/11/2025
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Not Compliant	Orange	04/11/2025
Regulation 16(2)(a)	The person in charge shall ensure that copies of the Act and any regulations made	Not Compliant	Orange	04/11/2025

	under it are available to staff.			
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or statutory agencies in relation to designated centres for older people are available to staff.	Substantially Compliant	Yellow	04/11/2025
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.	Substantially Compliant	Yellow	19/06/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	04/11/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/01/2026

Regulation 23(c)	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	15/01/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	04/11/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	07/11/2025

Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	04/11/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	04/11/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	24/11/2025

Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	10/11/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	11/11/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	04/11/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	03/11/2025

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	04/11/2025
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