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:	Knockeen Nursing Home
Name of provider:	Knockeen Nursing Home Limited
Address of centre:	Knockeen, Barntown, Wexford
Type of inspection:	Unannounced
Date of inspection:	17 February 2026
Centre ID:	OSV-0000243
Fieldwork ID:	MON-0049507

About the designated centre

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

Knockeen Nursing Home is a purpose-built single-storey building that first opened in 1997. It consists of 49 single en-suite bedrooms. The provider is a company called Knockeen Nursing Home Ltd. The centre is located in rural setting near the "Pike Men Monument" in Barntown, Co Wexford. There was a number of communal sitting and dining rooms and multi-purpose rooms; as well as an oratory which was also used also used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, a nurses' station, administrative offices, a suitably equipped kitchen and a laundry room. There was activities changing facilities and a treatment and hairdressing room that completed the accommodation. The centre also has two enclosed gardens as well as extensive landscaped grounds on the two acre site. The centre provides care and support for both female and male residents aged 18 years and over. Care is provided for residents requiring long-term care with low, medium, high and maximum dependency levels. The centre also provides care for respite, palliative care, convalescence care, acquired brain injury, people with a dementia and young people who are chronically ill (physical, sensory, and intellectual disability). The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and or the acute hospital, staff in the centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. The centre currently employs approximately 74 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 17 February 2026	09:30hrs to 18:10hrs	Aisling Coffey	Lead
Wednesday 18 February 2026	14:00hrs to 18:30hrs	Aisling Coffey	Lead
Tuesday 17 February 2026	09:30hrs to 18:10hrs	Mary Veale	Support

What residents told us and what inspectors observed

Overall, residents were happy living in Knockeen Nursing Home; however, some residents told inspectors that factors such as food and staff response times to call bells negatively impacted their day-to-day experience in the centre.

This unannounced inspection was conducted over two days. Two inspectors of social services attended on the first inspection day, while one attended on the second inspection day. Over the two inspection days, the inspectors spoke with 17 residents and four visitors to gain insight into residents' lived experience in Knockeen Nursing Home. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

Residents were highly complimentary of the staff who cared for them, telling the inspectors "you couldn't get nicer" and describing staff members as "very nice", "very good to me", "exceptional" and "lovely". While acknowledging the positive attributes of individual staff members, three residents expressed concern about long wait times for assistance after ringing the call bell, particularly at night. Residents expressed their concern, telling the inspectors, "sometimes I'm waiting a bit for the toilet", "I could be waiting a quarter of an hour", and "the night is the worst, I can be waiting up to half an hour". Similar resident feedback regarding long wait times for call-bell responses was noted by the inspectors in residents' meeting records, and some lengthy call-bell response times were observed in the call-bell response records.

The inspectors found that staff and management were knowledgeable about residents' needs, and that they promoted and respected residents' rights and choices. The inspectors observed numerous friendly, compassionate, warm, dignified, and respectful interactions between residents and staff throughout the day of the inspection.

Knockeen Nursing Home is a two-storey premises overlooking the County Wexford countryside. All residents' accommodation and facilities were on the ground floor, while the first floor accommodated staff changing rooms, offices, and storage. * There was also a guest sleepover room on the first floor, and the provider had submitted an application to the Office of the Chief Inspector to convert this room into an office.

Residents' bedroom accommodation was single occupancy with en-suite toilet and shower facilities. All bedrooms seen by the inspectors were personalised with family photographs and items from home, such as paintings, bedding and ornaments. All the bedrooms had a television, locked storage and call bell facilities. Residents whom the inspector spoke with were pleased with their personal space. The centre also had two dedicated bedrooms for residents requiring palliative care services. These two bedrooms were spacious and bright, with direct patio access. Within

these rooms, sleeping facilities enabled families to stay overnight with their loved ones.

While an on-site laundry was used for domestic purposes, most residents' clothing and linen were laundered off-site. All residents spoken with on the inspection days were happy with the laundry service, and there were no reports of missing clothing. The on-site laundry infrastructure supported the functional separation of the clean and dirty phases of the laundering process.

Internally, the centre's design and layout supported residents' movement throughout the centre, with wide corridors, sufficient handrails, and comfortable seating in the various rest and communal areas. These communal areas included two lounges, the "Rest Room" and the "Pike Room", two large dining rooms, an oratory and a sun room. Communal areas were comfortable and inviting, with domestic features such as a piano, bookshelves, ornaments, and delph dressers, providing a homely environment for residents. The inspectors noted that the decor in some areas of the centre showed signs of wear and tear, as discussed further under Regulation 17: Premises.

In terms of outdoor space, the centre had two secure internal gardens, which were clean, tidy, and pleasantly landscaped. The gardens had comfortable seating, garden decorations, water features, raised vegetable and flower beds, potted plants and flowers. Access to these secure outdoor areas was found to be unrestricted, allowing residents to enjoy them without restriction.

On the first inspection day, inspectors observed residents watching Mass on the television in the sun room after breakfast, followed by a rosary in the oratory before lunch. The hairdresser was present on the first inspection morning, and residents proudly displayed their new hairstyles. Later in the afternoon, some residents attended a meditation session and a knitting class. On the second inspection day, the inspector observed music in the Rest Room and one-to-one activities, including card games, taking place. All residents spoken with expressed high praise for the activity staff and the activity/entertainment schedule on offer at the centre.

Lunchtime at 1:00pm on the first inspection day was observed to be a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. The inspectors observed that most residents ate in the dining rooms, while a small number chose to have lunch in their rooms. Residents were offered a choice of two starters: watermelon or leek and potato soup; two main courses: bacon and parsley sauce or vegetable lasagne; and two dessert options: fruit trifle or jelly and ice cream. While drinks were available for residents at mealtimes and throughout the day, inspectors noted a lack of choice of drink at the main meal, as discussed under Regulation 18: Food and nutrition. While some residents were complimentary, describing the food as "superb" and "very good", others responded neutrally, stating "it could be better", "it could be improved", and "they are trying to improve it", while others expressed dissatisfaction with the quality of the food available and the portion sizes.

Visitors were observed coming and going throughout the two inspection days. Residents and their visitors confirmed there were no restrictions on visiting. Visitors were observed engaging in activities alongside their loved ones, chatting in residents' bedrooms and relaxing in the communal areas with their family members. Visitors spoken with were complimentary of the care received by their loved ones and of the communication with them as a family.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection found that, overall, the management systems had been strengthened since the July 2025 inspection. While improvements were observed in the areas of healthcare and staff training, additional actions were required to continue working towards improved regulatory compliance across all regulations, as outlined in this report.

This was an unannounced risk inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection in July 2025. The inspection informed the provider's application to vary a condition of their registration and an application to renew registration. The inspectors also followed up on three pieces of unsolicited information of concern received by the Office of the Chief Inspector since the last inspection, related to resident care, welfare and safety, staff training, call bell response times, environmental hygiene, and governance and management in the centre. The overall findings of this inspection indicated that some of the concerns highlighted to the Chief Inspector by way of unsolicited information were substantiate as outlined under the relevant regulations within the report.

The registered provider is Knockeen Nursing Home Limited. The company has two directors, one of whom is the chief executive officer and represents the provider for regulatory matters. Since the last inspection in July 2025, there have been changes in the centre's governance and management, including the appointment of a new person in charge. The person in charge is responsible for the centre's day-to-day operations and reports to the regional director, who in turn reports to the company directors. This regional director is a person participating in management. This is a senior member of staff who supports the person in charge in their operational management and clinical oversight of the centre. On the inspection day, the person in charge was not present. The regional director was present and was deputising in their absence, in line with the provider's deputising arrangements. The chief

executive officer also attended on-site to support the inspection process and participated in the feedback meetings at the end of each inspection day.

The person in charge meets the regulatory requirements. The person in charge is an experienced registered nurse who works full-time in the centre. They have previous management experience and post-registration management qualifications.

The person in charge is supported in their day-to-day management of the centre by a clinical nurse manager, staff nurses, healthcare assistants, catering, housekeeping and maintenance staff. Based on the inspector's observations, discussions with residents, and a review of documentation, including residents' committee meeting minutes and call-bell response time reports, it was found that the current staffing levels and skill mix did not consistently meet residents' assessed needs, particularly at night. This staffing matter is discussed further under Regulation 15: Staffing.

Staff were appropriately supervised and clear about their roles and responsibilities. Records reviewed found that staff had access to a suite of mandatory training in areas such as safeguarding, infection control and fire safety to support them in their role. Notwithstanding this good practice, some gaps were found in the number of staff who were up-to-date with the required training as discussed under Regulation 16: Training and staff development.

The registered provider had systems in place to monitor the quality and safety of care. There was documentary evidence of the communication systems in place between the registered provider and management within the centre. Minutes of regular governance meetings were reviewed. These meetings discussed key aspects of care provision for residents, including premises, facilities, staffing and training requirements. Within the centre, there was evidence of staff meetings focused on key quality and safety areas, including falls, fire safety, complaints, and medication management.

The provider had a risk register to monitor and manage known risks in the centre. The provider had completed some auditing since the previous inspection, covering areas such as medication management, infection control, malnutrition risks, wound care, and falls. These audits identified some risks in service provision, and action plans were developed to address them and improve safety. Notwithstanding these good practices, action was required to effectively identify further deficits and risks and to continuously drive sustained quality improvement when risk was identified. These matters are discussed under Regulation 23: Governance and management.

The provider was progressing the annual review of the quality and safety of care delivered to residents for 2025. The inspectors reviewed a draft and saw evidence of the consultation with residents and families reflected in the review. In this draft review, the registered provider also identified areas requiring improvement, including for example, care planning, auditing and infection control.

While the provider had a system to oversee accidents and incidents within the centre, further oversight was required to ensure all notifiable incidents are reported

to the Chief Inspector within the required timeframes, as discussed under Regulation 31: Notification of incidents.

The inspectors reviewed four contracts for the provision of services. While all contracts reviewed were signed by the resident or their representative and outlined the services to be provided and the fees for those services, not all contracts contained the information required by the regulations, as discussed further under Regulation 24: Contract for the provision of services.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was under review.

Judgment: Compliant

Registration Regulation 6: Changes to information supplied for registration purposes

There were changes to the directorship of the registered provider in that one new director was appointed. The appropriate notice period of eight weeks was not given to the Chief Inspector, as required by the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

Judgment: Not compliant

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 1 of the centre's certificate of registration was received by the Chief Inspector.

The proposed variations involved the addition of two external storage facilities onto the registered floor plans and the proposed change of function of a guest sleepover room to a staff office facility.

The application was complete, contained all required information, and, at the time of the inspection, was under review.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge meets the regulatory requirements. They are an experienced registered nurse with previous management experience and post-registration management qualifications.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff at night required review, having regard to the needs of the residents, as assessed in accordance with Regulation 5, and the size and layout of the designated centre. This was evidenced by the following findings:

- Three residents expressed concern about the delay in receiving assistance with personal care after they rang their call bells, particularly after 8:00pm.
- The inspector reviewed a sample of residents' call-bell response times over a 39-hour period in the days preceding the inspection and found that 13 call-bell response times exceeded 10 minutes, with delays of up to 26 minutes recorded.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While staff had access to a suite of training programmes to enable them to perform their respective roles, some gaps in adherence to mandatory training requirements were found; for example, seven staff were overdue for an annual refresher of fire safety training.

Judgment: Substantially compliant

Regulation 21: Records

The inspectors reviewed records relating to four staff members. The registered provider had ensured that the necessary information, as required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, documentary

evidence of relevant qualifications, required references and current registration details, were available for these staff members.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had management systems to monitor the quality and safety of service provision, these oversight mechanisms did not effectively identify all deficits and risks in service provision and continuously drive sustained quality improvement when risk was identified, for example:

- The oversight systems were not fully effective in identifying risks and driving quality improvement in areas such as individual assessment and care planning, medicine and pharmaceutical services, premises, infection control, staffing, training and staff development, contract for provision of services and food and nutrition, as found on inspection day.
- The oversight systems in place to ensure the submission of required information to the Chief Inspector were not sufficiently robust, as evidenced by the following:
    - The registered provider failed to notify the Chief Inspector of matters set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 on four occasions over the last two years.
    - One statutory notification to the Chief Inspector was not submitted within the required timeframe.
- The oversight systems in place to monitor the management of residents' finances did not identify that these were not being managed in accordance with the provider's policies. For example, the inspectors found that one staff member was receiving residents' funds for safekeeping. This practice was contrary to the provider's policies, which require two signatures to be recorded when this process was undertaken.
- The oversight systems in place did not ensure accurate documentation of residents' needs within care plans. For example:
    - A resident who had been admitted to the centre, requiring supervision due to cognitive impairment, had a care plan which recorded that the resident had no cognitive impairment.
    - A resident who was identified as requiring assistance from two staff members to mobilise had a mobility care plan outlining that the resident was to be encouraged to mobilise.
    - A resident recently admitted to the centre, who was underweight, had not been weighed since admission.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of four contracts of care between the resident and the registered provider and found that none set out the bedroom occupied by the resident, as required by the regulation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider did not notify the Chief Inspector of one unexplained absence, as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

The centre displayed its complaints procedure prominently in the entrance lobby. Information posters on advocacy services to help residents make complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident they could do so if necessary. The provider maintained a record of complaints received and the manner in which they were managed. The inspectors reviewed a sample of complaints received since the last inspection and found that they had been responded to in accordance with the requirements of the regulation.

Judgment: Compliant

Quality and safety

The inspectors found improvements to the standard of care provided to residents since the previous inspection, particularly concerning healthcare. The inspectors observed kind and compassionate staff treating residents with dignity and respect throughout the two inspection days. Residents' rights were being upheld, and the provider was taking measures to protect residents from abuse. Notwithstanding

these good practices, ongoing action was required across several regulations to ensure regulatory compliance.

The inspectors viewed a sample of residents' electronic nursing records and care plans. There was evidence that residents were assessed prior to admission, to ensure the centre could meet their needs. However, care plans viewed by inspectors required robust review, as many were not person-centred and lacked sufficient information to effectively guide and direct the resident's care. This is discussed further under Regulation 5: Individual assessment and care plan.

The premises' design and layout met residents' needs. The centre was appropriately decorated to provide a homely atmosphere. There were secure outdoor areas, which were pleasantly landscaped. While acknowledging these positive aspects in relation to the premises, some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

A choice of home-cooked meals and snacks was offered to all residents at reasonable times throughout the day. A daily menu was displayed in the dining rooms for residents. Residents on modified diets received meals and drinks of the correct consistency, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Meal times varied according to residents' needs and preferences. The dining experience was observed to be relaxed. However, residents were observed to be provided with cordial at meals and not given a choice of beverage. This is discussed under Regulation 18: Food and nutrition.

Overall, the centre's interior was clean. Surveillance of healthcare-associated infections and multi-drug resistant organism colonisation was being undertaken and recorded. The volume of antibiotic use was also regularly monitored. The provider had appointed a trained infection control link nurse to provide specialist expertise, and staff had access to infection prevention and control (IPC) training. A targeted auditing system was in place to regularly review staff practices. The person in charge had completed a review following a recent outbreak of acute respiratory illness. Within the review, relevant protocols and guidance were documented as having been adhered to, and learning was identified for a future outbreak. Notwithstanding these good practices, inspectors found that the disposal of urinal contents and the decontamination of residents' care equipment did not comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance on IPC, as discussed under Regulation 27: Infection control.

The provider had ensured that a pharmacist was available to each resident. The person in charge had facilitated the pharmacist in meeting their obligations, and the records reviewed indicated that the pharmacist had recently conducted an audit of medication management practices in the centre. There was a comprehensive centre-specific policy in place to guide nurses on the safe management of medications. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations (1988) and in line with the provider’s policy. However, the storage and administration of medications to ensure they were safe and in

accordance with the pharmacist's advice required further review, as discussed under Regulation 29: Medicines and pharmaceutical services.

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- There was wear and tear in multiple areas, including resident bedrooms, with some skirting boards damaged and walls visibly scuffed, marked and damaged, leaving exposed plaster.
- Inspectors observed examples of inappropriate storage: for example, vacuum cleaners and garden chairs were found stored in communal bathrooms, while linen trollies, waste bins, and hoists were stored in communal areas, such as the Rest Room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Not all residents were offered a choice of beverages during their main lunchtime meal. For example, inspectors observed that residents' glasses and non-spill cups were pre-filled with cordial, and that residents were not offered an alternative drink. Additionally, this practice meant that the dietary needs of residents were not considered, as residents prescribed a high-protein, high-calorie diet were not offered a choice of a high-protein drink with their meals.

Judgment: Substantially compliant

Regulation 27: Infection control

While the interior of the centre was generally clean on the day of inspection, there were some areas requiring review relating to the management of the environment and resident equipment identified to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance in relation to IPC.

The decontamination of resident care equipment required review, for example:

- A number of staff informed the inspectors that the contents of urinals and urinary commodes were manually decanted into residents' toilets. Decanting risks environmental contamination with multidrug-resistant organisms (MDROs) and poses a splash- and exposure-related risk to staff. Bedpan washers should be capable of disposing of waste and decontaminating receptacles.
- Commodes were observed to have visible rust on the legs or wheel areas. This posed a risk of cross-contamination as staff could not effectively clean the rusted parts of the commode.
- A sample of resident equipment, such as crash mats, were visibly unclean, with dried-in liquid stains.

The oversight of environmental cleanliness required review as inspectors found the carpets were visibly unclean in some areas, including residents' bedrooms.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Action was required to ensure the storage and use of some medications were aligned with the requirements of the regulation, for example:

- Dates of opening for medications with reduced expiry were not consistently recorded.
- Medicines were in use that lacked a pharmacy label to indicate which resident they were prescribed for or how they were to be administered.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required concerning individual assessments and care plans to ensure that each care plan accurately reflected the resident's assessed needs, in order to guide staff in providing safe and effective care, for example:

- A resident who chose to smoke did not have a care plan detailing the assistance and supervision needs that the resident required to smoke safely.
- A resident who was at the end of life did not have a detailed care plan to support their wishes or spiritual needs.
- A resident who had a colonised infection did not have a care plan in place to guide staff in the management of the infection.

Judgment: Not compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical reviews and access to a range of external community and outpatient-based healthcare providers, including physiotherapists, dietitians, speech and language therapists, and palliative care services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Síochána (police) vetting before commencing employment in the centre.

Safeguarding training was provided, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

From the records seen, it was clear that the person in charge had provided a robust and person-centred response when investigating and responding to allegations of abuse concerning residents.

The provider did not act as a pension agent, but held small amounts of cash in safekeeping for two residents. The provider had a transparent system in place for recording the lodgement of residents' personal monies.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. Residents' privacy in their bedrooms was respected. The centre had in-house religious services twice weekly.

Residents had access to radio, television and newspapers throughout the centre. Residents could communicate freely, having access to telephones and internet

services throughout the centre. Residents had access to independent advocacy services.

Residents had facilities for occupation and recreation, as well as opportunities to participate in varied activities in accordance with their interests and capacities.

Residents had the opportunity to be consulted about and to participate in the organisation of the designated centre through regular residents' meetings and completing questionnaires. The inspectors saw evidence of action being taken to address matters raised by residents in these committee meetings.

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
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Knockeen Nursing Home OSV-0000243

Inspection ID: MON-0049507

Date of inspection: 18/02/2026

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
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: The provider will ensure that changes to information supplied are submitted within designated timelines. The provider will engage with HIQA to ensure full clarity on specific submissions to maintain compliance	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing capabilities and skill mix had become an issue (Jan and Feb 2026) due to the increased requirement for agency workers. The requirement for agency staff was at a peak in February, with 27 shifts in a single week. Four additional healthcare assistants have been recruited from overseas. These staff have begun employment (March 2026) The newly recruited staff have progressed through induction and training which has removed the requirement for use of agency staff on the planned roster. In May the need for agency, as part of the planned roster, had fallen to 0 shifts. Management will complete monthly workforce reviews, for all departments, to ensure that resources are consistent and that recruitment is timely.	

Resident dependency levels will be reviewed, by management, on a weekly basis. Skill mix and staffing on the roster will be assessed to ensure it appropriately matches the requirements.

A Care hour report will be integrated to the weekly KPI report to compare the actual care hour allocation compared to the care hour requirement based on resident dependency.

For the period reviewed by the inspector (39 hours) there were 589 calls by residents. 2% of these calls (13) exceeded 10 mins.

Management will complete weekly reviews of call bell logs to ensure response times are being adhered to.
Resident feedback will be sought through quarterly resident committee meetings, monthly governance reviews and weekly spot checks to ensure needs are being met.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Following the inspection our external training facilitator was booked and delivered sessions, at the home on April 9th. Further training has been booked for May 26th.

There has been further engagement with the training portal provider to ensure improved reporting and governance. (May 2026)

A change in policy has been introduced to drive compliance. Staff are paid for the training that they complete both for in-person and for online courses.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

A new CNM was recruited and took up post on March 13th.

Nursing staff are attending online training on Assessment and Care planning (May 14th) facilitated by experienced external facilitators.

Further in-house trainings will be provided to all nursing staff by 30th of June 2026.

Additional protected hours have been put in place to ensure that assessments and care plans are up to date. This will be completed in June 2026.

Management will carry out a comprehensive audit of all residents' assessments and care plans to ensure compliance and quality. Thereafter a quarterly audit will be done to ensure ongoing compliance.
In addition to this weekly spot checks on care plans to ensure timely updates as residents' care needs change.

Management will complete quarterly audits on medications management to ensure the practice is in line with the policy of the home.

Management will complete monthly audits and weekly spot check on Contracts of Care to ensure all requirements are complete.

Management will complete monthly audit of training compliance to ensure that all required training has been attended.

Management will carry out monthly walk-through inspections, and weekly spot checks, of premises to ensure all regular maintenance is complete or in progress.

The policy relating to residents' funds states that two employees must witness the receipt of monies.
A weekly audit of staff property and funds, held by the nursing home, will be introduced.

The inspector had identified that a recently admitted resident had not had their weight measured. Knockeen has two beds dedicated to the HSE South East Palliative services team. Residents who are admitted under palliative services are not weighed. This is a clinical decision, which has been agreed with the HSE South East Community Palliative Care Services
The End-of-life policy will be updated to reflect this practice. The update in policy has been checked and confirmed with the HSE South East Community Palliative Nurse. (May 2026)

The RPR and PIC will review incidents during weekly meetings to ensure all notifications are submitted as required.

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 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

The template for the Contracts of Care has been updated to include the Room number.

An audit of all existing contracts of care will be completed and all room numbers will be applied to contracts where it is missing.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All notifications will be submitted within prescribed timelines. Clarification from HIQA will be sought if there are any doubts.

Regulation 17: Premises	Substantially Compliant

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

The maintenance function has been increased across 5 days. There are two role holders under a job share.

For repairs, painting and ongoing maintenance the home will be designated into two sections with defined responsibility and a schedule for each section clarified.

The issue of storage has been identified by the provider. An architect has been engaged to advise of developments for the future which would provide for additional, appropriate storage.
In the medium term, on the days when the hairdresser is on site, twice per month, larger

items will be moved to a secure area for temporary storage

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

This incident relating to drink preference has been discussed with staff immediately following the inspection. Although staff expressed that they are familiar with the preferences of these long-term residents, all staff have been reminded of the need to ensure that residents' preferences, and requirement, are sought and provided for.

Residents' meal preferences, and any modified requirements, as prescribed by the dietitian are detailed on the Diet Sheets and c. Specific morning preferences are held on Breakfast cards – one for each resident.
Staff will be reinforced of the practice to refresh knowledge of these preferences and requirements through the documentation that is available.

Regulation 27: Infection control	Substantially Compliant

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

Staff have been referred to the policy on infection control in relation to MDROs. A new sluice machine was purchased in November 2025. Staff will have further training and will be reminded of correct sluicing practices and will be monitored to ensure compliance.

A review of commodes has been completed with replacement of damaged equipment to be ordered.
Process for crash mat review and regular cleaning has been introduced.

On the day of the inspection a food thickener had spilt in a resident's room. This was cleaned that evening. Some bedroom carpets have been replaced as required.

One residents' room will have the carpet removed and replaced with a wipeable flooring (14/05/26) This followed consultation with the resident and family. Management at the

home have identified this as required action due to the medical condition of the resident.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

On the day of the inspection the home was advised that paracetamol was present and that the label was unnamed, the medications process will be reviewed to ensure all medications are named under a resident and that all expiry dates are presented.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Further trainings and hours have been put in place for the nursing team to cover the gaps in assessment and care plans.

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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	15/05/2026
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having	Substantially Compliant	Yellow	12/06/2026

	regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2026
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.	Substantially Compliant	Yellow	30/07/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	12/06/2026
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	30/06/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to	Substantially Compliant	Yellow	30/05/2026

	the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/05/2026
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	30/05/2026
Regulation 29(3)	The person in charge shall ensure that, where a pharmacist provides a record of medication	Substantially Compliant	Yellow	15/05/2026

	related interventions in respect of a resident, such record shall be kept in a safe and accessible place in the designated centre concerned.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	15/05/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	15/05/2026
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	Not Compliant	Orange	30/05/2026

	admission to the designated centre concerned.			