



**Health
Information
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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:	Middletown House Nursing Home
Name of provider:	Joriding Limited
Address of centre:	Ardamine, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	16 June 2026
Centre ID:	OSV-0000251
Fieldwork ID:	MON-0050749

About the designated centre

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

This centre was opened in 1984 and has undergone a series of major extension and improvement works since then. The premises consist of two floors with passenger lifts provided. It is located in a rural setting in north county Wexford close to Courtown. Resident accommodation consists of 31 single bedrooms with en-suite facilities, ten twin bedrooms with en-suite facilities, a sitting room, an oratory, two lounges, a reception lobby and a visitors' tea room. The centre is registered to accommodate 51 residents and provides care and support for both female and male adult residents aged over 18 years. The centre provides for a wide range of care needs including general care, respite care and convalescent care. The centre caters for residents of all dependencies, low, medium high and maximum and provides 24 hour nursing care. The centre currently employs approximately 65 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 June 2026	09:10hrs to 17:05hrs	Sinead Corbett	Lead
Tuesday 16 June 2026	09:10hrs to 17:05hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

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). This inspection followed up on the actions taken by the provider to address issues of non-compliance identified on the last inspection on 26 May 2026 and had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes during the ongoing construction works. Since the last inspection, the registered provider submitted an application to vary a condition of the centre's registration to the Chief Inspector and this inspection informed this application.

To gain insight into the residents' experiences in the centre inspectors spoke to residents, visitors, staff and spent time observing the environment and reviewing documentation. Inspectors met with many of the 44 residents and spoke with 22 residents at length and 1 visitor. Residents gave positive feedback about the staff, saying that they were 'kind' and 'very good'. Residents were generally complimentary about the food, telling inspectors that they had choice and that the food was 'lovely'. One resident said if they did not like what was on the menu, they could ask for something else. Residents spoken with said they could choose to spend their day as they wished, for example what activities they wanted to participate in and when they wished to get up and go to bed. Inspectors observed that staff were kind and attentive to residents needs. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to inspectors. These residents appeared appropriately dressed and well-groomed.

In relation to the construction works, some residents told inspectors that the construction works did not really bother them. However, one resident residing in a bedroom overlooking the building site said that the noise is worse since the previous inspection. Another resident spoke of the proximity of building works to their bedroom and said that while it does not really bother them it does reduce privacy as the building work is "very close". Inspectors were told by one resident that the dust gets 'everywhere' but said that there is increased deep cleaning. Two residents spoke of their dissatisfaction with the close location of the modular unit to their bedroom windows, with one saying that it has made their room dark.

Inspectors arrived to the centre in the morning and conducted a walk around of the premises followed by an introductory meeting with the person in charge and the assistant director of nursing. Middletown House Nursing Home is a two storey designated centre registered to provide care for 51 residents. The centre is located in a rural area close to Gorey and Courtown in Co. Wexford. Resident accommodation consisted of 31 single bedrooms with ensuite bathrooms, and 10 twin bedrooms located on both floors of the designated centre. Stair-lifts and a passenger lift facilitated residents to move between floors.

Construction of a 34- bedroom extension was underway and in preparation for this, the sunroom, a toilet, and a section of the lounge had been demolished. Communal space was reconfigured in the centre and the dining room was located in a modular unit that was placed in the garden at the back of the designated centre, however this unit was currently not registered as part of the designated centre. Inspectors observed that the previous dining room was in use as an activity/sitting room. Also, a visitor room, second lounge area and oratory on the ground floor were available for resident use.

Single and twin bedrooms were located on the ground and first floor. They were personalised with residents' own photographs, ornaments and personal memorabilia and residents had access to ample storage in their bedrooms. Curtains in between bed spaces in twin rooms afforded each resident with privacy. Additional measures had been taken to protect residents' privacy during the ongoing construction works. One-way privacy film had been applied to the majority of windows overlooking the building site and those facing the modular unit, preventing visibility into residents rooms from outside while maintaining natural light.

The residents' garden area was no longer in use as it accommodated the modular unit. Seating was placed in the yard areas to allow for residents to sit outside but residents did not have access to any safe and secure garden area to enjoy over the summer months. Inspectors were told that a plan to address this was in development.

The activity schedule was displayed on the wall outside of the activity/sitting room and on a television in the reception area. They included a variety of activities, such as reminiscence, art, music, chair yoga, and a cocktail making class, Inspectors were told that residents went on an outing last week to a cinema in the local town and an outing was scheduled for the day of the inspection, however, this was postponed due to poor weather. Inspectors were told that the activity schedule was planned for July with input from the residents. Residents were observed playing games and getting their nails done with the activity co-ordinator. Other residents were observed reading, watching television and listening to the radio.

Residents were complimentary about the quality of food served in the centre and residents were offered a choice at mealtimes. The menu was displayed in the centre and on dining tables in the modular unit. Residents were observed having their main meal in the modular unit, activity/sitting room or in their bedrooms. The modular unit was decorated with curtains, framed pictures on the walls and dining tables dressed with linen tablecloths. One dining room table was located in the activity/sitting room and was dressed with a table cloth and placemats. Residents who required assistance were supported by staff in a respectful and unhurried manner. Meals provided appeared appetising and were served hot. Modified meals were seen to be well presented.

Ancillary facilities generally supported effective infection prevention and control. The main kitchen, was of adequate in size to cater for resident's needs. Toilets and changing facilities for catering staff were in addition to and separate from facilities for other staff. Staff had access to three sluice rooms for the reprocessing of

bedpans, urinals and commodes. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. However, the design and finish of the two housekeeping rooms used for the storage and preparation of cleaning trolleys and equipment did not facilitate good cleaning. These rooms did not have janitorial units or facilities for hand-hygiene. Alcohol hand-rub dispensers were readily available within resident's bedrooms and hand hygiene sinks were located on corridors within easy walking distance of resident's bedrooms.

While the centre generally provided a homely environment for residents, inspectors observed that the décor in the centre was showing signs of wear and tear. Surfaces and finishes including wall paintwork and flooring in some areas were worn and as such did not facilitate effective cleaning. Despite the maintenance issues identified, overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared visibly clean with some exceptions. These findings are set out in detail under the Regulation 27; infection control.

Visitors were observed coming into the centre throughout the day. A sign in book was placed at the main entrance for visitors to the centre. Visitors who spoke with the inspectors were happy with the care and support their loved ones received. Residents said that their visitors were welcome to visit as they chose.

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

Capacity and capability

This inspection assessed compliance with infection prevention and control guidance and best practice during ongoing construction works at the centre. Overall, inspectors found that governance arrangements and oversight of the ongoing construction works and their impact on residents had strengthened. Actions outlined in the urgent compliance plan submitted by the registered provider since the inspection in May 2026 resulted in improvements in oversight of infection control within the context of the construction works. In addition, the registered provider had commenced plans to address findings from the last inspection related to staffing, premises and residents' rights, these are discussed further in the report.

The centre is operated by Joriding Ltd. who are the registered provider, and part of the wider Evergreen Care group, who operate a number of other nursing homes nationally. There is one company director and Arbour Care Nursing homes Limited hold the role of company secretary. The overarching management structure in place included two operations managers and a director of operations. The management team was supported by a head of quality safety and risk. The person in charge worked full-time and was supported by a team consisting of an assistant director of

nursing, three clinical nurse managers, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff.

Since the previous inspection, the registered provider submitted an application to vary the condition of registration to reflect the reduction and reconfiguration of communal spaces and garden spaces, amendments of evacuation routes and fire safety arrangements, and the use of the temporary modular unit for residents. However, the registered provider was not operating according to the registration conditions of the centre, this is discussed further under Regulation 23: Governance and management.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge. The provider had nominated a staff member to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Since the last inspection the provider had engaged with an external consultant to provide infection prevention and control advice and support during the ongoing construction works to ensure that construction activity did not compromise infection prevention and control within the centre.

The provider had implemented a number of assurance processes in place in relation to the standard of environmental hygiene during the ongoing construction works. This included a daily environment and construction walkabout and checklist, enhanced cleaning schedules and escalation pathways to report any concerns identified. Management and staff meetings were held in the centre to discuss the previous inspection findings and to oversee an action plan to address the issues and bring about improvements and regulatory compliance. In addition weekly meetings were held with the construction team and the person in charge, with updates issued to staff.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were observed to be receiving support in a timely manner and communal areas appeared sufficiently supervised. Improvements in staffing since the last inspection are detailed under Regulation 15: Staffing.

A comprehensive training programme was available to support staff in their roles. Records reviewed showed that all staff had completed fire safety training, safeguarding and infection prevention and control training. All staff had received training in regarding the ongoing construction works, including the importance of maintaining effective environmental controls to minimise potential risks to residents. However, some gaps were noted, this is discussed under Regulation 16: Training and staff development.

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

The registered provider had applied to vary one of the centre's registration conditions. The appropriate fees were paid and the necessary initial documentation had been submitted. The application reflected changes to condition 1; the registered footprint of the centre and the use of a modular unit for residents. This was under review at the time of the inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there appeared to be sufficient staff and skill mix on duty to meet the needs of the residents and staffing levels had increased since the last inspection as follows:

- Two healthcare assistants had commenced induction in the centre.
- Additional housekeeping hours had been allocated to the daily roster to ensure effective dust control and environmental hygiene standards were maintained during the ongoing construction works.
- Additional maintenance hours had also been allocated each week to address ongoing maintenance issues within the existing centre.

Judgment: Compliant

Regulation 16: Training and staff development

While there was an ongoing schedule of training in place to ensure all staff had relevant and up to date training, a review of records identified that nine staff had not completed refresher training in the management of behaviour that is challenging and one staff member had not ever completed training in this area.

Judgment: Substantially compliant

Regulation 23: Governance and management

Although there was some improved oversight systems in place to identify, assess and respond to risks associated with the construction project since the previous inspection. The registered provider was not operating the designated centre in accordance with the current statement of purpose and condition 1 of registration as follows:

- The provider was operating the designated centre contrary to condition one of the centre's registration, on which basis the centre is registered by the Chief Inspector. Changes were made to the layout of the premises without granting of an application to vary the centre's conditions of registration by the Chief Inspector, as required in the Health Act. The changes made to the premises are outlined under Regulation 17: Premises. While an application had been submitted by the provider on 28 May 2026 the application had yet to be granted to sanction the changes made to the centre. Therefore the centre was operating outside condition one of the registration as required in the Health Act.

Judgment: Not compliant

Quality and safety

Overall, staff and resident interactions were observed to be kind and respectful and residents and visitors that spoke with inspectors were complimentary about the care delivered by the staff in the centre. Since the previous inspection, improvements had been made with regards to infection control, premises and residents' rights.

Inspectors reviewed a sample of residents' care plans and good practice was observed in this area. Inspectors also focused on resident's infection prevention and control risk assessments and care plans. Care plans had been reviewed and updated to ensure appropriate precautions were consistently implemented during the construction period. Individual risk assessments for these residents were completed. In addition, residents identified as being at increased risk due to underlying health conditions had been reviewed by their general practitioner and were subject to regular monitoring for signs and symptoms of respiratory infection that could be potentially associated with dust exposure from the building site.

Residents' medical and health needs were met through a broad range of community-based health and social care services. Records of antibiotic use were maintained, this enabled staff to monitor treatment effectiveness and supported traceability in prescribing practices for individual residents. This information was routinely analysed to identify overall trends and detect increases in the incidence of infection and recognise potential cases of construction related infections such as aspergillosis (a fungal lung infection is caused by inhaling certain mold spores which may be dispersed during building or demolition works).

A varied activity schedule was available for residents to join as they wished, with two outings planned since the previous inspection. Improvements were made in the area of residents' rights since the previous inspection; privacy screens for bedroom windows were in place for bedrooms facing the construction site and facing the modular unit, with plans to consult with residents in other bedrooms facing outdoor seating areas. In addition, management confirmed that occupancy levels would

remain at 49 throughout the duration of the construction works, leaving two single bedrooms vacant. This arrangement provided flexibility to accommodate resident's preferences and ensured that alternative bedroom accommodation would be available should any resident residing in a bedroom overlooking the construction site wish to relocate during this period. Notwithstanding these improvements, there were some issues identified in respect of residents' privacy and their input into the operation of the centre, this is discussed further under Regulation 9: Residents' Rights.

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Some residents required special diets or modified consistency diets and these needs were provided as recommended. Since the previous inspection, an audit was conducted on nutrition, this included the dining experience for residents. The audit identified a very good level of compliance with an action plan developed to drive further quality improvement. Fresh water, juice and drinking glasses were located on all floors of the centre.

The décor in some parts of the the centre continued to show signs of wear and tear. However, progress had been made following the previous inspection and inspectors observed that the provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting and a planned maintenance works. Maintenance issues were logged, assigned and tracked in a log book until completion. Staff confirmed that maintenance issues were generally addressed in a timely manner. Notwithstanding these improvements, changes made to the premises did not align with the regulations, this is outlined further under Regulation 17: Premises.

Inspectors found that the overall standard of environmental hygiene had improved since the previous inspection, with appropriate dust control measures implemented and enhanced oversight of infection prevention and control related risks during the ongoing works. Additional mitigating measures had also been implemented and included the installation of air purification systems and air quality monitors in bedrooms adjacent to the construction works. Gaps in the interfacing wall between the hair salon and the construction site was sealed to prevent the ingress of dust into the centre, windows facing the building site were closed, dust suppressing measures were implemented on the building site and enhanced cleaning schedules were introduced within the designated centre. Daily environmental checks were carried out and documented to ensure these measures were adhered to.

Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, sharps and safe handling and disposal of waste and used linen. The provider had a Legionella management programme in place. Water samples were routinely taken to assess the effectiveness of local Legionella control measures. Notwithstanding the many good practices observed, a number of issues were identified which had the potential to impact on the effectiveness of infection

prevention and control within the centre. For example, the environment and some equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. These findings are set out in detail under the Regulation 27.

Regulation 11: Visits

The visitor policy 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 nominated support persons during outbreaks.

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. 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.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not conform to all matters outlined in Schedule 6 of the regulations, this was evidenced as follows:

- Communal space for residents was not in line with condition one of the centre's registration, on which basis the centre is registered by the Chief Inspector. The lounge area, sunroom and toilet were demolished, reducing this communal area by 58.1 sqm. The existing dining room was re-purposed into a resident lounge and activities room. An unregistered modular unit was in use as a dining room.
- On the day of the inspection, all residents were not provided with adequate private accommodation, as privacy screens had not been applied to all bedroom windows facing the construction site and the seating placed in the yard area. While inspectors were told that there was a plan to discuss with residents in five bedrooms facing the seating area in the yard, this had not been completed and on the day of the inspection residents in these bedrooms did not have adequate private accommodation. In addition, construction activities were in close proximity to two bedroom windows, these did not have privacy screening installed.
- Due to the positioning of a modular unit in the garden, residents did not have access to suitable external grounds for their use.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were generally complimentary about the food in the centre and they had access to nutritious meals, snacks and drinks throughout the day. Meals were well presented and residents that spoke with inspectors said they have a choice. Residents who required support at mealtimes were supported in a respectful manner by staff.

Judgment: Compliant

Regulation 27: Infection control

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

- Housekeeping rooms and stores were not equipped and maintained in accordance with good hygiene and infection prevention and control practices. These rooms were cluttered and unclean and there were no hand hygiene sinks or janitorial units within these rooms.
- Surfaces and finishes within the treatment room did not support effective cleaning. Exposed concrete flooring was visible; this did not allow for adequate cleaning as dirt could accumulate in the crevices of the floor. Damage to the wall and door frame was also observed.
- The design and condition of the floor tiling within a sluice room and several ensuite bathrooms did not support effective cleaning, as the surface and grout lines made it difficult to achieve and maintain the required standard of cleanliness.
- The covers of several mattresses were worn or torn. These items could not effectively be decontaminated between use, which presented an infection risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were documented within 48 hours of a resident's admission to the centre. A wide range of validated assessment tools were utilised to identify risks of

falls, pressure ulceration, and malnutrition. Careplans were updated at minimum intervals of every four months.

Environmental safety and construction impact care plans were developed and implemented. These care plans were designed to support and safeguard the health, safety and wellbeing of residents during the construction period and outlined individualised interventions to minimise any potential risk associated with the works.

In addition, risk assessments relating to the ongoing construction works, infection prevention and control and health and safety had been completed for residents identified as vulnerable to risk associated with the construction environment, including those with underlying health conditions or other factors that could increase their susceptibility. They included appropriate control measures and care interventions to mitigate identified risks.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services. A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example, management maintained oversight of antimicrobial prescribing and monitored trends to identify any potential increase in the prevalence of respiratory infection that could be associated with the ongoing building works. This supported early identification and emerging patterns and provided assurances regarding the effectiveness of ongoing infection prevention and control measures within the centre.

Judgment: Compliant

Regulation 9: Residents' rights

While there have been improvements made since the last inspection in respect of residents' rights, the findings showed some deficits, for example:

- Residents' privacy was not maintained in two bedrooms as there was no privacy screening on the windows despite their immediate proximity to the building works. While inspectors were told that there was a plan to discuss with residents in five bedrooms facing the seating area in the yard, this had not been completed and on the day of the inspection residents in these

bedrooms were not afforded a choice regarding installing privacy screens in their bedrooms.

- Residents were not sufficiently consulted with on the organisation of the centre, this was evidenced as follows:
 - It was not evidenced that discussions had taken place with residents to consider the option of having a second sitting for mealtimes, as the dining room could not accommodate all residents at one sitting.
 - A residents' meeting had not been held at the centre since changes were made to their communal spaces, therefore residents did not have the opportunity to collectively discuss the impact of the changes on them.
 - There was a lack of clarity among residents on the frequency of resident meetings. One resident said that they did not receive sufficient notice of the previous residents' meeting and another said that due to the presence of staff and management residents could not speak freely and hence the meeting was not a residents' meeting.
- One resident said their usual afternoon rest period was disturbed due to the noise from the construction site, which had gotten worse since the previous inspection. They were not clear that moving room was an option.

Judgment: Not 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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Middletown House Nursing Home OSV-0000251

Inspection ID: MON-0050749

Date of inspection: 16/06/2026

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A full review of the training matrix has been undertaken and any outstanding behavior support refresher training will be completed for the ten identified staff. The training matrix will be reviewed weekly by the PIC until 100% compliance is achieved and thereafter monthly. New staff will complete mandatory training during induction before working unsupervised. Compliance date: 30 /09/2026.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The application to vary has been submitted to HIQA & we await the decision of the Chief Inspector in relation to same. Any further potential/possible changes will be discussed with the inspector & a further application to vary condition 1 will be submitted in advance. Weekly governance meetings review construction, risks, IPC, resident feedback and registration status. Daily environmental checks, bedroom exit checks, air quality, construction noise monitoring and dining audits will be reviewed by the PIC. Residents with an elopement risk using the outdoor seating area will have individual risk	

assessments, supervision and access controls in place. Monthly quality audits will verify compliance.

Compliance date: 6/08/2026

Regulation 17: Premises

Not Compliant

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

The application to vary condition 1 has been submitted & we await the decision of the Chief Inspector in relation to same.

Prior to the construction commencing, both lounge areas, the sunroom & dining room were a total of 163.2sqm. With the removal of part of the lounge area & sunroom, the relocation of the dining room & the use of the modular unit, the area available to Residents is 174.95sqm.

Privacy film has been installed or offered to Residents in rooms facing the construction site and any seating placed in the external areas. Residents continue to be offered a change of bedroom location should they wish to move away from either of these areas. We will continue to ensure that there are rooms available for this purpose, should the wish or need of the Resident change.

We have further renovated an alternate accessible area in the garden to enable Residents to access the external grounds as they wish. (completed 24.07.26)

The outdoor seating area is risk assessed and monitored. The provider will continue refurbishment, maintain communal areas, and progress the registered variation until construction is complete.

Compliance date: 6/08/2026

Regulation 27: Infection control

Substantially Compliant

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

Housekeeping rooms will be upgraded with appropriate hand hygiene and janitorial facilities.

The flooring in the treatment room has been replaced to enable effective cleaning. Remedial works to the wall & door frame has been completed.

The flooring in the sluice rooms and bathrooms are being reviewed in relation to enhanced cleaning and forward planning for replacements.

A full mattress review has been carried out and any unsuitable or unfit for purpose mattress has been identified and replaced.
Enhanced cleaning schedules, environmental audits and IPC walk-rounds will continue with weekly review by management.
Compliance date: 31 /10/ 2026.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Privacy screening has been offered and applied to those Residents who are in proximity to the building works and the seating in the external areas. Not all Residents in these areas wish to have the film applied and their wish and preference has been noted. The privacy screening will continue to be offered on a regular basis to Residents. Privacy audits are completed monthly by the management team, with any concerns addressed immediately.

The provider will ensure residents' rights, choice, dignity and participation remain central to all decisions. Any construction works or changes that may affect residents' daily routines or home environment will be communicated and discussed in advance at Residents' Committee Meetings, or more frequently where required.

To date the resident committee meetings have been held in the centre in February, April, June (post inspection) and August 2026.

The Person in Charge will attend the beginning of meetings to provide relevant updates regarding resident care and matters affecting residents. To support open and free discussion, the Person in Charge will then leave the meeting, allowing residents time to discuss matters privately and provide feedback without management present.

Residents and families will continue to receive weekly updates on construction works.

Residents have agreed to meetings every two months, with the schedule displayed in advance and reminders provided on the meeting date. Monthly audits will continue to monitor residents' preferences, including whether a second sitting for lunch and teatime is required. To date, residents have not requested a second sitting and remain satisfied with the current arrangements.

Compliance date: 4/08/2026

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	06/08/2026
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	Not Compliant	Orange	06/08/2026

	effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/10/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	04/08/2026
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.	Not Compliant	Orange	04/08/2026
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.	Not Compliant	Orange	04/08/2026