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:	Middletown House Nursing Home
Name of provider:	Joriding Limited
Address of centre:	Ardamine, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	26 May 2026
Centre ID:	OSV-0000251
Fieldwork ID:	MON-0045419

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:	41

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 26 May 2026	08:45hrs to 18:20hrs	Sinead Corbett	Lead
Tuesday 26 May 2026	10:00hrs to 18:20hrs	Niall Whelton	Support

What residents told us and what inspectors observed

This inspection was a one day unannounced inspection conducted by two inspectors. The purpose of this risk inspection was to assess the impact that onsite building works had on residents and to monitor regulatory compliance. 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.

Construction works to extend the designated centre had commenced and changes had been made to residents' communal space. The governance and management systems to oversee the impact of the works on residents living in the centre were not sufficiently robust, this is discussed further in the report.

Inspectors spoke with nine residents and two visitors. Residents were complimentary about staff, for example inspectors were told that the staff were 'helpful' and 'they meet all my needs'. Residents also provided positive feedback about the food, saying they are offered a choice and that requests for food preferences are accommodated. Respectful interactions were observed between staff and residents. Residents shared mixed views on the impact that the construction works in the centre had on them. Some residents said they were not bothered by the construction works. However, other residents found that the changes to communal spaces and increased noise negatively impacted on their experience living in the centre, for example one resident said the works were 'awful' and another resident told inspectors that the construction works can start from 07:30 and while this does not bother them, they find the noise disrupts their rest in the afternoon.

One inspector arrived to the centre at 0845 on the morning of the inspection and was greeted by a clinical nurse manager before commencing a walk around of the premises. Many residents were having breakfast in their bedrooms and some residents were still asleep. Noise of machinery from the construction site could be heard in some parts of the designated centre. A second inspector arrived mid morning and both inspectors held an introductory meeting with the person-in charge before continuing with the walk around of the premises.

Middletown House Nursing Home is a is a two storey designated centre registered to provided care for 51 residents close to Gorey and Courtown in Co. Wexford. Resident accommodation consisted of 31 single bedrooms with ensuite bathrooms, and ten twin bedrooms located on both floors of the designated centre. Stairlifts and a passenger lift supported residents with mobility issues to move between floors. The main entrance of the centre was located close to the gate of the construction site. On arrival to the centre, both inspectors noted the gate to the construction site was open. Inspectors were told that the gate remains open until all machinery is onsite. The gate was noted to be closed in the afternoon. The reception area was

bright and appeared clean.The front door was locked and access was facilitated by key code or from the reception. Resident art was displayed on the wall. Construction works had commenced on site and the sunroom, toilet, and a section of the lounge had been demolished to make way for a new extension consisting of additional communal spaces and 34 bedrooms. A modular building had been placed in the garden at the back of the designated centre and was in use as a dining room and a covered walkway linked the modular unit to the designated centre. Inspectors were told that the use of the modular building was temporary for the duration of construction works. On the day of the inspection the previous dining room was in use as an activity/sitting room. Residents also had access to a second lounge area and oratory on the ground floor. The weather was warm on the day of inspection and many windows were open throughout the centre, including in rooms overlooking the construction site. Dust in varying amounts was noted on the floors and windowsills of some bedrooms and communal spaces. Also, wear and tear and damaged decor in some areas was noted, this is discussed further in the report.

Bedrooms were a mixture of single and twin rooms. They were personalised with resident's own belongings and residents had access to locked storage in their bedrooms. Twin rooms had curtains to afford each resident with privacy. Some bedrooms on the ground floor had external doors opening out to the yard area.

The residents' garden area had been reduced in size as the green area accommodated a modular unit. Seating was available for residents in the remaining courtyard area, and additional seating and tables had been placed in yard areas to allow residents to sit outside. However, a resident spoke about the loss of the garden, saying that residents used to sit in the garden to chat but this was not possible now. Other residents spoke about the loss of garden views from their bedrooms.

Residents were generally complimentary of the home cooked food provided in the centre. Residents stated that there was always a choice of meals. The daily menu was displayed on tables in the dining room in the modular unit. The modular unit had tables seating two along both sides of the room and a long centre table in the middle. Tables were dressed with table cloths, placemats, cutlery and condiments. Jugs of cordial were available for residents on each table.

The centre provided a daily in-house laundry service to residents, there were no complaints about the laundry service or reports of items of clothing missing.

The activity schedule was displayed on the wall outside of the activity/sitting room, these included 1:1 room visits, pampering, quizzes, bingo and reminiscence. Inspectors were told mass was on in the oratory in the morning, and the hairdresser visited the centre in the afternoon. The afternoon activity changed from cooking to group exercises with the physiotherapist on the day of the inspection. Residents had access to the internet, television and radio. Residents told inspectors they could chose to partake in activities if they wished. One resident said that they would like more outings as they 'never' have outings. This was also discussed at a recent residents' meeting in April 2026, with an action plan to introduce outings.

Friends and families were facilitated to visit residents, and the inspectors observed visitors in the centre throughout the day. Visitors who spoke with the inspectors were happy with the care and support their loved ones received.

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

Overall, the governance and management systems were not effective in ensuring that the impact and risks posed by the changes to communal spaces and construction works were mitigated and significant action was required as non-compliance was noted in the areas of governance and management, infection control and residents' rights. In addition, deficits in the areas of staffing, premises and fire precautions were observed. These findings are detailed further under the relevant regulations in this report.

Prior to this inspection, a warning meeting was held with the registered provider as they were in breech of a condition of their registration; an unregistered modular unit was in use as a dining room and changes had been made to the footprint of the designated centre without prior submission and granting of an application to vary the condition of registration to the Chief Inspector. The registered provider was informed that escalation measures will be taken should compliance with the Health Act 2007 not be achieved in a timely manner. This is to ensure the safety and well being of residents in the centre.

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, one of whom visits the centre at a minimum of once weekly and a director of operations. Inspectors were told that governance meetings were held on a monthly basis with the senior management team.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. The local management team were also rostered on duty at the weekends.

The registered provider had developed a risk assessment to address the risk posed to residents as a result of the construction works and changes to the communal areas, these included risks to residents' privacy, fire safety due to changes in the centre's layout, mealtime experience, dust/aspergillosis and noise. Daily checklists were completed to monitor resident wellbeing, dining, and cleaning. However, these

actions were not effective, for example, measures outlined in the risk assessment for the management of dust and aspergillosis were not sufficient and dust was noted in six bedrooms and in the oratory, foyer, salon and interview room. Gaps were noted around an interfacing wall between the salon room and the construction site allowing dust into the centre. Inspectors were told that individual risk assessments for each resident were not completed. Following the inspection, an urgent compliance plan was issued to the registered provider to address the lack of oversight of this risk and to seek specialist infection prevention and control input to underpin the construction works in the centre, to include individual assessments of residents. An urgent compliance plan response was received from the registered provider on 03 June 2026 detailing the actions taken to address the findings of the inspection, the response was not satisfactory and further information on the recommendations made following engagement with specialist infection control and the action plan were requested. Additionally, on the day of the inspection an immediate action was issued to the person in charge to address the dust in bedrooms and communal spaces and also to address the gaps in the interfacing wall between the construction site and the salon. This is outlined further under Regulation 23: Governance and management.

Audits were conducted in the centre to monitor the quality of care delivered, for example audits on infection control, safeguarding and nutrition had been completed in April 2026 and a quality improvement plan developed to address deficits. Weekly meetings were held with the construction team and inspectors were told that following the meeting, an update was provided to residents and staff. Notwithstanding this, there was a lack of oversight of fire precautions and secure storage of medications, this resulting in immediate actions being issued to the person in charge to address these findings on the day of the inspection, this is discussed further under Regulation 23: Governance and management.

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support from staff in a timely manner, such as providing assistance at meal times and responding to requests for support. While three residents told inspectors that they noted that the centre was occasionally short-staffed, inspectors were told that recruitment was in progress for vacancies in the healthcare and ancillary staff groups. There was an ongoing schedule of training in the centre across a broad range of topics, for example safeguarding, managing responsive behaviours, restrictive practice, manual handling, fire safety and infection control.There was a high level of compliance with training among staff in all groups. All staff were up to date on fire safety training and safeguarding. While staff had training on infection control, a schedule for increased cleaning during construction works had not been implemented.

One complaint was active at the time of the inspection, the complaint was being managed in accordance with the centre's own policy and the regulation.

Regulation 15: Staffing

On the day of inspection, there appeared to be sufficient staff on duty to meet the needs of the residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered 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. Some communal space had been demolished and a modular unit had been placed onsite and was in use as a dining room without an application to the Chief Inspector to vary the centre's conditions of registration as required in the Health Act. Other rooms in the centre had been re-purposed as outlined under Regulation 17: Premises.

Governance and management systems in a number of areas did not provide sufficient oversight mechanisms and required immediate action, this is evidenced as follows:

Systems in place did not ensure that residents were protected against the risk of respiratory infections posed as a result of dust from on-site construction works, this was evidenced by the presence of dust in six bedrooms facing the construction site, in particular large quantities of dust were noted on the floors and doors of two bedrooms and the salon. Dust was also noted on the windowsills of the oratory, foyer and interview room. Although the provider had identified the risk, there was insufficient oversight to ensure that effective control measures to mitigate the risk were implemented, for example:

- Individual risk assessments for residents were not completed, therefore, the risk to each resident was not clear.
- The oversight of cleaning and decontamination was ineffective.

The oversight of construction works and impacts to residents was not effectively managed as:

- While the centre had a procedure to manage the access into the construction site, the oversight of this was not fully effective as the gate to the construction site was observed to be open during periods other than the access or egress of machinery from the site. Therefore, residents and unauthorised people could potentially enter the construction site adjacent to the main entrance.
- Risk assessments completed by the registered provider with regards to the risk to resident privacy, noise and fire safety did not fully address these risks, this is discussed further under the relevant regulations.

The oversight of fire safety was not sufficient as evidenced by the following:

- A latex glove was covering a smoke detector in the foyer making it ineffective in identifying a fire, an immediate action was issued to the person in charge to remove the glove from the smoke detector and this was addressed on the day of the inspection.
- Records available showed the emergency lighting and fire alarms systems were being serviced at the appropriate intervals, however, the documentation viewed was not in the correct format in line with the appropriate standards for each.

Oversight of medication required review as the treatment room door was unlocked and two medication cupboards storing medications were open, therefore enabling unauthorised persons to access medications. An immediate action was issued to the person in charge to secure the medication and this was addressed on the day of the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider ensured that the complaints procedure was displayed in the centre. A local complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. There were no complaints open for more than 30 days and one open complaint was being managed in accordance with the centre's local policy and within the requirements of the regulations.

Judgment: 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 and the person in charge. Notwithstanding this, inspectors found that construction work in the centre was having a negative impact on some residents' quality of life in the centre in the areas of residents' rights and infection control, the findings are discussed further in the report under the regulations.

Residents had access to call bells in their bedrooms and in bathrooms and they had adequate space for personal items and lockable storage in their bedrooms.

Residents had a choice of communal spaces in the centre, a dual purpose sitting/activity room, a lounge, an oratory and a visitor room. A seating area was located off the corridor on the ground floor and another on the first floor. The dining room had been located to a modular unit located beside the designated centre. The dining room could accommodate 25 residents and was used for the main and evening meals. A covered walkway linked the modular unit to the designated centre. The internal decor of the centre did not appear sufficiently maintained, with areas of wear and tear noted, this is discussed further under Regulation 17: Premises.

Resident meetings were held in the centre and the last meeting held prior to the inspection was in April 2026. Discussion points and an action plan were recorded. Residents had access to advocacy services and the centre employed staff specifically to facilitate a programme of activities. Residents said they could choose to join in with activities if they wished. However, two residents referenced there was a change in their routine. Also, while updates were sent to families in relation to the construction works and some residents told inspectors that they were updated in respect of the works, one resident said that they were not informed how close the modular unit would be placed to their bedroom window. In addition, seating placed throughout the yard areas in place of the garden impacted on the privacy of residents' bedrooms.This is discussed further under Regulation 9: Residents' rights.

Staff had completed safeguarding training and the centre's safeguarding policy was up to date and referenced the national safeguarding policy. Staff that spoke with inspectors were knowledgeable of their role in protecting residents from abuse and in reporting concerns. A contracted worker was observed in the centre and was accompanied by an employee of the centre. inspectors were told that contracted workers did not have uncontrolled access into the centre and they were expected to sign in and sign out each day.

Household staff were seen cleaning the centre and staff were observed using handgel and personal protection equipment appropriately. The centre had an infection control policy and staff had completed training in infection control. An infection prevention and control (IPC) committee met in March 2026 to discuss management of an outbreak in the centre, MDROs and environmental cleaning. While many areas of the centre appeared clean, others were not sufficiently clean, also, dust egress from the construction site was not sufficiently managed and posed an infection risk to residents. In addition, other findings did not fully align with the requirements of the regulations and standards, these are discussed further under Regulation 27: Infection control.

There was mixed levels of compliance relating to fire safety. The provider had updated the fire safety policy to account for the construction site and the impact it has on the fire safety management strategy and means of escape, and a record kept to demonstrate these were reviewed with staff, including toolbox talks. The person in charge had commenced a programme of labelling fire compartments to enhance the evacuation strategy. The inspectors observed a notice displayed which identified the 'fire team' on duty at the time.

The risk of fire spread from the adjacent modular dining room was not appropriately assessed. There were bedrooms windows/doors facing out towards windows of the modular unit, allowing a potential pathway for fire to spread from one building to the other. The inspectors saw an assessment of this, however it was based on the modular unit positioned in a different orientation. The adjacent construction site was facing onto windows and temporary openings which were blocked up. The inspectors identified other areas of fire safety risk which required action and these are detailed under Regulation 28: Fire Precautions.

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.

The centre did not provide residents with adequate private accommodation as seating placed outside was directly across from bedroom windows.

Due to the positioning of a modular unit in the garden, residents did not have access to suitable external grounds for their use.

The decor of the premises was not maintained to an appropriate standard, impacting on the homeliness of the centre, this was evidenced by the following findings:

- Wear and tear was noted on skirting boards, wood panelling, and door frames.
- Paint was chipped off walls in a bedroom, the salon and the foyer.
- The carpet was stained and the wallpaper was peeling off the wall in the oratory.
- The foyer to the front lounge had a section of the wall where fittings had been removed and the walls not yet repaired. There was a hole in the ceiling also with wires hanging down.
- The door of bedroom 33 was damaged where a door closure device had been removed and the door frame was unpainted. While the door closure device was replaced, the door closed with excessive force and could pose a falls risk to a resident.
- There was insufficient storage as there were cupboards for storage on bedroom escape corridors, introducing a combustible fire load to the escape route.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to nutritious meals, snacks and drinks throughout the day. There was an adequate number of staff available to support residents at meal times. Residents were complimentary about the food and said that they have a choice. Menus were displayed on tables in the dining room.

Judgment: Compliant

Regulation 26: Risk management

The centre had a written risk management policy and it set out all requirements according to Schedule 5 of the regulations, however, the risk management policy was not updated to factor the risks posed to residents from the building works on the site of the centre.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider did not meet the requirements of the regulation and the National standards for infection prevention and control in community services (2018), this was evidenced as follows:

Some areas of the centre were not sufficiently clean, for example:

- Dust was noted on doors, windowsills, floors and skirting boards in some bedrooms and communal areas, in the context of the building works this posed a risk to residents of respiratory infections. An immediate action was issued to the person in charge to address this and it was addressed on the day of the inspection.
- An urgent action was issued following the inspection to the registered provider to source specialist infection control advice to underpin construction works in the centre, to include individual assessments of residents.
- The floor around a mat in the bathroom and the floor in the sluice room were visibly unclean
- The sink and bath in the bathroom were stained and residue was noted in a sink in a sluice room

- In the ensuite bathroom of an unoccupied bedroom there was a bar of soap and residue on the sink and towels on the towel rack.
- The surface of wardrobes and lockers in some residents' bedrooms were peeling and the surface of a chair in the salon was torn, this did not allow for adequate cleaning.
- Rust was noted on bins in some ensuite bathrooms.
- A section of the floor surface in the treatment room was unevenly textured, this did not allow for adequate cleaning as dirt could collect in the crevices of the floor.
- Staff told inspectors that they decant the contents of urinals into toilets before placing the urinal into the bedpan washer, this increased the risk of cross contamination of multi-drug resistant organisms (MDROs).

Judgment: Not compliant

Regulation 28: Fire precautions

Improvements were required by the provider to ensure adequate precautions against the risk of fire and for reviewing fire precautions:

- the risk of fire spread from the adjacent modular dining room was not appropriately assessed.
- hoist batteries were being charged within the escape corridor, introducing a risk of fire to the escape corridor.
- there was an electrical fuse board in an unlocked cupboard in the day room and this was not enclosed in fire rated construction.
- the inspectors observed barbeque equipment and gas cylinders stored adjacent to the generator; this was poor practice.

The arrangements for providing adequate means of escape including emergency lighting were not adequate:

- to facilitate the construction of an extension, there was a re-configured escape route to the rear. This included a section which was not suitable for evacuation aids or residents mobility aids, as it comprised rough compacted hardcore.
- as the assessment of the modular unit was based on a different orientation, further assurance was required from the provider regarding the means of escape for two residents' bedrooms facing the southern side of the modular unit.
- The provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety if the power in the building failed.
- exits directly from residents bedrooms were openable with a key only, the arrangements around the management of keys required review.

Action was required to ensure adequate containment and detection of fire:

- further assurance was required regarding the integrity of the fire rated ceilings. These were breached by recessed light fittings and extract vents.

The arrangements for maintaining fire equipment were not effective:

- not all fire doors were not being maintained in good working order. For example, excessive gaps were observed, allowing the spread of smoke and fire, heat and smoke seals were damaged or missing and doors and frames were damaged or warped.

Further assurance was required that evacuation aids would fit through all exits they may be required to use. For example the exit door to the rear pathway appeared too narrow to manoeuvre a ski sheet and mattress and there was no drill record to demonstrate this escape route was fit for purpose. Staff spoken with were mostly knowledgeable on the temporary evacuation strategy, there was some confusion regarding the escape route to the rear.

While the person in charge had displayed updated floor plans, they were not clear and did not show the level of detail as the ones they replaced.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights were not fully upheld, this is evidenced as follows:

- Two residents who spoke to the inspectors held the view that their daily routines had been changed, with one resident saying they were unsure why, and the other resident held the view that they were being assisted out of bed earlier than they wished.
- Residents told inspectors that the construction works can be noisy, and one resident said their usual afternoon rest period was disturbed due to the noise from the construction site.
- The dining room experience was not the same for all residents. The modular unit accommodates only 25 residents and other residents were served their meals in the sitting room or in their bedroom.
- The positioning of outdoor seating opposite bedroom windows and external bedroom doors did not afford residents occupying those bedrooms with sufficient privacy as people can see into their rooms from outside.
- One resident said that they were not informed about the proximity of the modular unit to their bedroom window affecting their privacy and view of the garden.

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	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Middletown House Nursing Home OSV-0000251

Inspection ID: MON-0045419

Date of inspection: 26/05/2026

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Following the inspection, the Registered Provider undertook an immediate review of governance arrangements associated with the construction project. The following actions have been completed or implemented: Formal governance meetings continue to be held on site, quarterly, comprising the Registered Provider Representative, Person in Charge, Facilities Manager, Project Manager, Contractors, and specialist advisors, with weekly operational meetings that review construction progress, resident impact, environmental risks, and compliance actions. No further structural alterations will proceed outside the approved HIQA registration variation process. The application to vary the conditions of registration for the temporary modular unit as a dining facility was submitted to HIQA on 26 May 2026. The provider has remained in contact with the inspector for the home and the inspector for estates and fire safety in relation to further information requested. The application was noted as under review at the subsequent inspection on 16 June 2026. All future works will be undertaken in accordance with the approved registration conditions. Daily environmental inspections are completed and recorded by the management team, with enhanced oversight of construction activities, contractor compliance and environmental cleanliness. Specialist Infection Prevention and Control advice was obtained immediately following the inspection. All recommendations have been implemented, including enhanced dust-control measures, sealing of construction interfaces, increased environmental cleaning frequencies and ongoing environmental monitoring to minimise the risk of respiratory infection. Individual resident risk assessments relating to dust, noise, privacy and the impact of construction works have been completed and are reviewed regularly to ensure control measures remain appropriate. Enhanced cleaning schedules and environmental cleaning audits have been implemented. Compliance is monitored daily by the Person in Charge and reviewed weekly through	

governance meetings.
The construction site access procedure has been reviewed with the contractor. The site gate now remains secured except during authorised vehicle access and egress, with responsibility assigned for monitoring compliance throughout the working day.
Risk assessments relating to resident privacy, noise, fire safety and construction impacts have been reviewed and updated to reflect the current environment and additional control measures implemented.
The smoke detector identified during the inspection was immediately cleared of the obstruction on the day of inspection. All smoke detectors have subsequently been inspected to ensure they remain unobstructed and fully operational. This now forms part of routine environmental safety checks.
Fire alarm and emergency lighting servicing documentation has been reviewed to ensure certification is maintained in the format required under the relevant standards and will continue to be monitored through the centre's fire safety management system.
Immediate corrective action was taken on the day of inspection to secure the treatment room and medication cupboards. Daily medication security checks have since been introduced, with management oversight incorporated into routine clinical audits.
Weekly fire safety inspections and environmental audits have been incorporated into governance arrangements and are monitored through the centre's quality assurance programme.
These governance arrangements will continue to be monitored through weekly management meetings and monthly quality assurance reviews.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The application to vary the conditions of registration for the temporary modular dining facility and to make changes to the designated centre was submitted to HIQA on 26 May 2026 and has been submitted with the Office of the Chief Inspector. The provider has liaised with the inspector for the home and the inspector for estates and fire safety regarding further information requested. The application was noted as under review at the inspection carried out on 16 June 2026.
Pending completion of the extension, communal facilities have been reconfigured to maximise available communal space for residents and their ongoing suitability is monitored by the Person in Charge.
A planned maintenance and decoration programme has commenced throughout the centre, with all works documented and monitored through the centre's maintenance programme and weekly governance meetings.
Damaged walls, ceilings, skirting boards, wood panelling, door frames and painted surfaces are being repaired and redecorated on a rolling basis.
The damaged wall and ceiling in the foyer have been repaired; exposed wiring has been made safe, and all associated decoration work has been completed.
Bedroom 33 has been repaired, the door frame redecorated and the door closer adjusted

to ensure the door closes safely without presenting a falls risk to residents.
The refurbishment of the oratory has completed, including the replacement of damaged wallpaper and stained floor coverings where required, to restore a homely and welcoming environment.
Damaged furniture and finishes that prevented effective maintenance and cleaning are being repaired or replaced as part of the refurbishment programme.
Privacy measures, including privacy film and net curtains where appropriate, have been installed to protect residents' privacy where outdoor seating is located adjacent to bedroom windows.
Residents have access to alternative outdoor seating areas within the mature, landscaped grounds. Additional dedicated seated areas have been installed within the mature, landscaped grounds to provide residents with safe, comfortable and attractive outdoor spaces during the construction period.
Outdoor seating areas have been reviewed to ensure they remain secure, safe, accessible and suitable for residents, including residents who may be at risk of elopement. Residents with an identified elopement risk have an individual risk assessment and care plan. Doors leading to the garden and internal courtyard have keypad access. Where a resident has been assessed as having sufficient safety awareness to access the area independently, the key code is displayed adjacent to the door. Where residents have poor safety awareness, staff and families assist with access and remain with the resident while outside, in accordance with the individual care plan.
The Registered Provider will continue to review residents' access to outdoor facilities throughout the construction project and will implement further enhancements where required to maximise residents' opportunities to enjoy the outdoor environment.
Storage arrangements throughout the centre have been reviewed and all unnecessary storage will be removed from escape corridors, reducing combustible fire loading while improving the appearance and accessibility of the centre.
The treatment room has been refurbished, with improvements to storage capacity and the installation of new flooring to support effective cleaning, infection prevention and safe medication management.
A rolling maintenance schedule has been implemented to identify and promptly address wear and tear throughout the centre. Progress is reviewed weekly by the Person in Charge and Maintenance Team, with all works recorded through the centre's maintenance monitoring system.
The Registered Provider will continue to monitor the environment through routine maintenance inspections, environmental audits, and governance meetings to ensure the premises remain safe, well-maintained, accessible, and homely for residents throughout the construction project and beyond.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The Registered Provider has strengthened risk management arrangements relating to the construction project.
The centre's Risk Management Policy has been reviewed and updated to incorporate all risks associated with the ongoing construction works.

A comprehensive Construction Risk Register has been further developed and implemented, identifying risks associated with dust, noise, resident privacy, infection prevention and control, fire safety, security, access and egress, environmental hazards, contractor activities and the temporary reconfiguration of the premises.

Individual resident risk assessments have been completed to assess the impact of the construction works on each resident, considering their clinical needs, mobility, cognition, respiratory health and personal preferences. These assessments are reviewed regularly or sooner if residents' needs change.

Control measures identified within the risk assessments have been implemented, including enhanced environmental cleaning, dust control measures, restricted contractor access, environmental monitoring, noise management strategies and enhanced supervision of affected areas.
Construction-related risks are reviewed during weekly governance meetings involving the Person in Charge, Operations Manager, Facilities Manager and Contractor to ensure emerging risks are identified promptly, and appropriate control measures are implemented.
The management team conducts daily environmental inspections to monitor compliance with agreed risk control measures and ensure resident safety throughout the construction project.
The centre's risk register remains a live document and is updated as construction progresses, with all new or emerging risks assessed, documented and communicated to staff.
Staff have been informed of the revised risk management arrangements and their responsibilities in identifying, reporting and managing risks associated with the construction works.
The Registered Provider will continue to review all construction-related risks through the centre's governance and quality assurance systems to ensure risk management arrangements remain effective and that residents' safety and wellbeing are protected throughout the duration of the project.

Compliance date: completed

Regulation 27: Infection control	Not Compliant

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

The Registered Provider has implemented enhanced infection prevention and control measures throughout the construction project.

The following actions have been completed:

Specialist Infection Prevention and Control (IPC) advice was obtained following the inspection to ensure that construction works were managed in line with best practice and to minimise infection risks to residents. Recommendations arising from the specialist review have been implemented, including consideration of individual resident risks associated with the works.

Appropriate dust control measures were implemented, including installing dust barriers and sealing affected areas where required. Enhanced cleaning arrangements were introduced during construction to ensure dust and debris were effectively managed.

A programme of enhanced environmental cleaning was introduced, including increased cleaning frequencies, targeted cleaning of identified areas, and deep cleaning of resident bedrooms and communal areas.

Daily environmental cleanliness audits are now completed by designated staff to monitor standards, identify any issues promptly, and ensure corrective actions are implemented where required.

Areas identified as requiring additional cleaning, including bathrooms, sluice areas, and communal spaces, have been reviewed and addressed through the enhanced cleaning programme.

Damaged, worn, or unsuitable surfaces that did not allow effective cleaning have been identified and are being repaired or replaced. This includes a review of furniture, storage units, flooring, and other environmental surfaces to ensure they can be maintained in a hygienic condition.

Rusted or damaged items that could not be effectively cleaned have been removed from use and replaced where required.

The treatment room flooring has been replaced, and appropriate remedial action has been initiated to ensure that floor surfaces are intact, smooth, and suitable for effective cleaning and disinfection.

Staff received additional instruction and reinforcement regarding infection prevention and control practices during construction works, including appropriate management of equipment and avoidance of practices that may increase the risk of cross-contamination.

Staff have been reminded of the correct process for managing waste, and compliance with this practice is monitored through supervision, infection prevention audits, and ongoing staff education.

Environmental standards continue to be monitored through regular audits, with actions arising from audits tracked to completion to ensure sustained compliance.

The registered provider is committed to maintaining effective infection prevention and control systems and ensuring that the centre remains safe, clean, and suitable for all residents.

Compliance date: 01.06.26

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Following the inspection, the Registered Provider completed a review of fire safety arrangements associated with the temporary construction works.
The following actions have been implemented:
The fire risk assessment has been reviewed and updated to reflect the temporary construction arrangements, including the risks associated with the adjacent modular dining room. The assessment has been reviewed by competent fire safety personnel, and additional controls have been implemented where required to minimise the risk of fire spread.
Fire safety advice has been obtained regarding the modular building, including confirmation of the fire safety arrangements, orientation, occupancy, and means of escape provisions. Further assurance has been sought to ensure that the escape arrangements for all resident bedrooms affected by the modular unit configuration are appropriate and safe.
The centre's primary evacuation strategy remains horizontal evacuation, with full evacuation of the building as a last resort. Ground-floor bedrooms with external doors are not and have never been designated as part of the centre's evacuation procedure and are not treated as a means of escape.
The management arrangements for keys to these external bedroom doors have been clarified. Where a resident has been risk assessed as being able to safely hold a key, a copy may be available to that resident in their room. Staff hold a duplicate key for all such doors. The arrangements are risk assessed and reviewed as part of resident safety planning.
The temporary escape routes associated with the construction works have been reviewed. Improvement works have been completed to ensure that all escape routes are suitable for residents, staff, evacuation equipment, and mobility aids. The rear escape route has been reviewed to ensure that the surface and access arrangements are appropriate for emergency evacuation.
Evacuation routes have been reviewed to ensure that evacuation aids, including ski sheets and mattresses, can be safely manoeuvred through all exits that may be required during an emergency. Trial evacuations and fire drills reflecting the temporary evacuation arrangements have been completed.
Clarification has been provided to staff regarding the temporary evacuation strategy, including the correct use of the rear escape route. Staff knowledge and understanding are continually monitored through fire drills, training, and supervision.
Emergency lighting arrangements, including external escape routes, have been reviewed to ensure adequate illumination is available to safely guide residents, staff and visitors to a place of safety in the event of a power failure. Additional emergency lighting has been installed where required.
Hoist charging arrangements have been reviewed and an alternative safe location has been identified. We are currently waiting for installation by electrician.
The electrical fuse board located within the day room has been reviewed. Appropriate arrangements have been implemented to ensure the electrical installation is suitably secured, inaccessible to unauthorised persons, and appropriately protected in line with fire safety requirements. A new shaft wall and fire retardant door are due to be installed within four weeks.
The storage arrangements for barbecue equipment and gas cylinders have been

reviewed. These items have been removed from the area adjacent to the generator and relocated to a safe and appropriate storage location to reduce the risk of fire and explosion.
Fire-rated construction elements, including ceilings, have been reviewed to ensure their integrity is maintained. Areas where fire resistance may have been compromised by recessed lighting fittings or extract vents have been assessed, and remedial measures will be implemented where required.
Fire door inspections have been undertaken. Identified defects, including excessive gaps, damaged or missing intumescent strips/smoke seals, and damaged or warped doors and frames, are being repaired or replaced to ensure fire doors provide effective containment of smoke and fire. Four door sets have been ordered for installation.
Fire safety equipment and fire precautions continue to be monitored through routine checks, maintenance programmes, and governance oversight.
Updated fire floor plans and evacuation information have been reviewed and replaced with clearer plans that accurately reflect the current layout, temporary arrangements, escape routes, and relevant fire safety information.
Fire safety continues to form part of the weekly governance review process, ensuring ongoing oversight, monitoring of outstanding actions, and timely escalation of any emerging risks.
The registered provider will continue to monitor fire precautions throughout the construction project and will ensure that fire safety arrangements remain effective, compliant, and responsive to any changes within the centre.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Registered Provider recognises the impact construction works have had on residents and has implemented measures to minimise disruption while protecting residents' rights.
Section 1 of the compliance plan has been reviewed and the actions have been amended to ensure they are SMART in nature: Specific, Measurable, Achievable, Realistic and Time bound.
The following actions have been implemented:
Residents’ individual preferences, routines, and choices have been reviewed with residents to ensure that daily care arrangements continue to reflect their wishes. Staff have been reminded of the importance of supporting residents in maintaining their preferred routines, including waking times, rest periods, and daily activities. All care plans will be reviewed and updated with above information’s by 30/09/2026.
Any changes required to residents’ routines due to construction-related arrangements are discussed with residents in advance, where possible, and their views are considered and documented as part of ongoing care planning and review processes.
Resident consultation has been strengthened through regular resident meetings, individual discussions, and opportunities for feedback. Residents are supported in raising concerns, making suggestions, and participating in decisions that affect their daily lives

and environment.
Residents and families continue to receive regular updates on construction progress, including information on changes within the centre, potential impacts, and measures being taken to minimise disruption.
The impact of construction noise has been reviewed. Construction work does not commence before 08:00hrs at the earliest, to protect residents' nighttime rest. A quiet period is maintained on the construction site between approximately 13:00hrs and 14:00hrs to coincide with residents' post-lunch rest. Construction work winds down at approximately 17:00hrs, coinciding with the evening meal and activities. Maintenance work within the home and garden maintenance also does not commence before 08:00hrs at the earliest.
For residents who are particularly sensitive to noise, the volume of the call bell sounding has been adjusted during the day and staff at night carry pagers to minimise noise and disturbance. Emergency bells and fire alarms remain at an appropriate volume to ensure all residents and staff are alerted. Alternative rooms have been offered to residents where appropriate should they wish to move within the home. Any concerns raised by residents are reviewed and addressed promptly.
Dining arrangements have been reviewed to ensure all residents receive an equitable dining experience during the period when the modular dining facility is in use. Prior to construction, meals were served in the dining room, while some residents preferred to dine in the lounge, bedroom or other seating areas. During construction, residents who previously used the dining room have the option to dine in the modular unit or in the other areas throughout the home, according to their preference and needs.
The modular dining arrangement and alternative dining options have been discussed at residents' meetings. Residents have reported that they are happy with the arrangements currently in place. The provider recognises that preferences may change as residents and seasons change, and the discussion will therefore remain ongoing and be reviewed through resident consultation. Dining experience audit will be conducted monthly .
Alternative arrangements have been reviewed to ensure residents who are unable to access the modular dining area continue to have a positive mealtime experience and are supported to dine in an environment that promotes dignity, choice, and social engagement.
Privacy concerns regarding the positioning of outdoor seating and their impact on residents' bedroom privacy have been reviewed. Additional privacy measures have been introduced, including review of seating locations and environmental arrangements, to ensure residents' privacy and personal space are maintained.
Residents directly affected by changes to their environment, including the location of the modular unit and impact on bedroom views or privacy, have been consulted individually. Their concerns have been acknowledged, and appropriate measures have been implemented to reduce the impact on their comfort and well-being.
Outdoor areas and seating arrangements have been reviewed, with alternative outdoor spaces within the grounds available to residents to ensure continued access to suitable areas for relaxation and enjoyment.
The activities programme has been expanded, including additional opportunities for outings and alternative activities, to support residents' wellbeing and reduce the impact of construction-related restrictions.
Resident feedback, satisfaction, and concerns regarding the construction works continue to be reviewed through resident meetings, individual engagement, audits, and governance processes. Actions arising from feedback are incorporated into quality

improvement plans.
The registered provider will continue to monitor the impact of construction works on residents' rights, privacy, dignity, choice, and quality of life through ongoing consultation, care practice reviews, environmental audits, and governance oversight. The provider remains committed to ensuring that residents' needs and preferences remain at the centre of all decisions throughout the construction project.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	17/08/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/08/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Red	31/08/2026

	consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	27/07/2026
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.	Not Compliant	Orange	01/06/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/08/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/08/2026

Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	31/08/2026

	that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/08/2026
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/08/2026
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 Compliant	Orange	30/08/2026

	not interfere with the rights of other residents.			
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	17/08/2026
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	24/07/2026