



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

## Issued by the Chief Inspector

Name of designated centre:	Oaklodge Nursing Home
Name of provider:	B & D Healthcare Company Limited
Address of centre:	Churchtown South, Cloyne, Cork
Type of inspection:	Unannounced
Date of inspection:	11 December 2025
Centre ID:	OSV-0000261
Fieldwork ID:	MON-0047697

## About the designated centre

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

Oaklodge Nursing Home is a single-storey building set in a scenic rural location in Cloyne. Nursing care is available on a 24-hour basis. There are fifty-one bedrooms in the centre which is registered to accommodate 65 residents. Bedroom accommodation is composed of 43 single occupancy rooms, four double rooms, two three-bedded rooms and two four-bedded rooms. There are adequate communal areas including a spacious, furnished entrance lobby, a restful conservatory, a large well-lit dining room, a sitting room and visitors' room. The north and south corridors of the premises are linked by a central corridor which also provides bedroom accommodation for a number of residents. The south corridor of the nursing home caters predominantly for the needs of residents with dementia. A secure garden area had been designed for these residents. There is a comprehensive complaints process in place. Residents' independence and activity is promoted.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	59
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 11 December 2025	09:35hrs to 18:00hrs	Ella Ferriter	Lead
Thursday 11 December 2025	09:35hrs to 18:00hrs	Siobhan Bourke	Support

## What residents told us and what inspectors observed

On this unannounced inspection residents living in Oaklodge Nursing Home were complimentary of the staff who provided them with care and support in a kind and respectful manner. Inspectors availed of the opportunity to speak to approximately 16 residents in detail, both in communal areas and in their bedrooms throughout the day. The overall feedback from residents spoken with was that Oaklodge Nursing Home was a nice place to live. One resident told the inspectors they are "very good to us here" while another stated they had made "good friends in the centre and staff were exceptionally kind". Residents were generally happy and complimentary, particularly speaking about the caring nature of the staff.

Oaklodge Nursing Home is a single storey purpose built designated centre for older people situated on a large site, in the rural village of Churchtown South, a few kilometres outside of Cloyne. The centre can accommodate 65 residents and there were 59 residents living in the centre on the day of this inspection. Bedroom accommodation in the centre comprises of 43 single bedrooms, four twin rooms, two three-bedded rooms and two four-bedded rooms. On a walk around the centre, inspectors saw that staff were observed busily attending to the morning care needs of residents in their bedrooms. Some residents were in the sitting room when the inspectors arrived. They told inspectors that they were after their breakfast and could always choose what time they would like to get up in the morning and staff always facilitated this. Residents appeared well groomed and dressed and they told inspectors that staff assisted them with their care and were very attentive.

The centre operates in three distinct wings called Centre, North and South. Within the South wing there is a unit called Suaimhneas, which can accommodate 25 residents. All residents living in this area of the centre were living with a cognitive impairment. Inspectors noted that within this area of the centre some of the premises was in a poor state of repair. Particularly the shared bedrooms and some of the bathroom facilities. These findings and others related to the premises are further detailed under Regulation 17.

Some bedrooms in the centre were seen to be personalised with residents' belongings such as family pictures and soft furnishings. A few residents living in the single bedrooms told inspectors that they were very satisfied with their accommodation and were encouraged to bring in items of significance to them. However, for residents living in multi-occupancy rooms, inspectors saw that decor was limited and some were bare and lacked personal items. There was also inappropriate storage of equipment on top of wardrobes, which made these rooms appear clinical, as opposed to homely. Staff referred to these multi-occupancy rooms as "high dependency" rooms and the inspectors saw that some residents remained in bed for the day in these rooms. Some staff spoken with informed inspectors that this was due to their risk of skin breakdown and to prevent pressure

ulcers, however, inspectors did not find this care correlated with their care plans. This finding is actioned under Regulation 9: Residents rights.

Throughout the day, the inspectors spent time observing staff and resident interactions in the various areas of the centre. Residents were observed to be relaxed and familiar with one another and staff. There was a calm atmosphere in the communal rooms of the centre throughout the day. The majority of the communal rooms were off the main foyer area and included two sitting rooms, a parlour room and a large dining room. There were also two conservatories in the North and South wing of the centre and an oratory available for residents use. The inspectors observed a lively exercise class took place in the morning as well as crafts later in the morning. Some residents partook in baking cookies with the activities coordinator after lunch. As Christmas was approaching the inspectors saw that the centre was decorated with trees and lights and some residents told inspectors they would be going home for a few days to spend the holidays with their family, which was always supported.

The inspectors observed that visitors were welcomed at the centre and there were no restrictions place on visiting. The inspectors met with in total eight visitors on the day of this inspection. Visitors expressed satisfaction with the quality of care provided to their relative, stating that staff were extremely kind and helpful. However, two visitors told the inspectors that they were not satisfied with areas of the premises that required upgrading, such as some bathrooms and overall decor which had not been completed. Another relative stated that they would appreciate a more developed garden area in the centre and they would like a room to sit and meet their family member in private.

The dining experience for residents was observed to be a pleasant and social occasion. Meals were served in the centres large nicely decorated dining room in two sittings, which ensured all residents were afforded a dining experience. Inspectors observed staff serving residents food and fluids at regular intervals throughout the day. Staff were observed providing discreet assistance and support to residents in the dining room and to those residents who chose to remain in their bedroom. It was evident that residents had choices at mealtimes and residents reported to inspectors that they were satisfied with the food served in the centre.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

## **Capacity and capability**

This was an unannounced inspection, carried out over one day by two inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The inspectors also followed up on the actions taken by the provider following the last inspection in January 2025. Overall, findings of this inspection were that although there was a clearly defined management structure in place, accountability and responsibility for the oversight of some aspects of the service was not fully effective. This included the oversight of the premises, care planning, and residents' rights. These findings will be detailed under the relevant regulations of this report.

The registered provider of Oaklodge Nursing Home is B & D Healthcare Company Ltd, which comprises of three directors. One of these directors is involved in the operational management of the centre and works in the centre full time as the general manager. There was a clearly established organisational structure in place, with identified lines of responsibility and accountability at individual, team and organisational level. The clinical management team consisted of a person in charge, an assistant director of nursing and three clinical nurse managers. The person in charge was further supported by a full complement of staff including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff. The provider also employed a full time operations manager, a part time financial accountant and human resource staff.

On the day of this inspection, the centre had sufficient staffing resources to ensure effective delivery of care and support to residents. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, activities, catering and maintenance staff in place. Staff had access to education and training appropriate to their role and a training schedule was in place. Staff had completed training such as fire safety, safeguarding of vulnerable people and manual handling techniques. A training matrix was maintained to monitor staff attendance at training provided.

Records demonstrated that governance meetings took place weekly and this forum was used to discuss items such as incidents, clinical care, key performance indicators, audits and complaints. There were regular meetings at local and management level, with records of these being made available for review. The provider had implemented some management systems to monitor aspects of the quality of the service. Key clinical indicators with regard to the quality of care provided to residents were collected on a weekly basis and collated to develop a monthly report to support oversight of the service. This included the incidence of wounds, restrictive practices, falls, and other significant events. There was an auditing schedule in place which included a programme of auditing in clinical care and environmental safety. However, these auditing processes were found not to be fully effective in identifying areas for improvement with regards to the premises and care planning. These findings are further detailed under Regulation 23: Governance and Management.

Comprehensive documentation of accidents and incidents were recorded. A review of the records of adverse incidents involving residents showed that incidents were appropriately documented, investigated, and learning was identified to improve the quality and safety of the service provided to residents. Notifiable incidents, as

detailed under Schedule 4 of the regulations, were submitted to the Chief Inspector of Social Services within the required time-frame.

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include, the room to be occupied and number of other occupants in that room. However, details of any additional fees to be charged was not detailed in all contracts, which is actioned under Regulation 24.

Record keeping and file management systems consisted of both electronic and paper based systems. A review of staffing records found that all staff personnel files contained a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. However, not all files contained the information specified in Schedule 2 of the regulations. These and other findings in relation to records are detailed under Regulation 21: Records.

Improvements were noted in the management of complaints. A review of the system of complaints management found that complaints and expressions of dissatisfaction with the service were documented and managed in line with the centre's complaints policy and procedures. The complaints procedure was displayed prominently near the centre's front door. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements.

### Regulation 15: Staffing

There was adequate staff available to meet the needs of the current residents, taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities and administration staff.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to additional training to inform their practice, such as infection prevention and control, and training in the management of responsive behaviours.

Judgment: Compliant

## Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the centre and this included all information as outlined in the regulations.

Judgment: Compliant

## Regulation 21: Records

Action was required to ensure records maintained in the centre, evidenced by the following findings:

- A sample of four staff files were reviewed by the inspectors. One staff file did not have a reference from the most recent employer and another did not have an accurate employment history. These are both a regulatory requirement as per Schedule 2.
- Financial records, pertaining to the two residents for whom the provider was a pension agent did not clearly identify the balance of monies for each resident.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Management systems required action to ensure that the service provided was safe, appropriate, and consistent, evidenced by the following findings:

- There were ineffective systems of oversight in place to ensure accurate assessments and care plans were maintained, to reflect the current care needs of residents. These findings are detailed under Regulation 5.
- There were limited processes in place to oversee the premises and ensure that it complied with the requirements of Schedule 6, as detailed under Regulation 17 of this report.
- The auditing system was found to require strengthening. For example: the findings of local audits indicated high level of compliance in areas such as care planning and the environment. However, these did not reflect deficits that required to be addressed, as per the findings of this inspection.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

The provider charges an additional weekly service charge. However, in some residents' contracts, it was not stated what specific services the residents could avail of and were entitled to, as part of this fee.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

## Regulation 34: Complaints procedure

A centre-specific complaints policy detailed the process of raising a complaint or a concern. The complaints procedure was clearly displayed in the centre. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Judgment: Compliant

## Quality and safety

While the day-to-day interaction between residents and staff was kind and respectful throughout the inspection, inspectors found that there were aspects of the quality and safety of care provided to residents that required action. This was specifically in relation to the premises, individual assessment and care planning, healthcare and residents' rights. These findings will be detailed under the relevant regulations in this section of the report.

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the GP was visiting the centre on the day of this inspection. Residents also were afforded the expertise of a geriatrician, a specialist in the healthcare needs of older people, who the provider contracted, to attend the centre, once per month. Tissue viability expertise was available to support nursing staff with the management of wound care. There was evidence that residents were referred to other health and social care professionals such as dietitians, speech and language therapist and palliative care services as required. However, action was required in relation to the monitoring of fluid balances and in pain assessment. These findings are further detailed under Regulation 6: Healthcare.

A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. A sample of assessments and care plans were reviewed and found that each resident had a care plan in place, as per the requirements of the regulations. However, care plans were not always informed by an accurate and up-to-date assessment of the resident's needs. For example, assessments to identify residents who may be at risk of malnutrition were not completed accurately therefore they did not clearly indicate the clinical risk to the residents. Furthermore, some care plans were not reviewed following a change a' residents condition. These findings are actioned under Regulation 5: Individual Assessment and Care Plans.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Procedures were in place for the management of residents for whom the provider acted as a pension agent for. Financial records required action, as referenced in the first section of the report.

Staff were facilitated to attend training in the management of responsive behaviours to ensure they had the skills and knowledge they needed to provide support and care for residents with known responsive behaviours. There was an effective mechanism in place for the management of restrictive practice that monitored, recorded and reviewed the use of same. Audits were undertaken on the use of restrictive practice by the managers, to monitor trends and areas for improvement.

Residents' meetings were convened regularly and were well attended to ensure residents had an opportunity to express their concerns or wishes. The provider had provided facilities for resident's occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to an independent advocacy service, telephone and newspapers.

## Regulation 17: Premises

Findings of this inspection were that there were many areas of the premises which required maintenance and repair to be compliant with Schedule 6 requirements, for example:

- Extractor fans in a large number of bathrooms were observed not to be functioning. Therefore, there was insufficient ventilation and circulation of air in these rooms. The provider was aware of this since February 2025, however this had not been addressed.
- Curtains in the centre, both around residents' beds and on some windows were seen to be hanging off their hooks. Therefore, these did not ensure residents' privacy could be maintained.
- Although the general environment, residents' bedrooms and communal areas inspected appeared visibly clean, there was a persistent malodour in two residents' bedrooms over the course of the day of this inspection.
- Some paintwork and wood finishes in bedrooms were worn and poorly maintained.
- There was a persistent odour of smoke in one communal room. This may impact resident's use of this area.
- As found on the previous inspection, upgrade works such as painting had been slow to progress, especially in the Suaimhneas unit.
- The layout of the two four bedded rooms in the centre did not ensure that residents could have access to a chair beside their bed.
- Inspectors observed inappropriate storage of equipment such as chairs in residents' bathroom facilities. This may impact residents being able to use these facilities.
- The baths in the centre were not functioning, and therefore could not be used by residents. This had been first identified on inspection of March 2024, however, this still had not been addressed on the day of this inspection.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. Residents had good access to speech and language and dietician services. Residents expressed overall satisfaction with food, snacks and drinks. Residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A review of a sample of six resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- Two residents who had experienced weight loss did not have an accurate assessment of their nutritional risk completed. Consequently, care plans were not reflective of the residents' nutritional risk and care needs.
- Dependency levels for 14 residents were found to be inaccurate. Specifically, these resident were assessed as low dependency when they were medium dependency. Therefore, this information in their care plan pertaining to the level of supports they require was not accurate.
- Where residents required to be repositioned, due to a high risk of skin breakdown, this was not detailed in their care plan. Specifically, it stated to reposition the resident regularly or every two hours. However, from discussion with staff it was evident that this was required hourly. This lack of specific information may result in missed care.
- Care plans did not always reflect residents' needs and the interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition. Therefore, there was not sufficient information to guide the staff in the provision of healthcare to residents, based on residents individual needs and preferences.
- Some information in residents care plans was found to be outdated and did not relate to the specific residents care requirements on the day of this inspection.

Judgment: Not compliant

### Regulation 6: Health care

A review of residents' records found that recommended treatment as advised by a specialist was not always followed; for example:

- A resident with a urinary catheter in place, who required their urine input and output to be recorded did not have this done consistently. This is required to provide accurate monitoring of the residents fluid balance and to detect early signs of complications and guide treatment decisions.
- A resident receiving wound care treatment in the centre did not have an assessment of their level pain prior to wound dressings being changed. As per the residents records the GP had prescribed analgesia to be administered prior to change of wound dressings, however, this directive had not been followed.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

The centre was moving towards a restraint free environment. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team. Arrangements were in place to support residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had up-to-date knowledge to support residents to manage their responsive behaviours and detailed how a person-centred, respectful and non-restrictive approach to care was implemented.

Judgment: Compliant

## Regulation 8: Protection

All staff had appropriate vetting completed by An Garda Síochána prior to commencing employment in the centre. Staff spoken with displayed appropriate knowledge of the different kinds of abuse and the action they would take if they witnessed any form of abuse. The training records showed that staff had participated in training in relation to the safeguarding and protection of vulnerable persons. The provider was a pension agent for two residents living in the centre on the day of this inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

Action was required in relation to ensuring residents rights were upheld in the centre, for example:

- Inspectors were not assured that all residents were offered choices with regards to where they would like to spend their day. For example; one resident was not afforded choice to leave their room and only accessed communal rooms on alternate days. This practice did not respect residents' rights and was not part of their care plan.
- The provision and location of one television in a number of multi-occupancy bedrooms did not support all residents' choice of programme viewing or listening.

Judgment: Substantially compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Oaklodge Nursing Home OSV-0000261

Inspection ID: MON-0047697

Date of inspection: 11/12/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The two pieces of information- employment history detail from 2017 and the reference have been printed and inserted in the relevant staff files - complete.</p> <p>A full review of staff, financial and other records will be completed by a senior manager on a quarterly basis to ensure ongoing compliance – commencing from 02/02/2026.</p> <p>It has been our policy for a number of years, not to act as pension agent for residents but there now remains one legacy pension. The balances of the two were available and displayed in Excel on the day of inspection but we have now also introduced an 'old post office savings style 'book which will make it easier for non-financial / non-accountant staff to more easily identify any balance.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A full review of the audit schedule will be conducted to ensure that all audit topics and questions are reviewed, revised and updated to reflect regulatory requirements, findings of recent inspections and the reality on the ground. This will include a new audit on Schedule 6 requirements - to be completed by 30 March 2026.</p> <p>A Lead Auditor will be appointed to oversee the knowledge skills and competency of staff performing audits and the frequency and consistency of the audit process. The Lead</p>	

Auditor will also review and analyse recent audit findings to look for key trends and patterns emerging that require a more detailed examination. – Lead Auditor to be appointed by 30 January 2026.

In-house training on assessment and care planning has been delivered for all nursing staff on 30 January 2026.

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

All contracts will be reviewed, and each contract will include a full list of general and bespoke services agreed for the individual residents’ assessed needs and preferences

30th April

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Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

A structured programme of works is in place to address the issues identified. This will be overseen through weekly management and estates meetings and tracked through the governance system.

A number of the items have been corrected by in house maintenance including the smoke malodor from Courtyard in the Communal room and the storage in Bathrooms, and we have requested our external trades people to prioritise completion of bathroom floors and expect it to be complete by 30th April.

Extractor fans were already fixed since the review in February last except for three where new equipment needed to be procured from abroad. These are now progressing and expect to be in situ by late April.

A repainting and décor improvement programme is underway, with priority given to the Suaimhneas unit and shared rooms in this next quarter – to be completed by April 30th.

The replacement of the bath was completed as planned on 13 January 2026.

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Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>- A full review of all residents' weight loss and MUST scores has been completed and changes implemented – complete.</li> <li>- An external nurse consultant has provided Assessment, care planning and recording clinical practice training to all nurses and senior staff on 29 and 30 January 2026 – complete.</li> <li>- The assessment and care planning audit tool has been reviewed and revised to ensure it reviews that information in care plans is current, concise, appropriately guides staff and is reflective of individual residents' assessed needs and preferences - complete.</li> <li>- Competency assessments, retraining and/or HR processes will be employed with individual nursing staff where there are repeated patterns emerging from these audits – commencing from 01 March 2026.</li> </ul> <p>]</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Fluid balance and catheter care records are now checked daily by the nurse in charge to ensure monitoring is completed in a timely manner and any concerns are identified and reported early – commenced from 12/12/2025</p> <p>Residents with complex wounds now have a routine pain assessment prior to all dressing changes. Any additional verbal or non-verbal signs of pain during wound care will be documented and actioned accordingly - commenced from 12/12/2025</p> <p>]</p>	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	

Care plans have been reviewed and updated to expressly state resident choices about where they would like to spend their day. Staff will continue to offer choices daily to all residents in accessing communal rooms and the varied programme of activities on offer in house – care plans to be completed by 28 February 2026

Residents in multi-occupancy bedrooms will be consulted on their choices in respect of accessing televisions in their bedroom accommodation. Where residents request additional televisions, this will be accommodated wherever possible, provided that individual residents' choices do not impinge on the rights and choices of others residing in the bedroom – consultation to commence on 12/12/2025.

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## 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	30/08/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/03/2026
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	Substantially Compliant	Yellow	30/05/2026

	effectively monitored.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/03/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus	Substantially Compliant	Yellow	30/03/2026

	Cnáimhseachais from time to time, for a resident.			
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.	Substantially Compliant	Yellow	28/02/2026