

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

## Issued by the Chief Inspector

Name of designated centre:	AbbeyBreaffy Nursing Home
Name of provider:	Knegare Nursing Home Holdings Ltd
Address of centre:	Dublin Road (N5), Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	26 September 2025
Centre ID:	OSV-0000308
Fieldwork ID:	MON-0047144

## About the designated centre

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

AbbeyBreaffy Nursing Home is a purpose-built facility that provides care for 55 male and female residents who require long-term care or who require short periods of care due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre is located in a countryside setting, a short drive from the town of Castlebar, just off the N5. The atmosphere created is comfortable, and there is plenty of natural light in communal areas and in bedrooms. Bedroom accommodation consists of four double rooms and 47 single rooms, of which 50 have en-suite facilities. There are toilets, including wheelchair-accessible toilets, located at intervals around the centre and close to communal areas. There are several sitting areas where residents can spend time during the day. There were dementia-friendly features in place to support residents' orientation and memory, including signage and items of memorabilia such as displays of china and old-style equipment. An accessible and safe courtyard garden, centrally located, has been well-maintained to provide interest for residents.

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

Number of residents on the date of inspection:	53
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Friday 26 September 2025	09:00hrs to 17:10hrs	Michael Dunne	Lead

## What residents told us and what inspectors observed

Overall, the inspector observed that residents were supported to enjoy a good quality of life, supported by a team of staff who were dedicated, caring, kind, and responsive to the needs of the residents. Residents were seen to be relaxed, and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Some residents required greater time, and support to mobilise, and staff provided this support in a gentle and unhurried manner.

The feedback from residents was that they were content living in the centre and with the quality of support available. One resident told the inspectors that "they were well-looked after here", while another resident said that "they make sure that I am alright". Notwithstanding the positive feedback, the inspector found that there were some actions required to ensure the service provided met the assessed needs of the residents and that all monitoring systems were working effectively. These areas are discussed in more detail under the relevant regulations in this report.

Upon arrival, the inspector completed the sign-in process, and proceeded to meet with the person in charge to discuss the format of the inspection. Following the introductory meeting, the inspector commenced a walkabout of the designated centre where they had the opportunity to meet residents, and staff as they began their day. There were 53 residents living in the centre on the day of the inspection.

Abbey Breaffy Nursing Home provides accommodation mainly in single rooms with a number of these rooms serviced by an en-suite facility, which includes a hand-wash basin, toilet, and shower area. There are also four twin rooms available in the centre. The layout of one twin room bedroom 55 was not suitable for two residents sharing, and these findings are discussed under Regulation 17: Premises, and under Regulation 9 Residents' rights. At the time of this inspection bedroom 55 was being used for single occupancy with one resident residing in the room. The provider had committed to maintaining this room as single occupancy until such time as it could be reconfigured to meet the requirements of the regulations for twin occupancy.

Observations confirmed that there were good relations between staff and residents. The inspector overheard a polite conversation between residents, and staff, which were based on mutual respect. The inspector spoke with several residents, and those who could express a view told the inspector that staff were hard workers and were friendly. Some residents said they were looking forward to a trip out to a local amenity; however, this was cancelled as the arranged transportation had broken down. Staff informed residents that they would re-arrange this trip once they had secured the required transportation. There was a well-organised activity schedule which was advertised in the centre. Numerous activities were observed on the day. Residents were observed engaging in self-led activities such as, reading newspapers or completing word searches, while others were observed engaging in the organised group activities, which included a balloon exercise game, or playing games on an

interactive games device called Tovertafel. Some residents were observed listening to music or watching television, both in communal areas, or in their own private bedspace.

The centre is a single-storey building, which was bright and spacious, with easy access to a variety of communal rooms, and a secure outdoor area. The inspector observed that resident bedrooms appeared to be personalised with items of personal significance such as photographs, ornaments, and soft furnishings. Residents had access to television, and call-bell bells in their bedrooms. Staff were also observed knocking on doors and seeking permission before entering residents' bedrooms.

There are a variety of communal areas for residents to use, including a large reception area, two sitting rooms, a visitors' room, a family room, and an oratory. The dining room was well-organised with adequate seating for residents' use. The inspector observed residents spending most of their day in one of two sitting rooms or in the reception area. Residents with higher support needs were observed to spend their time in the Summer brook sitting room, which was supervised by the staff team.

The corridors in the centre were long, wide, and provided adequate space for walking. Handrails were available along all the corridors to maintain residents' safety and independence. For the most part, there was a calm and relaxed atmosphere for residents in the centre; however, this was often broken by the loud noise generated by laundry, and cleaning trolleys. This issue was identified on previous inspections.

Residents had unrestricted access to a large communal garden area, which was decorated with flowers and shrubs. The area had sufficient seating for residents' comfort. Overall, the premises were mostly clean, and well-maintained; however, there were some areas of the premises that required attention. These issues are discussed in more detail under Regulation 17: Premises.

There was sufficient space for residents to meet with visitors in private. The inspector observed a number of residents receiving visitors during the inspection, and found that appropriate measures were in place to ensure that visits were managed in a safe manner.

The food service was well-managed with dedicated staff available to support residents with their eating and drinking. Residents were observed attending the dining room throughout the morning, while eight residents were supported to have breakfast in their rooms. There was good knowledge among the staff team regarding residents' food preferences, and the inspector observed effective inter-personal communication between staff, and residents throughout the meal service. The main meal options available for residents on the day of the inspection included a roast turkey or a fish pie option; however, alternative options were available should residents not like what was served on the day.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

Overall, the inspector found that this was a well-managed centre where the residents were supported, and facilitated to have a good quality of life. The majority of systems in place ensured that care, and support services were safe, and provided in line with the designated centre's statement of purpose. Notwithstanding good levels of oversight, some improvements were required in relation to ensuring that there were effective systems in place to monitor the cleaning of equipment. This is discussed in more detail under Regulation 23: Governance and Management.

This was an unannounced risk inspection carried out by an inspector of social services to monitor the registered provider's compliance with the regulations, and to follow up on the provider's compliance plan commitments arising from the inspection carried out in February 2025. The findings of this inspection are that the registered provider had carried out a number of actions in order to achieve compliance with the regulations, and these are discussed in more detail under the relevant regulations.

An application to renew the registration of the designated centre was received by the Office of the Chief Inspector of Social services, and was being processed in line with procedures. The inspector reviewed the application prior to the inspection, and discussed directly with the provider areas that required amendment, including inconsistencies in the floor plans, and the statement of purpose. The provider submitted additional details post-inspection to address these inconsistencies.

The designated centre is operated by Knegare Nursing Home Holdings Limited and is the registered provider for AbbeyBreaffy Nursing Home. There is a clearly defined management structure in place that identified roles, and responsibilities within the designated centre. The person in charge is supported by an assistant director of nursing (ADON), a clinical nurse manager (CNM), staff nurses, health care assistants, activity staff, household, and maintenance staff.

The provider was found to have maintained regular oversight of the centre in terms of reviewing, and using information collected to improve outcomes for residents. A range of clinical audits in areas such as medication management, wound care, and care planning were carried out, which reviewed internal practices. Action plans were developed, and implemented following these audits where the areas for improvements were identified. There were regular meetings between local management, and the provider to review the key oversight indicators of the management of the designated centre.. A review of the meeting records confirmed that there was sufficient scrutiny of all key areas of the service, such as resident care, complaints, risk management, staffing,,catering, and maintenance of premises.

Gaps in systems used to monitor, and record welfare checks on residents during the night had been reviewed by the provider, with measures put in place to strengthen current oversight, and supervision of this task.

The provider completed a comprehensive annual review of the quality, and safety of care delivered to residents for 2024, where they reviewed their service provision, and identified measures to improve the overall quality of services provided to residents. The provider had already completed a number of quality improvements for 2025, which included advocacy training, and fire safety upgrades. The provider was working through additional upgrades for 2025, which included the replacement of flooring in resident rooms, and the upgrade of furniture where required.

There were sufficient numbers of staff available in the designated centre during the inspection to meet the assessed needs of the residents. Arrangements were also in place to maintain staffing levels to cover staff absences. A review of rosters confirmed that all absences had been filled by the provider. On the day of the inspection, there were two staff nurses working on the roster, who were supported by eight health care assistants. The provider was awaiting the receipt of Garda vetting clearance before a healthcare assistant could commence working in the centre. Staff spoken with were knowledgeable of residents' individual needs, and were seen to be responsive to requests for assistance by residents.

Staff were supported, and facilitated to attend training, and there was a high level of attendance at training in all mandatory areas to support staff in fulfilling their roles. Staff also attended training covering communication, pressure ulcer management, responsive behaviours, medication management, and basic life support.

The centre had a comprehensive complaints policy and procedure, which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre and met the requirements of Regulation 34. Incidents occurring within the centre were being documented and reviewed by the provider in their governance meetings.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration, the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

#### Regulation 14: Persons in charge



The person in charge is a registered nurse who has worked in the centre since 2007, and appointed to the role of person in charge in 2021. They possess the required management qualification, and satisfy the criteria set out under this regulation. The person in charge facilitated this inspection, and demonstrated a good understanding of their regulatory responsibilities. They work full-time in the centre, and are well known to residents, staff and visitors.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to meet the needs of the current residents. Rosters showed that there were always two nurses on duty in the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety which was provided on an annual basis, while training in manual handling, and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend such as wound management, medication management, dementia, infection prevention, and control, dysphasia, and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents. The insurance contract was renewed in December 2024.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided however some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The systems in place to ensure equipment used in the transfer of residents were cleaned in between resident use was not always efficient.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

Although there was a statement of purpose dated 20 February 2025, this document required updating to accurately describe the following:

- The layout of the centre.
- An accurate description of the facilities available in the centre.
- Discrepancies in the number of Whole Time Equivalents (WTE) identified in the statement of purpose compared with the number of staff identified in the statement of purpose submitted for the last registration renewal in 2022.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place, which was advertised in the designated centre, and was in line with regulatory requirements. Records of complaints were maintained in the centre, and the inspector observed that one complaint had been recorded since the last inspection. This had been acknowledged, investigated promptly, and documented whether or not the complainant was satisfied in line with the centre's policy.

Judgment: Compliant

## Quality and safety

Residents were supported, and encouraged to have a good quality of life, which was respectful of their choices, and preferences. There was evidence that residents were in receipt of ongoing health, and social care support to ensure positive outcomes,

and that their assessed needs were being met by the registered provider. Regular consultation between the provider, and residents ensured that residents' views were being sought to influence the quality of the service provided.

Residents spoken with during the inspection said that they felt safe living in the centre, and that staff cared for them very well. Residents who spoke with the inspector said that if they had a concern or a worry that they could talk to any member of the staff team about it. The staff team were knowledgeable about risks relating to safeguarding, and those spoken with confirmed attendance at safeguarding training. The provider did not act as a pension agent, and had effective measures in place to ensure that any valuables held on behalf of residents were secure, and well-monitored. A review of Schedule 2 records confirmed that staff had the required employment, and Garda checks in place prior to commencing employment in the designated centre.

The inspector reviewed the provider's compliance plan from the last inspection, and found that the provider had implemented several actions to come back into compliance with the regulations. The provider had completed outstanding fire safety works, which improved fire safety in the centre. Overall, there were improvements found regarding the oversight of infection control; however, further improvements were required, and this is discussed in more detail under Regulation 27: Infection control. The provider arranged for specific staff training to support residents' communication needs, which improved staff knowledge in this area.

Residents were provided with good standards of nursing care, and timely access to medical care to meet their needs. Residents were facilitated to attend out-patient appointments for follow-up as required. Residents' records, and their feedback to the inspector confirmed that they had timely access to a medical practitioner. There were arrangements in place to access a range of medical, and specialist nursing services to include physiotherapy, occupational therapy, dietitian, tissue viability nurse specialist, community palliative care, and psychiatry of older age.

A selection of care plans focusing on residents' mobility, communication, and behaviour, and continence care needs were reviewed on this inspection. Findings confirmed that residents' needs were comprehensively assessed using validated assessment tools at regular intervals, and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned, and there was evidence of family involvement when residents were unable to participate fully in the care planning process. Narrative in residents' progress notes was comprehensive, and related directly to the agreed care plan interventions.

The provider had completed a number of fire safety works that had been identified in the provider's own fire safety risk assessment, and on the last inspection held in February 2025. A review of information made available to the inspector, and observations carried out during the inspection confirmed that the provider had implemented their compliance plan arising from this inspection. As a consequence, the provider had mitigated against the risk of fire by implementing suitable fire

prevention and oversight measures. The provider was requested to submit certification documentation post inspection which was received by the inspector.

A selection of the fire safety works completed by the provider included:

- The installation of fire-rated hatches.
- Upgrades to fire doors and alignment of fire door sets with walls in the attic space.
- The upgrade of directional lighting to the nearest exit.
- The upgrade of both internal and external emergency lighting.
- Fire compartments extended through the attic space to the roof.
- The creation of a separate kitchen fire compartment.

A review of other records related to fire safety indicated that there were comprehensive systems in place for the monitoring of fire safety in the designated centre. Staff were aware of the fire procedure, and could clearly identify the steps they would follow in the event of a fire emergency. Records confirmed that regular fire drills, and simulated fire evacuations formed part of the registered provider's fire safety strategy. Personal emergency evacuation plans (PEEPs) were in place to guide staff in the safe evacuation needs of individual residents.

For the most part, the premises were well-maintained, and suitable for the assessed needs of the residents. Communal facilities were spacious, comfortable, and tastefully decorated. Corridors were wide and contained rails to assist residents with their mobility. Residents personalised their bedrooms with photos, and mementos, which were important to them. There was unrestricted access to a large well-maintained garden area, which was well-used by the residents, particularly during the good weather. There were; however, some remedial works required to door frames, which were damaged. In addition, while there were new compartment doors fitted as part of fire safety upgrades, a number of these doors and existing compartment doors were stained, and required cleaning.

A programme of activities was in place in the centre, which was facilitated by dedicated activity staff. There were appropriate facilities available for the provision of activities, including access to the main sitting room, where the majority of group activities were provided. Residents were observed to be encouraged and supported by staff to engage, and participate in activities in accordance with their abilities and interests. Some residents preferred to follow their own routines, and this was respected by the staff, while other residents who remained in their rooms were supported by staff on a one-to-one basis. Residents also had good access to a range of media, which included, television, radios, and newspapers. Although the planned outing arranged on the day of the inspection did not go ahead, residents were facilitated to attend day trips arranged on a monthly basis. Records made available confirmed recent trips to a local woollen mills, garden centres, bowling arenas, local cinema, and houses of interest such as Turlough, and Breaffy House.

Overall, the inspector found systems, and oversight arrangements for the monitoring of infection prevention, and control were in place, additional focus was required regarding the cleaning of equipment used to assist residents with their mobility. A

review of team meeting records, and observations by the inspector on the day found that there were gaps in the cleaning of this equipment. This created the risk that staff may use equipment that had not been decontaminated between resident use, and spread infection. This was pointed out to the person in charge, who arranged for a number of wheelchairs to be cleaned by staff.

### Regulation 10: Communication difficulties

The provider and person in charge demonstrated respect for core human rights principles by ensuring that residents can communicate freely, and are facilitated to do so with appropriate assistance, including the provision of bespoke communication aids according to their assessed needs. Since the last inspection, the local management team has developed communication training for staff on how best to ensure that residents' rights are respected, and that residents are assisted and supported at all times to communicate in accordance with their needs, and abilities.

Judgment: Compliant

### Regulation 17: Premises

A review of the premises found that a number of communal doors in the designated centre required both cleaning and repair, for example

- There were a number of holes in the jambs, and architrave of a door frame leading into a bathroom facility.
- A number of compartment doors were stained, and unclean.

The layout of a twin-occupancy bedroom had not changed since the previous inspections. This room was occupied by one resident on the day of the inspection.

- The layout of the room meant that when the resident in the first bed was accessing the en-suite facility they would need to enter the second resident's bedspace.
- All of the wardrobes storage facilities in the bedroom, were located in the bedspace of the resident occupying bed one. This meant that the resident in the second bed did not have access to their wardrobe without entering the first resident's private space.
- There was insufficient space available for a comfortable chair to be located beside the 2nd bedspace, as this would inhibit access to the en-suite facilities by the resident in the 1st bedspace.

Judgment: Substantially compliant

## Regulation 27: Infection control

While improvements had been made since the previous inspection, the inspector found that further actions were required to ensure that the designated centre fully met the requirements of Regulation 27 Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018). For Example:

- While there was a system in place to clean, and label mobility equipment following resident use, this system was not fully implemented. A selection of wheelchairs used to transport residents could not be cleaned as there were no cleaning products available.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had completed the actions from the previous inspection, and findings on this inspection confirmed that there were adequate precautions in place against the risk of fire.

Means of escape, including corridors, and final exit doors were kept clear, and records showed that these were checked on a regular basis. Additional emergency lighting had been installed both inside, and outside of the building. All fire doors were checked weekly as part of the maintenance checks, and all doors were closing on the day of the inspection.

Records showed that in-house checks were completed on fire doors, evacuation routes and the fire alarm panel. In addition, fire equipment was regularly checked and serviced by the fire equipment specialists.

Staff who spoke with the inspector reported that they received annual fire safety training, attended regular fire drills, and practice evacuations. Staff were clear about the evacuation procedures, and what to do if the fire alarm sounded in the centre. Staff training records confirmed that all staff were up-to-date with fire safety training requirements.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The assessments and care planning were found to be of a good standard, which ensured each resident's health and social care needs were identified, and the care interventions that staff must complete were clearly described. The inspector reviewed a sample of residents' care documentation, and found the following;

- All residents had a comprehensive assessment of their needs prior to admission to ensure that the centre was able to provide care that met residents' assessed needs.
- Care plans were reviewed at four monthly intervals, or as and when required.
- Residents were consulted about their preferences for care interventions, and where residents were unable to provide this information records confirmed that family members were consulted.

Judgment: Compliant

### Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. There was evidence that residents were referred to other health, and social care professionals as required. There were arrangements in place for residents to access occupational therapy, physiotherapy, and psychiatric services when required. The designated centre received support from their local pharmacist regarding the oversight of medicines management. Tissue viability expertise was also available to support nursing staff with the management of wound care. A mobile X-ray service was available for residents living in the designated centre, which was well received by both residents, and the management of the home.

Judgment: Compliant

### Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training, and were confident that they would be able to use this training to ensure that residents were protected from abuse. A review of records relating to one safeguarding incident found that the registered provider ensured that this incident was investigated promptly in line with their safeguarding policy, and that appropriate measures were identified and implemented to protect the residents.

Judgment: Compliant

## Regulation 9: Residents' rights

The layout of twin bedroom 55 did not ensure that each resident's rights to privacy and dignity would be upheld. This room was occupied by one resident on the day of the inspection. All of the wardrobes storage facilities in the bedroom, were located in the bed space of the resident occupying bed one. This meant that the potential resident in the second bed would need to enter the first resident's private space to access their wardrobe.

The layout of the room meant that when the resident in the first bed was accessing the en-suite facility they would need to enter the second resident's bedspace. The privacy curtain rail around the second bed did not provide enough room inside the curtain for this resident to carry out personal activities in private, especially if they needed to use assistive equipment such as a hoist or comfort chair.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for AbbeyBreaffy Nursing Home OSV-0000308

Inspection ID: MON-0047144

Date of inspection: 26/09/2025

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The PIC will ensure equipment used in the transfer of residents is cleaned in between resident use by following step:</p> <ol style="list-style-type: none"><li>1) PIC has implemented daily stock-check system, with designated staff responsible for ensuring cleaning supplies remain fully stocked at all times. Supplies will be replenished immediately if low to prevent any disruption in cleaning practices. PIC will ensure that all mobility and transfer equipment is cleaned immediately after resident use, labelled with the date and time, and signed by the staff member completing the cleaning.</li><li>2) Visual prompts and laminated instructions have been placed in all equipment storage areas to support consistent adherence to cleaning procedures.</li><li>3) PIC with local management will continue daily walk-around checks to monitor compliance with the mobility equipment cleaning system. Any non-compliance identified will be addressed immediately, and staff will be reminded of their infection-control responsibilities.</li><li>4) Monthly infection-control audits will continue, with findings communicated to all staff.</li><li>5) A refresher education session on infection control and cleaning protocols for transfer equipment will be delivered to all staff by the management team. Staff will also be reminded of their responsibilities in maintaining infection-control standards during daily team meetings and supervision sessions.</li></ol> <p>Completion date: 15/12/2025</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose was updated on 01/10/2025 to include:</p> <ul style="list-style-type: none"> <li>• An accurate description of the layout of the centre.</li> <li>• Comprehensive details of the facilities available within the centre.</li> <li>• Reconciliation of the Whole Time Equivalents (WTE) with previous submissions and current staffing levels.</li> </ul> <p>An updated SOP was submitted to the HIQA registration team on 14/10/2025. All actions relating to updating and clarifying the Statement of Purpose have been fully completed. Completion date: 14th of October 2025.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Following items have been addressed by PIC to come into compliance with Regulation 17:</p> <p>1) All holes identified in the jambs and architraves of the bathroom door frame on the day of inspection were addressed immediately and repairs completed.</p> <p>Door Frames and Architraves: A maintenance staff member has conducted an audit of all door frames and architraves. This will be done on ongoing basis to address any issues or repair required.</p> <p>An external fire safety engineer has been appointed to update and sign off on the previous risk assessment. We are currently awaiting confirmation of the scheduled visit dates. A confirmation email detailing the appointed contractor and the proposed plan was issued to the HIQA Inspector (Estates and Fire Safety) on 21 November.</p> <p>2) Compartment Doors: The monitoring of compartment door cleanliness has been reviewed and reinforced with housekeeping staff to ensure it is consistently carried out as part of the daily cleaning routine and deep-clean schedule, maintaining ongoing compliance and preventing recurrence.</p> <p>Completion date: 30/12/2025</p> <p>3) Twin-Occupancy Bedroom Layout: The twin room identified is currently occupied by one resident only and has been maintained as single occupancy for the past five years. To uphold resident dignity and privacy, the room will remain single occupancy for the duration of the current resident's stay, in line with their preference. A full redesign of the room layout will be considered once the room becomes vacant. This will include relocation of wardrobes, reconfiguration of en-suite access, and provision for sufficient space for furniture, ensuring suitability for potential future dual occupancy.</p> <p>Completion date: 30/06/2026</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The PIC will ensure equipment used in the transfer of residents is cleaned in between resident use by following step:</p> <ol style="list-style-type: none"> <li>1) PIC has implemented daily stock-check system, with designated staff responsible for ensuring cleaning supplies remain fully stocked at all times. Supplies will be replenished immediately if low to prevent any disruption in cleaning practices. PIC will ensure that all mobility and transfer equipment is cleaned immediately after resident use, labelled with the date and time, and signed by the staff member completing the cleaning.</li> <li>2) Visual prompts and laminated instructions have been placed in all equipment storage areas to support consistent adherence to cleaning procedures.</li> <li>3) PIC with local management will continue daily walk-around checks to monitor compliance with the mobility equipment cleaning system.</li> <li>4) Any non-compliance identified will be addressed immediately, and staff will be reminded of their infection-control responsibilities.</li> <li>5) Monthly infection-control audits will continue, and findings will be communicated to all staff.</li> </ol> <p>Completion date: 15/12/2025</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> <li>1) Bedroom 55, originally intended for twin occupancy, has been occupied by a single resident for the past five years and will continue to remain single occupancy. There are no plans to admit a second resident into this room. This arrangement is in place to ensure the current residents' privacy and dignity are fully respected, in accordance with Regulation 9.</li> <li>2) The room will remain single occupancy for the duration of the current resident's stay. Once the room becomes vacant, a full review and reconfiguration will be undertaken to address any outstanding layout concerns and ensure full compliance with regulatory standards for any potential future use.</li> </ol> <p>Completion date: 30/06/2026</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	15/12/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the	Substantially Compliant	Yellow	15/12/2025

	standards published by the Authority are in place and are implemented by staff.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/10/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/06/2026