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:	Aras Gaoth Dobhair
Name of provider:	Bainistiocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta
Address of centre:	Meenaniller, Derrybeg, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	22 May 2026
Centre ID:	OSV-0000311
Fieldwork ID:	MON-0048756

About the designated centre

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

This centre is a purpose-built single-storey building located in Gweedore, a Gaeltacht area in Co. Donegal. The centre has been operating since 2004, providing continuing, convalescent and respite care to male and female residents, primarily over 65 years, with low-to-maximum dependency needs. The centre is registered for 41 residents to be accommodated. Communal day, dining and sanitary facilities were available in addition to 25 bedrooms with full en-suite facilities within two distinct units. The dementia unit can accommodate 20 residents, and the general unit can accommodate 21 residents. Bedroom accommodation comprises of 17 single, four twin and four bedrooms with four beds in each. An aim of the service is to provide a caring environment where residents feel supported and valued and where their primary needs can be met in a warm, homelike atmosphere without compromising their dignity, privacy, or choice.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37

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 22 May 2026	05:55hrs to 14:10hrs	Fiona Cawley	Lead
Friday 22 May 2026	05:55hrs to 14:10hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre were provided with a satisfactory standard of care. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner.

Inspectors arrived at the centre at 6:00 am and were met by the staff nurse on duty. Inspectors conducted a walk around the centre to observe the care provided to residents and review the living environment. Residents remained in bed, many still asleep, while other residents were observed being assisted and supported by staff with their personal care needs.

Aras Gaoth Dobhair is a purpose-built, single-storey facility situated near the town of Gweedore, in a rural Gaeltacht area of North West Donegal. The centre is registered to accommodate 41 residents. This unannounced inspection took place over one day. There were 37 residents in the centre and four vacancies on the day of the inspection.

The living and bedroom accommodation were spread over two units, the Nursing Unit and the Dementia unit. Bedroom accommodation comprised of single and multi-occupancy rooms, all of which had en-suite facilities. Bedrooms were of a suitable size to cater for the assessed needs of residents, taking into account their privacy and dignity. There was sufficient space available in bedrooms to store residents' personal belongings. Residents were encouraged to decorate their bedrooms with photos, ornaments and other items of significance. All bedrooms had en-suite facilities. There were suitable communal areas available for residents to use, depending on their preference, including day rooms and dining rooms. There was sufficient space available for residents to meet with friends and relatives in private should they wish to. There was also an oratory available which provided a tranquil space for residents. All areas of the centre were styled and furnished to create a homely living environment for residents.

The centre was bright, spacious and laid out to meet the needs of residents. Call-bells were available in all areas and were observed to be answered in a timely manner. Corridors were wide, with appropriately placed handrails, and were maintained clear of items to allow residents with walking aids to mobilise safely around the centre. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was clean, tidy and well maintained. While there were a number of storage facilities available in the centre, the management of storage was inadequate on the day of the inspection. Inspectors observed items of residents' equipment such as hoists and mobility aides stored in residents' bedrooms and sluice rooms. In addition, inspectors also observed medication inappropriately stored in a kitchenette area.

Residents had unrestricted access to safe and secure outdoor spaces. These areas included a variety of suitable garden furnishings and seasonal plants.

Residents who spoke with inspectors reported being satisfied with life in the centre and stated that staff treated them well. There were a number of residents who were unable to speak with inspectors due to cognitive impairment or dementia, and were therefore not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings. Inspectors observed that personal care and grooming were attended to a satisfactory standard. Inspectors found that the interactions between residents and staff were kind and respectful throughout the inspection.

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

A range of recreational activities were available to residents, seven days a week, which included exercise, ball games, movies, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities. Residents were seen to engage in group activities throughout the day, including an exercise class. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

Inspectors spent time observing staff and resident interaction in the various areas of the centre. There was a relaxed atmosphere in the centre, and residents were seen to be content as they went about their daily lives. It was evident that residents' choices and preferences in their daily routines were respected. Residents moved freely around the centre and were observed to be socially engaged with each other and staff. Other residents were observed sitting quietly, relaxing and observing their surroundings. Communal areas were appropriately supervised, and those residents who chose to remain in their rooms were supported by staff. Staff who spoke with the inspectors were knowledgeable about residents and their needs. Staff were observed to be kind and respectful in their interactions with residents, and care was delivered in a relaxed manner. Inspectors observed that personal care needs were met to an appropriate standard, aligned to residents' needs and preferences.

The centre provided residents with consistent access to adequate quantities and choices of food and drink. Inspectors observed the lunchtime meal service and noted that residents who required assistance were supported in a respectful manner, while other residents were supported to eat independently. However, dining tables were not appropriately set for the meal service, and condiments were not readily available to residents. Although snacks and refreshments were offered throughout the day, suitable crockery was not available for serving snacks.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced risk inspection carried out by 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 to 2025 (as amended). Inspectors also reviewed unsolicited information received by the office of the Chief Inspector of Social Services in relation to concerns about the management of the centre, in particular, the absence of a person in charge, staffing arrangements and the provision of activities for residents. This information was substantiated on this inspection.

Inspectors also followed up on the actions taken by the provider to address issues of non-compliance identified on the last inspection of the centre in November 2025. Inspectors found that the actions taken were not sufficient to bring the centre into full compliance with the regulations as there were repeated findings of non-compliance with the following regulations Regulation 23: Governance and management, Regulation 21: Records, Regulation 34: Complaints procedure, Regulation 5: Individual assessment and care plan, Regulation 8: Protection, Regulation 9: Residents' rights, Regulation 17: Premises, Regulation 27: Infection control, Regulation 28: Fire precautions and Regulation 29: Medicines and pharmaceutical services. Furthermore, the oversight and management of health care, personal possessions, and notifications of incidents did not meet the requirements of the regulations.

The registered provider of Aras Gaoth Dobhair is Bainistiocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta, a company comprised of eight directors. On the day of the inspection, the organisational structure of the centre was not clearly defined. There was no person in charge of the centre, as required by the regulations. While the Chief Inspector had been notified of a proposed candidate, the notification could not be progressed due to the submission of incomplete documentation and a lack of assurance that the proposed person met the requirements for the role. The management structure in the centre consisted of an interim director of nursing and an acting clinical nurse manager. The interim director of nursing informed inspectors that they had commenced their role in recent weeks and were familiarising themselves with the requirements of the role. Management support was provided by two directors of the company. However, there was no clinical management support for the role of the director of nursing on a day-to-day basis as the acting clinical nurse manager worked full-time as a nurse. There was a full complement of staff in place, including nursing and care staff, activity, housekeeping, administration, maintenance and catering staff.

While there were a number of management systems in place to monitor the quality and safety of the service, inspectors found that the oversight arrangements in place were ineffective. A number of audits were completed which evaluated practices such as responsive behaviour, medicines management, and food and nutrition. However,

opportunities for improvement were not identified, and corresponding action plans were not developed or implemented. Therefore, the systems in place did not fully ensure that the service provided was safe, appropriate, consistent or effectively monitored.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of at least one registered nurse on duty in each unit at all times and a team of healthcare assistants. A review of staff training records evidenced that staff had completed relevant training to support the provision of safe care to residents. This included fire safety, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The oversight of records management was ineffective and did not ensure that records, set out in the regulations, were maintained in line with the regulation. This will be discussed further under Regulation 21: Records.

A record of accidents and incidents involving residents that occurred in the centre was maintained. A review of records identified that not all required incidents, as specified by the regulations, were notified to the Chief Inspector. This will be discussed further under Regulation 31: Notification of incidents.

There was a complaints policy in place which outlined the management of complaints in the centre. However, the policy was not in line with the requirements of the regulation. This is discussed further in Regulation 34: Complaints procedure.

Regulation 14: Persons in charge

There was no appointed person in charge at the centre who met the requirements of the regulation.

Judgment: Not compliant

Regulation 15: Staffing

The number and skill-mix of staff were appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training, and staff had completed all necessary training appropriate to their role.

Judgment: Compliant

Regulation 21: Records

The records set out in Schedules 2, 3 and 4 were not maintained as per the requirements of the regulation. For example;

- A sample of worked staffing rosters contained discrepancies, and this was discussed with the management on the day of the inspection.
- A number of records containing resident and staff identifiable information were not stored securely.

A number of staff records reviewed did not contain the documents set out in Schedule 2 of the regulations. For example:

- Three staff records did not have a full employment history, together with a satisfactory history of any gaps in employment.
- Three staff records did not have the required written references.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had failed to put in place a management structure with clearly defined lines of authority and accountability. While there was an interim Director of Nursing in post, there was no person in charge who met the requirements of the regulation. In addition, the registered provider failed to ensure that appropriate resources were in place in line with the statement of purpose. For example, there was no allocated time for the clinical nurse managers to provide support to the interim director of nursing in the clinical leadership and management of the centre.

The management systems in place to ensure that the service provided was safe and consistently monitored were not fully effective. This was evidenced by;

- inadequate oversight of nursing documentation, particularly in relation to care planning.
- ineffective oversight of records management.
- inadequate oversight of incidents, notifications and complaints.

- Inadequate oversight of infection control practices.

There were repeated non-compliances in respect of a number of regulations, and the provider had failed to complete the actions required following the previous inspection, as per the provider's own compliance plan submitted to the Chief Inspector.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had not been submitted, as per regulatory requirements. For example:

- There were two incidents of allegations raised regarding missing items of residents' property that were not notified.
- There was one incident in which a resident sustained an injury that required hospital admission.

Judgment: Not compliant

Regulation 34: Complaints procedure

The complaints policy and procedure in place was not fully in line with the requirements of the regulation. For example, it did not set out the correct timelines for a complaint to be investigated and concluded, or for a review officer to respond with an outcome, should a review be requested.

Judgment: Substantially compliant

Quality and safety

While inspectors found that residents in the centre felt safe, deficiencies in the governance arrangements had the potential to adversely affect the quality and safety of care provided.

Inspectors reviewed a sample of residents' files. Residents had a number of clinical and social assessments completed; however, the quality of some care plans was not consistent, and care plans did not always contain up-to-date information to guide

staff in meeting residents' care needs. A number of care plans had not been reviewed and updated, in line with the changes in residents' care needs.

Residents had access to medical and health care services. Systems were in place for residents to access the expertise of health and social care professionals when required. However, residents were not always receiving an appropriate standard of nursing care as discussed under Regulation 6: Health care.

The procedure to protect residents from abuse was underpinned by a safeguarding policy that provided guidance and support to staff on the appropriate action to take to protect residents if there was a suspicion or allegation of abuse. However, a review of accidents and incidents in the centre found that a number of incidents had not been recognised and consequently, not investigated as potential safeguarding concerns. This was contrary to the centre's own safeguarding policy.

Inspectors found that management and staff generally promoted and respected residents' rights. Residents were supported to make choices about their daily lives. There was a schedule of recreational activities in place, and there were sufficient staff available to support residents in their recreation of choice. Access to an independent advocacy service was facilitated where required. However, inspectors identified that residents' rights to privacy and choice were not consistently upheld.

Overall, the design and layout of the premises were appropriate for the number and needs of the residents. However, inspectors observed that a small number of bedrooms did not meet the requirements of the regulations. In addition, the storage arrangements in the centre continue to be inadequate, and this is a repeated finding from the previous inspections.

While the provider had implemented a number of infection prevention and control measures, inspectors observed practices that were not consistent with best practice. This is further detailed under Regulation 27: Infection control.

Fire procedures and evacuation plans were displayed throughout the centre. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Firefighting equipment was available and serviced, as required. However, the floor plans on display throughout the centre contained incorrect information regarding the occupancy of bedrooms. This will be discussed further under Regulation 28: Fire precautions.

There was a policy in place to guide nurses on the safe management of medications. The inspector found that while there were processes in place for the prescribing, administration and handling of medicines, the oversight of medicines management did not support safe medicine administration, in line with current professional guidelines and legislation. This is detailed under Regulation 29: Medicines and pharmaceutical services.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 12: Personal possessions

Residents did not always retain control over their personal belongings, as inspectors observed residents' clothes left in different parts of the centre, such as on the mobility hoist in the linen room, in the meeting room, and in the store rooms with files.

Judgment: Substantially compliant

Regulation 17: Premises

The registered provider had not ensured that the premises fully conformed to the matters set out in Schedule 6 of the regulations, as evidenced by:

- While the provider reduced the occupancy of the two four-bedded rooms to a three-bedded room, these bedrooms were not suitably laid out to provide the required minimum 7.4 m2 of personal space for residents, and no chair was available in the vicinity of each bed.
- The provider failed to address recurrent findings of inadequate storage in the centre, as the mobility hoist and other residents' equipment were observed stored in the residents' bedrooms and sluice rooms. Commitments given in the previous compliance plans had not been met, and this is a repeated finding from the previous inspections.

Judgment: Not compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018); however, further action is required to be fully compliant. This was evidenced by:

- Inadequate practice was observed where soiled linen was inappropriately handled by staff; for example, staff were holding soiled linen in their hands

without gloves, touching the linen bin, and then proceeded to carry on another carrying task and move between the bedrooms. This posed a risk of cross-infection to the resident.
- Linen bags allocated for soiled laundry were found overfilled, with linen hanging from them in the corridors.
- Toiletries and manual handling slings seen around the centre were not labelled for a specific resident. This creates a risk of cross-infection between residents.
- Single-use wound dressings and solutions were observed to be open and partially used. This may impact the sterility and efficacy of these products.
- Inappropriate storage of items was seen to have the potential to impact infection control in some areas; for example, several boxes were stored on the floor around the centre, and several items were stored in and around the sink in the treatment room, creating limited access for proper cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors observed that the fire escape plans displayed around the centre did not correctly display the occupancy of the bedrooms in the centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors observed examples where medication administration and storage practices did not align with best practice and professional guidelines issued by An Bord Altranais agus Cnáimhseachais. The following findings posed a risk to residents' safety:

- During medication administration rounds, inspectors observed that medication trolleys were left unsupervised at the nursing station, unlocked with keys left in the lock. This posed a significant risk to residents' safety.
- In addition, the nursing staff were observed to carry the medications in plastic caps and walk with them around the centre rather than carrying the medication trolley with them.
- The nursing medication trolley was left at the nursing station throughout the day and night, which was not in line with the centre's policy.
- Medicinal products, such as nutritional supplements, were stored in the unlocked kitchenette. This room was accessible to all residents and other staff, not just registered nurses.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required to ensure that care plans were up to date to reflect the changing needs of the residents in the centre. For example:

- Care plans were not updated following falls or hospital recommendations, and they did not clearly outline the residents' injuries with a specific plan for treatment and care delivery.
- Skin integrity care plans were not updated; wounds were not documented and appropriately assessed. Some of the care plans where the current skin integrity issue was documented did not have a plan for care in place, outlining the recommendations from the tissue viability nurse or the relevant progress of healing.
- There were no safeguarding care plans developed following a safeguarding incident.
- Samples of three care plans for respite residents reviewed were not person-centred, and the resident's name was the same across these care plans while the actual name of the resident was different.
- Behavioural care plans were also not updated following incidents where residents exhibited responsive behaviours, failed to include de-escalation techniques or a comprehensive plan for each resident's care and progress.

Judgment: Not compliant

Regulation 6: Health care

Nursing practices in relation to residents' assessment and care documentation and medicines management did not ensure that residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. The inspectors' findings are discussed further under Regulation 5: Individual Assessment and Care Plan and Regulation 29: Medicines and Pharmaceutical services. For example:

- Residents who experienced unwitnessed falls did not always have neurological observations (serial assessments used to evaluate a patient's central nervous system, identifying early signs of deterioration from brain injuries, infections, or metabolic issues) completed as per the protocol in the centre's policy and best practice.

Judgment: Substantially compliant

Regulation 8: Protection

The provider did not take all reasonable measures to protect residents from abuse, for example:

- Several safeguarding incidents involving residents were not recognised or managed according to the centre's safeguarding policy. As a result, the provider failed to ensure that all residents at the centre were adequately safeguarded to minimise the recurrence of future incidents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights to privacy and choice were not fully upheld, as evidenced by the following:

- Privacy curtains in shared bedrooms did not fully enclose the bed spaces. This did not afford residents in these bedrooms adequate privacy at their bed space or when staff assisted residents with their personal needs.
- The sensory room was locked throughout the night until 11 am. This did not support residents' rights to use this room in private, and access a communal facility registered for residents' use. This is a repeated finding from the previous inspection in November 2025.
- The dining room experience was not the same for all residents. For example, a lack of choice was evident in the absence of tablecloths, menus, and condiments on some dining tables. Additionally, extra sauce, salt, pepper and butter were not available for those who might have preferred them. Residents were observed asking the staff for some butter, pepper, or salt. This did not support an enjoyable dining experience and did not promote independence.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aras Gaoth Dobhair OSV-0000311

Inspection ID: MON-0048756

Date of inspection: 22/05/2026

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: 1. A full-time Person in Charge commenced in the centre on 13/07/2026 and continues to work full-time in the role. The management structure has been updated to reflect the appointment and associated lines of authority and accountability.	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: 1. Additional secure storage has been provided for resident and staff identifiable information, and the centre's data protection procedures have been reviewed and communicated to staff. 2. A comprehensive audit of all staff files against Schedule 2 requirements is underway. All identified gaps will be rectified by 15/08/2026. 3. A digital workforce management system will be implemented by 30/09/2026 to maintain accurate planned and worked rosters and provide clear oversight of roster records.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. A full-time Person in Charge commenced on 13/07/2026. The centre's management structure will be reviewed and updated by 10/08/2026 to clearly define the roles, responsibilities and lines of accountability.
2. A full-time clinical nurse manager continues to be employed who will support the person in charge in clinical leadership and management.
3. A weekly governance report is now completed by the PIC covering care planning, incidents, statutory notifications, complaints, staff records and other key clinical governance indicators. Identified actions are assigned to a named person, given a completion date and tracked to closure. The report is reviewed weekly by the Registered Provider.
4. The PIC/CNM will review nursing documentation and care plans weekly, with identified deficits assigned to the relevant nurse and followed through to completion. Person-centred care-planning training for nursing staff will be completed by 15/08/2026, with ongoing compliance monitored through care-plan audits
5. An IPC committee has been established with two IPC link practitioners. IPC practice will be reviewed through monthly audits, with identified actions recorded and followed through by the PIC.
6. All outstanding actions arising from this inspection will be maintained on a central Quality Improvement Plan and reviewed weekly by the PIC and Registered Provider until all actions are completed.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
1. All incidents and complaints are reviewed by the PIC for statutory notification requirements. Compliance is monitored through the weekly management report.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

1. The complaints policy and procedure has been updated to reflect current regulatory requirements, including the review process, nomination of a Review Officer and the 20-working-day timeframe for completing a review. The updated complaints procedure is displayed and accessible to residents.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
1. All residents' clothing identified as being stored inappropriately during the inspection has been returned to the appropriate resident and stored correctly.
2. Appropriate storage of residents' clothing and personal belongings is now included in the daily safety pause and staff handover. The CNM/PIC monitor compliance during daily management walkarounds, and any inappropriate storage identified is corrected immediately and addressed with the relevant staff member.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. Shared-bedroom layouts were reviewed with the HSE during an onsite visit on 24/08/2026. The centre is awaiting the HSE's proposed works to ensure the required minimum personal space of 7.4 m² is achieved. The PIC will follow up until the works plan is confirmed.
2. Chairs are now available in all shared bedrooms within the bedspace.
3. Mobility hoists and other resident equipment have been removed from bedrooms and sluice rooms and are now stored in designated storage areas. The PIC/CNM will monitor storage arrangements during weekly environmental walkarounds, with any inappropriate storage corrected immediately.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: 1. All staff will complete IPC refresher training by 30/08/2026, including safe handling of soiled linen, appropriate use of PPE and hand hygiene between tasks 2. oiled-linen bags are now replaced when three-quarters full. This is checked daily by allocated staff and monitored during management/IPC walkarounds. 3. All resident toiletries and manual-handling slings have been individually labelled and are used only by the resident to whom they are allocated. Compliance is monitored during IPC walkarounds. 4. Nursing staff will complete refresher instruction on aseptic technique and the correct use and disposal of single-use products by 15/08/2026. Opened single-use dressings and solutions will not be retained for reuse. 5. Storage and treatment areas will be reviewed by 30/08/2026. Items will be stored off the floor and sinks and cleaning areas kept clear to allow effective environmental cleaning.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. All fire escape plans displayed throughout the centre have been reviewed and updated to accurately reflect the current occupancy of each bedroom. Any future change in bedroom occupancy will follow a review and update of the relevant fire escape plan.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: 1. Medication trolleys are now stored in designated secure areas with access restricted to nursing staff when not in use. During medication rounds, trolleys are kept locked when unattended and keys remain with the administering nurse. Compliance is monitored during daily management walkarounds and monthly medication audits. 2. All nutritional supplements previously stored in accessible kitchenette areas have been removed and are now stored securely in the designated treatment room with access restricted to authorised staff. 3. Medication-round observational audits have been introduced. All registered nurses	

involved in medication administration will complete a medication-management competency assessment by 15/08/2026 to confirm that medicines are administered in accordance with the prescriber's directions, pharmacy advice and the centre's medication-management policy.
4. Nursing staff have been instructed that medicines must be transported and administered directly from the medication trolley and must not be carried around the centre in individual medication caps. Compliance will be monitored through medication-round observational audits and the monthly medication audit.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1. All care plans identified during the inspection have been reviewed and updated to reflect residents' current needs and required interventions.
2. A review of all residents' assessments and care plans will be completed by 30/08/2026 to ensure they are current, person-centred and reviewed at intervals not exceeding four months. Resident and, where appropriate, representative consultation will be documented
3. All new admissions, including respite admissions, are reviewed through the weekly management report. Identified gaps are assigned to a named nurse and followed through to completion by the CNM/PIC.
4. Person-centred care-planning training for nursing staff will be completed by 15/08/2026. The PIC/CNM will complete weekly care-plan audits to monitor compliance and follow identified deficits to completion.
5. Resident consultation and, where appropriate, family/representative consultation is completed and documented during care-plan reviews.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
1. The post-fall protocol has been reviewed. Nursing staff will be briefed by 10/08/2026 on the requirement to complete neurological observations following unwitnessed falls or

suspected head injury, in line with the centre's protocol.
2. The PIC/CNM will review post-fall documentation following each fall to confirm required assessments are completed. Falls trends will be reviewed through the centre's Q3 2026 QIP.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1. All incidents, feedback and complaints are now screened for potential safeguarding concerns. Where a concern is identified, it is managed in line with the centre's safeguarding policy, with safeguarding plans and statutory notifications completed where required.
2. Safeguarding tabletop discussions will be completed with staff by 15/08/2026, focusing on recognition, reporting and management of safeguarding concerns.
3. Safeguarding is now a standing item at the daily safety pause, where incidents and concerns are reviewed for appropriate follow-up.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. Privacy arrangements in shared bedrooms were reviewed with the HSE on 24/08/2026. The centre is awaiting the HSE's proposed works, which will include any required adjustment or replacement of privacy curtains to ensure each bedspace can be fully enclosed.
2. The sensory room is now accessible to residents throughout the day, with access checked during daily management walkarounds.
3. Dining tables are now set with menus and condiments, with butter, sauces, salt and pepper available to support resident choice and independence. This is monitored during daily management walkarounds.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	07/08/2026
Regulation 14(1)(a)	The registered provider shall ensure that the designated centre has a person in charge.	Not Compliant	Orange	13/07/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to	Not Compliant	Orange	31/10/2026

	the matters set out in Schedule 6.			
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.	Not Compliant	Orange	30/09/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	10/08/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	10/08/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	15/08/2026
Regulation 27(a)	The registered provider shall ensure that infection	Substantially Compliant	Yellow	30/08/2026

	prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	07/08/2026
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	07/08/2026
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	15/08/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give	Not Compliant	Orange	07/08/2026

	the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.			
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Substantially Compliant	Yellow	07/08/2026
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	07/08/2026
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Substantially Compliant	Yellow	07/08/2026

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	30/08/2026
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 Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	10/08/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	15/08/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	07/08/2026

	that a resident may exercise choice in so far as such exercise does 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	30/10/2026