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:	Archview Lodge Nursing Home
Name of provider:	Archview Lodge Nursing Home Limited
Address of centre:	Drumany, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0000314
Fieldwork ID:	MON-0049589

About the designated centre

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

Archview Lodge Nursing Home is committed to providing a pleasant, homely, safe environment for the 30 residents living in the home. Residents' individual nursing and personal needs are catered for, and their privacy and dignity are upheld. We respect each resident's independence and recognise the importance of maintaining links with their families and friends in the resident's ongoing life at Archview Lodge Nursing Home. The centre provides accommodation for both female and male residents over the age of 18 years who may have the following care needs: General Care, Respite care, Physical Disabilities, Mental Disabilities, and the early stages of Alzheimer's and Dementia. Terminal Care and other conditions, such as Parkinson's disease, are also catered for. Accommodation is provided in a range of single and twin rooms. Some rooms have en-suite facilities. There is a choice of communal bath or shower facilities. There are a variety of communal lounges and quiet seating areas provided for residents. All accommodation is at ground floor level.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

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
Thursday 19 February 2026	09:00hrs to 17:00hrs	Fiona Cawley	Lead
Thursday 19 February 2026	09:00hrs to 17:00hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre were well-cared for, and supported to live a good quality of life by staff who were kind and caring. Residents were complimentary about staff and the care they provided. Staff were observed to be familiar with the needs of residents, and to deliver care and support in a respectful and calm manner. There was a calm and welcoming atmosphere in the centre over the course of the inspection.

Archview Lodge Home is a single-storey, purpose-built facility located on the outskirts of Letterkenny, County Donegal, and is registered to provide accommodation for 30 residents. This unannounced inspection took place over one day. There were 29 residents accommodated in the centre on the day of the inspection and one vacancy.

Inspectors arrived at the centre at 7:00am and were met by the staff nurse on duty. A small number of residents were up and dressed and sitting in the reception area.

Inspectors walked through the centre observing the care provided to residents and reviewing the living environment. Care staff were observed to be busy tending to residents' needs in residents' bedrooms, while the staff nurse was administering medicines to a number of residents. Inspectors were joined by the person in charge, and following an introductory meeting, inspectors resumed their walk through the centre.

While the centre was nicely decorated and provided a homely environment for residents, inspectors observed that many areas of the centre were not cleaned to an appropriate standard. Areas including corridors, communal rooms, the oratory, the staff room, dining areas, communal toilets and bathrooms, and storage areas were visibly unclean. Inspectors also observed that parts of the premises were in a poor state of repair. For example, items of residents' furniture were damaged, woodwork, including doors and skirting boards, were chipped and damaged, and parts of the centre were in need of painting. Inspectors were informed that management was aware of the issues in the premises and that they had an ongoing refurbishment plan in place.

There was a sufficient number of suitable communal areas provided for residents to use, depending on their preference, including sitting rooms and dining rooms. There was also an oratory provided for residents. However, this space was not available to residents on the day of the inspection as the room was locked. In addition, this room was not provided with adequate levels of heating.

Bedroom accommodation comprised of single and twin occupancy rooms, a number of which were en-suite. The size and layout of the majority of bedrooms were appropriate for residents' needs, and ensured their privacy and dignity. Residents

were supported to decorate their bedrooms with personal items, such as ornaments and photographs, to help them feel comfortable and at ease in the home. There were adequate facilities available in bedrooms for the majority of residents to store clothing and personal belongings. However, inspectors observed a number of bedrooms where residents' wardrobes were housed in en-suite bathrooms.

There was a sufficient number of toilets and bathroom facilities available to residents. However, inspectors found that the hot water supply to a number of rooms was in excess of the recommended 43 degrees, which posed a risk of scalding to residents. This was brought to the attention of the provider and corrected by the end of the inspection.

The management of the storage of residents' equipment and supplies was ineffective in the centre. Inspectors observed that items of residents' furniture and mobility equipment were stored in communal areas and en-suite bathrooms. This restricted access to some areas of these rooms for residents. Inspectors observed that items of residents' toiletries and items of medication were inappropriately stored in communal areas and communal bathrooms. Inspectors also observed a large external storage area which was not enclosed, and as a result, items of residents' clinical supplies were exposed to the elements. This area was untidy, disorganised and unclean.

Ancillary facilities were available, including a housekeeping room and a sluice room. However, these facilities did not support effective infection prevention and control. For example, both rooms were visibly unclean, cluttered with multiple items, and did not have appropriate storage.

The centre provided an on-site laundry service for bed linen and residents' personal clothing. While the size and layout of this facility were appropriate for the size of the centre, inspectors observed that some items of equipment were visibly unclean, for example, washing machine doors and detergent compartments.

An enclosed courtyard, which included a variety of suitable garden furnishings, provided residents with access to fresh air and nature.

Capacity and capability

This was an unannounced risk inspection carried out by inspectors of social services, to monitor compliance with the Heath 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 in relation to concerns about the management of the centre, in particular, staffing arrangements, the provision of activities for residents, and the standard of cleanliness in the centre. Information regarding the cleanliness of the premises 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 March 2025. Inspectors found that the actions taken were not sufficient to bring the centre into full compliance with the regulations as there were findings of non-compliance with Regulation 23: Governance and management and Regulation 16: Training and staff development. Furthermore, the oversight and management of infection control, premises, and medication management did not meet the requirements of the regulations.

The registered provider of this designated centre is Archview Lodge Nursing Home Limited, a company comprised of three directors. There was a clearly defined management structure in place, with identified lines of authority and accountability. There was a person in charge in post, supported by an assistant director of nursing (ADON), and a team of nurses, health care assistants, maintenance, cleaning, catering and administration staff. Further management support was provided by the directors of the company.

The findings of this inspection were that the registered provider did not ensure that management systems were in place to ensure a safe and high-quality service. The oversight of infection control practices, premises and medicines management was inadequate. A review of the care environment on the day of the inspection found that the centre was not cleaned to an acceptable standard. As a result, an urgent compliance plan request was issued to the registered provider to urgently address the infection control in the centre. This compliance plan was accepted by the office of the Chief Inspector of Social services.

The system of oversight of the quality of the service in place was ineffective. Completed audits of various aspects of the service did not identify issues found by inspectors on the day of the inspection.

A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed health and social care needs. Inspectors' observations were that staffing levels on the day of the inspection were sufficient to meet the assessed needs and dependencies of residents. Care practices were observed to be person-centred and respectful. Staff were observed working together as a team to ensure residents' needs were addressed. Communal areas were appropriately supervised.

Staff had access to education and training appropriate to their role. This included fire safety, infection prevention and control, safeguarding vulnerable adults, and manual handling training. However, inspectors observed that the staff did not receive appropriate levels of supervision from the management team. Inspectors observed inappropriate infection prevention and control practices on the day of the inspection. In addition, there was inadequate supervision of the quality of the cleaning in the centre.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

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

Inspectors found that staff supervision arrangements were not appropriate to protect and promote the care and welfare of residents. This was evidenced by:

- Inadequate supervision of staff allocated to the cleaning process in the centre.
- Inadequate supervision of infection prevention and control practices.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to ensure effective governance and management oversight of the service were not fully effective. For example:

- The provider's own internal management systems of audit and oversight have failed to identify the significant concerns found on this inspection in respect of infection control, medication management and premises.
- The oversight of the risk management in the centre was not effective. For instance, the inspectors identified that the water in all sinks was observed to be very hot on the day of the inspection. The maintenance staff addressed this before the end of the inspection.
- There was inadequate oversight of training and staff supervision, in particular, infection prevention and control practices.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in the centre were satisfied with the quality of the care they received, and reported feeling safe and content in the centre. Inspectors observed pleasant engagement between staff and residents throughout the inspection.

As discussed in the capacity and capability section of this report, inspectors found that the monitoring and oversight of environmental cleaning was inadequate. An urgent compliance request was issued to the provider to provide assurance that all infection control procedures and protocols were implemented to ensure the environment was cleaned to an acceptable standard. A compliance plan was received and accepted by the Chief Inspector following this inspection.

Overall, the design and layout of the premises were suitable for its stated purpose and met residents' individual and collective needs. However, inspectors identified some areas of the premises, including furnishings, which were in a state of disrepair. In addition, the storage arrangements in the centre for residents' equipment and clinical supplies were inadequate. Furthermore, there was restricted access to a small number of communal spaces for residents, including the oratory and the outdoor courtyard.

Each resident had an assessment of their health and social care needs recorded on an electronic documentation system. The inspectors reviewed a sample of residents' care plans and spoke with staff regarding residents' care preferences. Care plans reviewed were person-centred and reflected the care needs of the resident.

The provider had systems in place to ensure residents were provided with access to a general practitioner (GP), as requested or required. Arrangements were also in place for residents to access the expertise of health and social care professionals for further expert assessment and treatment, in line with their assessed needs.

Residents' rights were upheld in the centre. Residents were free to exercise choice in their daily lives and routines. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities in line with residents' choice and ability were provided.
Residents were supported to attend residents' meetings and to contribute to the organisation of the service. Access to an independent advocacy service was facilitated where required.

There was a policy in place to guide nurses on the safe management of medications. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988, and in line with the centre's policy on medication management. However, some improvements were required in the storage of medications and this is discussed further under Regulation 29: Medicines and pharmaceutical services.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

A review of the premise found that some areas did not conform to the matters set out in Schedule 6 of the regulations, for example:

- The layout of four twin-occupancy bedrooms did not ensure that residents had sufficient space to store their clothes. This resulted in residents' wardrobes being inappropriately placed in en-suite bathroom facilities.
- There were no call-bell devices available in the communal areas and some of the bedrooms. This poses a risk that when residents require help or assistance, they won't be able to alert staff.
- Access to the residents' enclosed courtyard was not readily accessible and safe. During the inspection, the management of the centre informed the inspectors that the residents were unable to use the courtyard because the gate was not securely locked; only a bolt was in place. This posed a risk that residents could open this gate and leave the centre unattended. Similarly, the oratory door was locked because the room was used for storage. The heating system in this room was not working, and the room was cold on the day of inspection.
- Some areas of the centre required painting and repair, for example, the furniture under some of the sinks was damaged and some handles were missing, some of the armchairs, beds, and bedside tables were scuffed, and a number of dining chairs were rusty.
- The management of storage in the centre was inadequate. For example;
    - hoists, mobility aids and specialised seating were stored in communal areas, residents' bedrooms and bathrooms.
    - Continence equipment and supplies were inappropriately stored in an outdoor area that was exposed to the elements.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily, providing a range of choices to all residents, including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. This was evidenced by:

- There was poor oversight of the quality of environmental hygiene. The centre was visibly unclean on the morning of the inspection, including floors, walls, doors, door frames, doors saddles on corridors, communal toilets and bathrooms, the staff room, storage areas and dining areas. There was evidence of dust and debris on high and low surfaces.
- Several of the surfaces and finishes, including wall paintwork, wood finishes and flooring, were worn and poorly maintained and as such did not facilitate effective cleaning.
- The sluice facility was unclean, cluttered and disorganised. Access to the sluice sink and hand-wash basin was blocked by inappropriate storage of items.The storage practices in the sluice did not support clean and dirty segregation of the equipment.
- The layout of the cleaning room was not adequate for its purpose and function, as the staff had to walk through either the laundry or the cleaning store room to bring dirty or clean equipment to and from the sluice room. In addition, on the day of the inspection, inspectors observed that there was no lockable storage for cleaning chemicals, and both doors were left open. The inspectors noted that clean mops, cleaning products and a bottle of water were stored on the two window sills. The cleaning folders were stored with the cleaning products on the shelves, which were directly touched by the dust mops. Used floor mops were also left on the floor and had not been disposed of properly, and items of cleaning equipment were visibly unclean.
- Some items of equipment used by residents were in a poor state of repair and visibly unclean. For example, shower chairs, commodes and hoists.
- Inadequate practice was observed where soiled linen was inappropriately handled by staff. This posed a risk of cross-infection to the resident.

- Unclean nebuliser masks and compressor machines were observed in a number of residents' bedrooms.
- The management of storage in the centre was not effective in minimising the risk of cross-infection. For example, items of resident equipment were stored in residents' bedrooms, ensuite bathrooms and communal bathrooms.
- Residents' personal items, such as toiletries, were inappropriately stored in communal bathrooms, which increased the risk of cross-infection to residents.
- Part of the residents' dining room was inappropriately used as a storage area for boxes, a weighing scales, and other equipment.

Under this regulation the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

Judgment: Not 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;

- The medications were not administered according to the instructions from the prescriber, for example, the medications prescribed for 8 am were administered at 6.30 am by night staff.
- Inspectors observed that some medicinal products were improperly stored. For example, nutritional supplements were stored in the dining room, and topical creams were stored in a communal bathroom. These rooms were accessible to all residents, including visitors and other staff, not just registered nurses.
- Inspectors observed gaps in the administration records.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. A sample of care plans was reviewed in relation to the skin integrity, social activities and nutritional needs and were seen to be updated following a health professional review. Care plans based on assessments were

completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months.

Judgment: Compliant

Regulation 6: Health care

General practitioners (GPs) routinely attended the centre and were available to residents. There was evidence of ongoing referral and review by health and social care professionals as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to maintain a positive and supportive person-centred approach with residents who experienced responsive behaviours. The inspectors reviewed a sample of care plans and saw that person-centred care plans, outlining triggers where evident, and appropriate interventions to support residents with responsive behaviour.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to ensure that residents were protected from the risk of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected and that they were supported to exercise choice and control in their daily lives. Residents told inspectors

that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Archview Lodge Nursing Home OSV-0000314

Inspection ID: MON-0049589

Date of inspection: 19/02/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Management immediately sourced an external cleaning company to conduct a full internal audit and review of cleaning practices and procedures in relation to infection prevention and control (IPC)- complete Household staff allocations were reviewed to ensure adequate cleaning and uniform coverage throughout the week- complete. All relevant staff completed in-person IPC training delivered by the external cleaning company. Training included IPC practices, appropriate use of PPE, chemical safety, and waste segregation procedures- complete. IPC Link Practitioner training has commenced for one staff nurse to further support and promote best practice within the centre- to be completed by August 2026 The PIC and ADON have implemented daily spot checks and weekly IPC audits to ensure ongoing oversight, supervision, and compliance with IPC standards- ongoing	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Following the inspection, the Registered Provider has undertaken a comprehensive review of governance and management systems to ensure effective oversight across all areas of the service. An immediate deep clean of the centre was completed under the supervision of the Person in Charge (PIC), with records maintained. This addressed the immediate risks	

identified in relation to infection prevention and control.
Governance and oversight arrangements have been strengthened through the implementation of a revised audit schedule, including: Daily environmental and cleanliness spot checks, Weekly Infection Prevention & Control (IPC) audits, Medication management audits and Monthly governance and management review meetings
The monthly governance meetings involving the Registered Provider, PIC and ADON to review: Audit findings, risks and incidents, compliance with regulations and progress against the centre's Quality Improvement Plan
The Registered Provider has engaged an external professional cleaning company, who have completed a full audit of environmental hygiene and IPC practices. The centre is currently implementing the recommendations identified, and updated cleaning policies and procedures have now been received and will be implemented following review by management. The external provider will also support ongoing staff training and provide scheduled deep cleaning services. Management oversight has been strengthened through: Daily oversight by the PIC and ADON, including environmental walk-throughs, Clear allocation of staff responsibilities to maintain a clean, safe and clutter-free environment and review and implementation of documented cleaning schedules, including all resident equipment
Staff training and supervision have been enhanced -All staff completed in-person IPC refresher training, nurse nominated to complete IPC Link Nurse training and ongoing staff supervision, spot checks and team meetings to reinforce standards
A review of housekeeping resources has been completed, with additional supports secured through the external cleaning provider.
Environmental and premises risks identified have been addressed or are being progressed within defined timeframes, and medication management practices are subject to regular audit and oversight. All actions are ongoing and will be fully embedded : by 31st August 2026

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Registered Provider has implemented a series of corrective actions to address the deficits identified in relation to the premises and to ensure a safe and appropriate environment for residents.
Drawings have been submitted to a competent person to develop plans to separate wardrobes from en-suite bathroom facilities within the twin rooms identified. These drawings will be submitted to the regulator for approval prior to commencement of works. Completion of these works is scheduled for November 2026.
A wireless call-bell system has now been installed throughout all areas of the centre, including communal rooms and all bedrooms.
Status: Complete.
The external courtyard gate has been repaired and secured to ensure resident safety.
Status: Complete.

The heating system in the oratory has been repaired and the room has undergone refurbishment. The oratory is now fully accessible to residents at all times.
Status: Complete.
A full review of storage facilities within the centre has been completed. Continence wear is now stored in a secure, weatherproof external storage unit. Internal storage areas have been reorganised and excess equipment has been removed from communal areas, bathrooms, and residents' bedrooms.
Status: Complete.
As part of the centre's improvement plan, significant refurbishment works have been completed, including replacement of the dining room floor, refurbishment and repainting of dining chairs, repainting of the dining room, purchase of new oak table tops, and refurbishment of the communal bathroom.
Status: Complete.
Redecoration and painting of residents' bedrooms has commenced. Flooring, toilet, and sink have been replaced in one en-suite bathroom to date. A full review of under-sink storage units has also been completed, and damaged units have been replaced where required.
Status: Complete.
Replacement of scuffed bedside lockers, beds, and chairs is being completed on a phased basis as part of the centre's ongoing improvement plan, with completion scheduled for September 2026.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
As detailed in the urgent compliance plan submitted following the inspection, the Registered Provider implemented immediate and sustained actions to strengthen governance, oversight, and management systems within the Centre. An immediate deep clean of the entire centre was completed under the supervision of the Person in Charge (PIC), with records maintained. This included all communal areas, clinical rooms, equipment, and high-touch surfaces.
To address deficits identified, the Registered Provider has strengthened governance systems and oversight arrangements, including the implementation of a robust audit schedule: Daily environmental and cleanliness spot checks, Weekly infection prevention and control (IPC) audits and Monthly governance and management reviews – to discuss Audit findings, Risks and incidents, Compliance with policies and procedures and Progress against the centre's quality improvement plan - Complete
The Registered Provider has engaged an external professional cleaning company to Conduct a full IPC and environmental hygiene audit (now completed) and to support the implementation of recommendations currently being progressed. They have also provided updated cleaning policies and procedures which will be implemented following

review by management . The company will deliver ongoing staff training and competency-based education. In addition, the Registered Provider has ensured that there is enhanced supervision and accountability structures, with the PIC and ADON providing daily oversight of practices, clear allocation of staff responsibilities for maintaining a clean, safe, and clutter-free environment and a review of documented cleaning schedules, to include all resident equipment - Complete
Staff training and development has been strengthened through ongoing in-person IPC training for all staff provided by competent external company.- Complete
A Staff nurse has commenced IPC Link Nurse training to support continuous monitoring and improvement and regular staff meetings and supervision to reinforce standards and responsibilities – to be complete by 31st August 2026
A review of housekeeping resources has been completed. Additional supports have been secured through the external cleaning provider to ensure sustained compliance.
The dining room flooring has been replaced, dining chairs have been sandblasted and resprayed, and the dining room has been repainted. Oak table tops have been ordered as part of the refurbishment works. All inappropriately stored items were removed from the dining room immediately.
Status: Complete/Ongoing.
One communal bathroom has been fully refurbished, including replacement flooring, PVC wall sheeting, toilet, shower, and sink facilities. Replacement prefinished oak handrails have been ordered for installation throughout the centre.
Status: Ongoing.
Painting and redecoration of all bedrooms has commenced. One en-suite bathroom has been fully refurbished, including replacement flooring, sink, toilet, and PVC wall sheeting.
Status: Ongoing.
The sluice room has undergone a deep clean and has been reorganised and decluttered. Appropriate segregation of clean and dirty equipment has been implemented to support effective infection prevention and control practices.
Status: Complete.
The cleaning room has been reorganised, and additional storage facilities, including lockable chemical storage units, have been installed. Cleaning documentation is no longer stored with cleaning chemicals or equipment.
Status: Complete.
All household staff received comprehensive in-person IPC training delivered by a competent external cleaning company. Training included environmental hygiene, cleaning procedures, PPE usage, chemical safety, waste segregation, and appropriate cleaning equipment management.
Status: Complete.
All clinical staff also completed in-person IPC refresher training, which included the safe handling of soiled linen, prevention of cross-contamination, equipment decontamination, and standard infection control precautions.
Status: Complete.
Nebuliser masks and compressor machines are cleaned and disinfected after each use in accordance with manufacturer guidelines and IPC best practice. A cleaning schedule and monitoring system has been implemented by nursing staff to ensure ongoing compliance.
Status: Complete.
The Registered Provider engaged with the HSE Infection Prevention and Control team, and the IPC HSE Lead Nurse and her colleague completed a walk-around review of the centre. Following this review, it was identified that, while the immediate improvements

implemented have strengthened infection prevention and control practices within the existing environment, the current physical layout and configuration of the sluice/cleaning room area require further redevelopment to fully support best practice infection prevention and control standards. The Registered Provider acknowledges that the current layout presents limitations in relation to workflow, segregation of clean and dirty processes, storage capacity, and the provision of a purpose-designed sluice facility. The Registered Provider has commenced engagement with relevant professionals to progress the design and planning requirements for the addition of a new sluice room and reconfiguration of existing structures for a cleaner's room. Once drawings and plans for the proposed addition and reconfiguration works have been completed, these will be submitted to the Chief Inspector together with an application to vary as required, to progress the works and support the centre in achieving full compliance with Regulation 27: Infection Control- Proposed date of completion 20th December 2026
In the interim, the enhanced infection prevention and control measures currently implemented will remain in place, including appropriate segregation of equipment, one-way workflow and management oversight to ensure risks are effectively controlled - Status: Ongoing.
A full review of storage facilities within the centre has been completed. Continence wear is now stored in a secure, weatherproof external storage unit. Internal storage areas have been reorganised, and excess equipment has been removed from communal areas, bathrooms, and residents' bedrooms.
Status: Complete.
Resident equipment, including hoists, commodes, and shower chairs, is now included on a documented cleaning schedule with regular oversight and monitoring in place.
Status: Complete.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The Registered Provider has undertaken a comprehensive review of medication management practices within the centre to ensure safe and appropriate administration, storage, and documentation of medicines.
• Medication administration practices have been reviewed in consultation with General Practitioners (GPs). Medication round times have been adjusted to ensure medicines are administered as prescribed and at appropriate times.
Status: Complete
• All medication storage arrangements have been reviewed and strengthened:
o The oral nutritional supplement storage press has been secured
o All medicinal creams are now stored appropriately in the clinical room, ensuring restricted access and compliance with best practice

Status: Complete
• The Person in Charge (PIC) has implemented medication administration audits to monitor compliance with safe practices and accurate documentation. These audits specifically review: Timely administration, completion of medication administration records (MARS) and adherence to prescribed instructions
• Ongoing audit and oversight systems are in place to ensure that no gaps in medication administration records occur, and that any issues identified are addressed promptly.
Status: Complete and ongoing

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	20/12/2026
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	31/08/2026
Regulation 27(b)	The registered provider shall ensure guidance published by	Not Compliant	Red	24/02/2026

	appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.			
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.	Substantially Compliant	Yellow	16/03/2026
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.	Substantially Compliant	Yellow	16/03/2026