



**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:	Bailey's Nursing Home
Name of provider:	Ougham House Limited
Address of centre:	Mountain Road, Tubbercurry, Sligo
Type of inspection:	Unannounced
Date of inspection:	20 May 2025
Centre ID:	OSV-0000316
Fieldwork ID:	MON-0047614

About the designated centre

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

Bailey's Nursing Home is registered to provide care for 43 residents. Twenty-four-hour nursing care is provided to dependent persons aged 18 years and over who require long-term residential care or who require short-term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Male and female residents are accommodated. It is located in a residential area a few minutes' drive from the town of Tubbercurry in County Sligo. Residents' accommodation is comprised of 21 single and 11 twin-bedrooms. There is a variety of sitting areas where residents can spend time during the day and a safe garden area where they can spend time outdoors. Other facilities include a visitors' room, laundry, kitchen, staff areas, offices, sluice facility and cleaning room. The laundry is located in an external building close to the centre. The centre is a family-run business that has operated since 1995. The objective of care as described in the statement of purpose is to encourage each resident to maintain their independence while offering all the necessary care and assistance.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 20 May 2025	09:15hrs to 17:45hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed over one day. Overall, the residents were content with living in the designated centre and felt that their care and support needs were met to a good standard. Residents' feedback on this inspection was also positive regarding their quality of life in the centre. Residents were also very complimentary in their feedback regarding the staff team caring for them, and this feedback concurred with the inspector's observations. Residents and staff were observed to enjoy being in each other's company, and staff interactions with residents were person-centred. Residents said that they felt safe and were comfortable living in the centre. The inspector observed that the service provided and care was, for the most part, organised around residents' individual preferences and choices.

Some residents told the inspector that they previously lived in the local town and surrounding townlands before coming to live in the centre. Residents were particularly satisfied that they had the opportunity to continue living within the community they were familiar with and close to where their families were living. Residents said they were satisfied with the opportunities available to them to engage in social activities that interested them and the support they received to keep in contact with their local community. There was a calm and relaxed atmosphere in the centre, and the environment was warm, homely and comfortable.

The inspector observed that there was good use of the communal rooms available for residents' use on this inspection. Residents were participating in the scheduled social activities taking place during the morning in the main sitting room located at the front of the centre and in both of the sitting rooms in the afternoon. A small number of residents chose to spend much of their time in their bedrooms and their choices were respected. Staff were observed regularly visiting them in their bedrooms to ensure their needs were met. The inspector observed that some of the residents had developed friendships with each other, and liked to sit together in the communal rooms during the day. A number of the male residents were also observed enjoying spending time sitting and chatting together in the entrance lobby.

Residents and staff were observed to be comfortable in each others company. Staff responded promptly to residents' needs and cared for them in kind and respectful ways. Residents told the inspector that staff were 'very good to them', 'always there ready to help', and that they did not have to wait for assistance from staff. The residents also told the inspector that staff were always kind, courteous and respectful towards them.

The inspector observed that the residents' living environment was well-maintained and adequately ventilated. The corridors and communal areas were spacious with surfaces, finishes and furnishings that readily facilitated cleaning. A variety of traditional domestic-style furnishings and various memorabilia that were familiar to the residents were used to enhance their comfort. Overall, the general environment

and residents' bedrooms, communal areas and toilets and bathrooms were observed to be visibly clean. Appropriate storage for residents' assistive equipment and other ancillary facilities were available.

The inspector observed that many of the residents had personalised their bedrooms with their family photographs and other items of value to them. Residents' bedrooms were bright, nicely decorated and contained suitable furniture to meet their needs. However, the inspector observed that the layout of most of the twin bedrooms in the centre was not suitable to meet the needs of the two residents with the need for support with their mobility. The provider had a plan in place to reduce ten twin-occupancy bedrooms to single occupancy by 31 January 2026.

A secure outdoor garden area was accessible to residents as they wished. Pathways were in place to facilitate the residents to access all areas of the garden safely. A number of residents were observed out walking in the garden, and one resident told the inspector that a daily walk had been an important part of their daily routine before they came to live in the centre. Other residents were supported by the activity coordinator to enjoy an outdoor social activity in the garden. Residents said they loved the garden and enjoyed being out in the sunshine.

The inspector observed that hand-sanitising stations were conveniently located throughout the centre and were used by staff to carry out their hand hygiene procedures as necessary. A clinical hand-wash sink was not available in the room where residents' medications and treatments were prepared. Sinks were not available outside of those hand washbasins provided in residents' bedrooms and communal bathrooms/toilets, which meant that the sinks in residents' bedrooms were serving a dual purpose: as facilities for residents' personal hygiene and as hand hygiene facilities for staff. This risk of cross-contamination and its impact on the effectiveness of hand hygiene procedures was acknowledged by the provider. The inspector was told during this inspection that a plan was now being developed to install additional clinical hand-wash sinks for staff use close to points of care in a number of locations around the centre.

Residents told the inspector that they would talk to any member of the staff or their family if they were worried about anything or were not satisfied with any aspect of the service. During the inspector's conversations with a number of residents, they confirmed that they were listened to by staff, and any issues they raised were addressed to their satisfaction. Residents told the inspectors that they felt safe and secure in the nursing home.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions the provider had committed to take following the previous inspection in October 2023 and on the statutory notifications and other information received since the last inspection in September 2024.

Overall, this inspection found that the provider continued to ensure its oversight of the quality, safety and effectiveness of the service provided for residents. Due to the provider's failure to address the layout of 10 twin-occupancy bedrooms that continued to negatively impact on residents' accessibility, privacy and dignity, the Chief Inspector of Social Services attached a restrictive condition to the designated centre's registration, requiring the provider to complete the necessary work to address these bedrooms by 31 January 2026. The inspector was informed by the provider representative on the day of this inspection that the commencement of an extension to the premises was pending the granting of planning permission. The provider committed to reducing 10 twin bedrooms to single occupancy on completion of the extension. However, in the interim, the layout of these twin bedrooms continued to impact on residents' accessibility, privacy and dignity and non-compliances are repeated again on this inspection with Regulations 9: Residents' Rights, 12: Personal Possessions and 17: Premises. The inspector's findings are discussed further in the quality and safety section of this report.

The registered provider of Bailey's Nursing Home is Ougham House Limited. There are two directors on the provider company board, one of whom represents the provider entity in communications with the Chief Inspector. The provider appointed a person in charge who did not meet the requirements of Regulation 14: Person in Charge. At the time of this inspection, the assistant director of nursing was deputising in the role of the person in charge pending the appointment of a suitable person in charge within 42 days of the previous person in charge leaving their role in the designated centre. The assistant director of nursing was supported in their role by a general manager, a clinical nurse manager, staff nurses, health care assistants, activity staff, catering, cleaning and maintenance staff.

The provider had effective systems in place to monitor the quality and safety of the service. The findings of audits were reviewed at the regular management meetings, and there was good evidence that areas needing improvement were identified and progressed to completion.

There were sufficient staff available to provide care and services for residents and to attend to their needs without delay. Call-bells were answered promptly, and residents confirmed that staff were attentive to their needs and that they did not have to wait for staff to come to assist them. The inspector reviewed a sample of staff employment records and found that they met the requirements of the regulations. All staff had appropriate Garda Síochána (police) vetting in place before they commenced working in the designated centre.

Staff had access to mandatory training, and the training matrix reflected that all staff had attended mandatory training requirements. A programme of professional

development training was made available to all staff to ensure that they had the necessary skills and competencies relevant to their role in meeting residents' needs. The inspector was assured from their observations of staff practices and from discussions with staff that they were familiar with residents' needs. Staff were appropriately supervised according to their roles.

Records that must be maintained and available in the centre were held securely, and were made available to the inspector for the purpose of this inspection.

The provider had agreed the terms and conditions of each resident's residency in the centre, including the fees to be paid by them. This information was clearly stated in the sample of residents' contracts reviewed by the inspector.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills rostered and on-duty on the day of this inspection to meet the care and social needs of the residents, including residents who chose not to attend the social activities taking place in the communal rooms. Staff picked up on residents' cues for support and responded to their needs without delay.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to monitor staff training to ensure that all staff working in the centre attended up-to-date mandatory training and professional development training relevant to their role to competently meet residents' needs.

Staff were appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents. Arrangements were in place for staff induction and performance monitoring.

Judgment: Compliant

Regulation 21: Records

Records as set out in Schedules 2, 3 and 4 were kept in the centre and were made available to the inspectors. Records were stored securely, and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Whilst acknowledged that the provider has a plan in place to reconfigure the layout of 10 twin-bedrooms to ensure they meet the residents' rights to privacy and dignity by 31 January 2026, this plan is pending the completion of a new extension to the designated centre premises. This means that residents' accessibility, privacy and dignity rights in these 10 twin-occupancy bedrooms will continue to be negatively impacted and is not in accordance with the provider's statement of purpose.

The provider had not ensured that the management structure and lines of accountability and responsibilities were clearly defined due to the appointment of a person in charge who did not meet the requirements of the regulations.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts for the provision of care and service were reviewed. Each was found to contain the information required by the regulations and was signed by the resident and/or their representative.

The nursing home fee to be paid by the residents was stated, and additional charges were clearly itemised.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures, as set out under Schedule 5 of the regulations, were up to date and were implemented on this inspection.

Judgment: Compliant

Quality and safety

Overall, this inspection found residents' rights were respected by staff; however, the layout of 10 twin bedrooms continued to negatively impact on residents' privacy and dignity in these bedrooms. Furthermore, these rooms did not promote residents' choices and did not ensure they had control over their wardrobes, personal clothes and possessions. The provider and staff team were continuing to ensure residents' care was effective and that they enjoyed a meaningful life in the centre. Residents' nursing needs were met to a good standard, and residents had timely access to their general practitioner (GP) and health and social care professionals as needed.

All the residents' accommodation was provided on the ground floor level in the designated centre. Residents' living environment was well maintained and was decorated in a traditional style that was familiar to them. While the layout of most of the residents' bedrooms met their needs, significant improvements continued to be required to the layout of 10 twin-occupancy bedrooms. The provider acknowledged this finding and had a plan in place to address the layout of these 10 twin bedrooms by 31 January 2026, in line with a condition of the designated centre's registration. Communal spaces were bright and accessible, and were well used on this inspection by the residents. An outdoor landscaped area was safe and accessible for residents' use.

Staff knew residents well and demonstrated their commitment to supporting residents as much as possible, with continuing with their usual routines prior to coming to live in the centre. Residents told the inspector that they chose when they got up in the morning and what time they went to bed at night. While this gave assurances that residents' choices were respected regarding this aspect of their daily routines, residents' individual preferences regarding the programmes they watched and listened to in the twin bedrooms were not assured as they had to share the one television set provided in each of these bedrooms.

Residents' nursing needs and supports were met to a good standard on this inspection. The inspector reviewed a sample of residents' care plans and found that residents' assessed needs were informed by detailed person-centred care plans. This level of detail provided clear guidance for staff regarding their care delivery and ensured that residents were provided with care and support that was in line with their individual preferences.

Residents were provided with opportunities to participate in a variety of meaningful social activities to meet their interests and capacities. Residents who remained in their bedrooms had equal access to social activities that interested them. Residents were supported to go on outings to places of interest to them in their local community.

The provider had measures in place to protect residents from the risk of infection, including a number of assurance processes in place to ensure that environmental hygiene and infection prevention and control standards were maintained. Alcohol hand-gel dispensers and personal protective equipment (PPE) were readily available along corridors for staff use, and staff were observed to perform hand hygiene appropriately. However, barriers to effective hand hygiene practice were observed again of this inspection as hand wash sinks that complied with the recommended

specifications for clinical hand-wash basins were not available in the room where staff prepared residents' medicines or convenient to where care was being delivered by staff. This is a repeated finding from the last inspection.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were regularly convened and their views on the service were welcomed. Issues raised or suggestions made by residents regarding areas they felt needed improvement in the service were addressed. Residents had access to telephones and newspapers and were supported to avail of advocacy services.

Measures were in place to safeguard residents from abuse, and residents confirmed that they felt safe in the centre. Staff had completed up-to-date training in safeguarding residents from abuse. Staff who spoke with the inspectors were knowledgeable regarding the reporting arrangements in the centre and were aware of their responsibility to report any concerns they may have regarding residents' safety.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely, and staff were aware of their needs. Each resident's communication needs were regularly assessed and a person-centred care plan was developed to guide staff on the supports they needed to communicate effectively. Signage and specialised assistive equipment were available to support residents in meeting their communication needs.

Judgment: Compliant

Regulation 11: Visits

Visiting arrangements were flexible and practical infection prevention and control precautions were put in place to protect residents from the risk of infection. The inspector saw that residents could meet with their visitors and friends, including in private or outside of their bedrooms, as they preferred.

Judgment: Compliant

Regulation 12: Personal possessions

Although wardrobes were provided for all residents, residents accommodated in most of the twin bedrooms could not maintain control of their clothes and other possessions in their wardrobes as the wardrobes were located in a wall in a common area shared by both residents and could be accessed by other residents sharing these bedrooms.

This finding is repeated from the last inspection.

Judgment: Not compliant

Regulation 17: Premises

The layout and design of ten twin bedrooms in the designated centre did not adequately meet the needs of residents in accordance with the centre's statement of purpose and residents' needs, as follows;

- The layout of ten twin bedrooms numbered 20 to 29 located along both sides of one corridor did not meet residents' needs. These bedrooms varied in size from 14.8 to 14.9 square meters, and in a number of these bedrooms, the layout of the room did not facilitate each resident to rest in a chair by their bedside or to access their bed without disturbing the resident in the other bed.
- In many of these twin bedrooms, one side of the inside bed, which was closest to the window, was placed close to the wall. Although reduced since the last inspection, a number of the residents in these bedrooms needed specialist equipment and two staff to support their personal care and transfer needs into and out of bed. The space available around the residents' beds in these rooms was not sufficient to facilitate the passage of assistive equipment to access the bed closest to the external wall without moving the other bed aside. As a consequence, the residents in the beds closest to the door were regularly disturbed to allow staff to use the assistive equipment that was needed for the second resident in these bedrooms.

The findings are repeated from previous inspections.

Judgment: Not compliant

Regulation 27: Infection control

Actions were necessary by the provider to ensure compliance with the national infection prevention and control standards, and to ensure residents were protected from risk of infection;

- A designated clinical hand-wash sink located in the clinical room did not meet the recommended specifications for clinical hand-wash basins. For example, this sink had an overflow port, and as such, created a reservoir for infection. There were not sufficient clinical hand wash sinks close to the point of care for staff to wash their hands. As a result the staff were using the hand-wash basins in the residents' bedrooms or in the communal shower and toilet rooms.

This finding is repeated from the last inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed within 48 hours of their admission and regularly thereafter. Staff used a variety of accredited assessment tools to assess each resident's needs, and these assessments informed residents' care plans. The information in residents' care plans was in sufficient person-centred detail to guide staff regarding each resident's individual care and support preferences, and usual routines.

Residents' care plans were regularly updated in consultation with them and their representatives, as appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents' nursing and healthcare needs were met to the required professional standards, and residents had timely access to their GPs. An on-call GP service was available to residents out-of-hours as needed.

Residents were appropriately referred to health and social care professionals, specialist medical and nursing services, including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented.

Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a positive and supportive approach evident in how residents who were predisposed to experiencing episodes of responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were cared for by staff. Staff were facilitated to attend training to ensure they had up-to-date knowledge and skills in meeting the support and care needs of residents who experienced responsive behaviours.

There was a commitment to minimal restrictions to residents, and the need for restrictive equipment in use was regularly assessed to ensure that use was appropriate and did not pose inappropriate or prolonged restrictions on residents.

Judgment: Compliant

Regulation 8: Protection

Policies and procedures were in place to safeguard residents from abuse. Staff were facilitated to attend up-to-date safeguarding training and were aware of their responsibility to report any concerns they may have regarding residents' safety. Staff were also aware of the reporting procedures in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and quality of life were negatively impacted by the layout of ten twin bedrooms, as follows;

- The location of the beds and the bed screen curtains in some twin bedrooms did not allow for ease of access by staff to both sides of the beds to carry out care and transfer procedures without negatively impacting on residents' privacy and dignity and disturbing the resident in the other bed in these rooms.
- The provision of one television in the twin bedrooms did not support both residents' choice of programme viewing or listening.

These findings are repeated from the last inspection.

Judgment: Not compliant

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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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not 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	Not compliant

Compliance Plan for Bailey's Nursing Home OSV-0000316

Inspection ID: MON-0047614

Date of inspection: 20/05/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. Defined Management Structure (Standard 5.2)</p> <p>We have established a clear management structure that outlines lines of authority and accountability. This includes documented roles and responsibilities for all staff members involved in care provision. Regular management meetings are held to ensure effective communication and oversight of care practices, further reinforcing our governance framework</p> <p>There is a Person in Charge (PIC) which has been effective 16th May 2025. The PIC has 4 years' experience working at the home and has been involved in management for 3 years. To support the person in charge is a Chief Operations Officer (COO) and an Assistant Director of Nursing (ADON). This governance structure is now in operation.</p> <p>We are currently preparing a phase plan to come into compliance. We have applied for planning permission on a proposed new building which will consist of 8 single occupancy bedrooms, all en-suites. This will allow us to reduce our 10 shared rooms to singles as well as including additional storage for equipment. On receipt of planning permission, the registered provider will be putting these plans to tender and appointing a builder. Work is due to commence on this as soon as planning is granted and builder is appointed and ready to start work.</p> <p>As part of our ongoing commitment to safety, comfort, and dignity, we are re-assessing all shared rooms through comprehensive risk assessments and resident surveys. This process is now an essential component of our pre-admission assessment.</p> <p>Key Points of the Updated Policy:</p> <ul style="list-style-type: none">• Pre-Admission Requirements: No individual will be admitted to a shared room unless they are assessed as suitable and have confirmed they are comfortable with the current room layout.• Inner Bedspace Criteria:	

<p>To be allocated an inner bedspace in a shared room, the individual must:</p> <ul style="list-style-type: none"> o Be able to mobilise independently or with minimal assistance from one person. o They do not require the use of hoists or other assistive equipment. <p>• Accessibility and Space Assessments:</p> <p>We have also undertaken further assessments to ensure there is sufficient clearance at the foot of each bed. This is to allow safe and unobstructed passage for individuals walking independently, using a walking frame, or in any of the wheelchairs currently in use, without disrupting the resident in the adjacent bed.</p> <p>Currently, two of our shared rooms are occupied by married couples who have expressed a clear preference to remain in their current accommodation, and no changes will be made in these cases at this time.</p> <p>The assessment and reconfiguration process are underway and will continue, guided by the individual preferences and choices of each resident. While we have offered single rooms to several residents currently in shared accommodations, some have declined the opportunity in favour of remaining where they are. We respect these decisions and will continue to offer single-room options as they become available.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>1. Access to Personal Possessions</p> <p>Residents retain access to and control over their own belongings. Although the current arrangement of wardrobes in twin bedrooms may present challenges, we have implemented measures to ensure that residents can access their belongings. We are always open and committed to finding new solutions that enhance individual storage and privacy. As our residents are always at the forefront of any decisions there are ongoing discussions with residents about their needs, preferences and personal possessions.</p> <p>2. Support for Personal Belongings</p> <p>Residents are supported to bring their own belongings into the home. Our facility encourages residents to personalize their spaces by bringing items of significance or items that reflect their personality. We foster a culture and value the importance of personal belongings individuality, and we actively support residents in this aspect.</p> <p>3. Adequate Storage Space</p> <p>There is enough space for each resident to store and maintain clothes and other possessions. We acknowledge that the current wardrobe situation in twin rooms has not met the desired standard. However, we have initiated discussions about reconfiguring storage solutions to provide better access and control for residents. We are committed to addressing this repeated finding through actionable plans.</p> <p>4. Laundering and Return of Belongings</p> <p>Residents' linen and clothes are laundered regularly and returned to the correct resident.</p>	

Our laundry services are designed to ensure that residents' belongings are cared for and returned promptly. We maintain a tracking system to minimize the risk of items going missing and encourage residents to report any concerns regarding their belongings.

5. Financial Management Support

Residents are supported to manage their own finances. Our facility provides residents with information and support regarding financial management. We ensure that residents' personal accounts are maintained in their names and are not used for the centre's business purposes, in accordance with best practices.

6. Continuous Quality Improvement

Evaluation of residents' access to and control over their possessions forms part of our continual quality improvement cycle. We regularly review our policies and practices regarding residents' personal possessions and listen to their feedback. This process is integrated into our annual review, ensuring that we are responsive to residents' needs and concerns.

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

We are committed to continuous improvement and ensuring that our premises meet the highest standards of safety, comfort, and regulatory compliance. We will continue to monitor, assess, and adapt our environment in line with residents' needs and preferences, and in accordance with Regulation 17.

We are now prepared with plans to apply for planning permission on a proposed new build which will consist of 8 single occupancy bedrooms, all en suites. This will allow us to reduce our 10 shared rooms to singles as well as including additional storage for equipment. Planning permission is to be submitted on 31/08/2025. On receipt of planning permission, the registered provider will be putting these plans to tender and appointing a builder.

Work is due to commence on this as soon as planning is granted and builder is appointed and ready to start work.

All shared rooms have been inspected regarding space to walk past the first bedspace to enter the second and it can be passed without any disruption to the person in the first bed. To further ensure this, we no longer have any resident located at the inner bedspace of a shared room who requires assistive equipment, such as hoists. To uphold this going forward, the mobility assessment is included in our pre-admission assessment and the prospective resident's suitability to occupy a bedspace is assessed both on safety as well as their preference.

Regarding beds being placed in close proximity to a wall in some shared bedrooms, this is also the case in some of our single rooms, this has not been done out of necessity for space in the rooms, but at the preference of the resident. Some residents have voiced their preference to be near the wall as they have a fear of falling from the bed, just as some request the use of a bedrail for their own comfort at night. In these cases, this is

reviewed every 4 months with their care plans to ensure that this is still their preference and documented clearly.

All bedspaces now have space to have a lockable locker and a chair beside them. in rooms 20-29 wardrobes are built in so moving them is not an option and in those rooms, we are offering alternatives such as shelves and hooks for storage of clothes and possessions at the bedside within reach, after selecting them from the wardrobe. This will be fully resolved in the plans for the new build. This is an interim solution to address the issue while the new building will fully resolve this issue, as all current shared rooms (20-29) will then become single occupancy.

Proposed New Build

We are actively preparing to submit a planning application for a proposed new building on-site, which will consist of eight single-occupancy en suite bedrooms. This development will allow us to:

- Eliminate the use of shared bedrooms, reducing the current number of 10 shared rooms to single rooms.
- Provide additional space for storage of assistive equipment, improving overall accessibility and safety.

Once planning permission is granted, the registered provider will move forward with a tender process and appoint a suitable builder. Construction work is scheduled to commence immediately upon appointment and availability of a builder.

Shared Room Assessments and Interim Measures

While awaiting the completion of the new build, we have implemented the following interim actions to ensure safety, dignity, and regulatory compliance:

1. Accessibility Within Shared Rooms

- o All shared rooms have been assessed to ensure clear, unobstructed access to inner bedspaces, including the ability to walk past the first bed without disrupting the resident occupying it.
- o No residents who require assistive equipment (e.g., hoists) are currently located in inner bedspaces.
- o A mobility assessment is now a standard part of our pre-admission assessment, ensuring that only residents who meet criteria for independent or minimally assisted mobility may be accommodated in inner bedspaces.

2. Personal Space and Storage

- o All bedspaces now have space for a lockable locker and a chair beside them.
- o In rooms 20–29, where wardrobes are built-in and cannot be relocated, we are providing alternative storage options at the bedside, such as shelves and hooks, for residents to access their personal belongings easily after selecting them from the wardrobe.
- o These arrangements serve as an interim solution. The issue will be fully addressed in the new build, where all rooms, including former shared rooms (20–29), will become single occupancy with integrated storage solutions.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Infection Control</p> <p>It was highlighted in the report dated 20/05/2025 that there was a lack of clinical hand wash sinks close to the point of care. Since the last inspection a designated hand - washing sink for staff has now been installed. This was installed in July 2025 in a central area of the Nursing Home which is accessible for all staff and is close to the point of care. There is also a new sink in the clinic room (treatment room) which will meet the recommended specifications for clinical hand-wash basins. Staff have also have pocket sanitizer and there is wall sanitizer dispenser close to the point of care. There is a daily cleaning schedule which is adhered to. There is also a monthly IPC audit that highlights any issues and actions plans are put in place to resolve same.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Residents Rights</p> <p>Standard 1.2</p> <p>Privacy and Dignity</p> <p>Privacy and dignity are the pinnacle of our setting. We maintain strict protocols to maintain personal privacy during personal care. We have in place the use of personal screens and curtains between residents' beds in rooms 20-29. Those curtains are positioned between each bed and hang from the ceiling to the floor. This will allow ease of access by staff to both sides of the residents' bed to carry out care and transfer procedures without negatively impacting on residents' privacy and dignity and disturbing the residents in the other bed in this room. We also have "Care in progress" signs placed on each person's door while being attended to. Staff knock on the door and introduce themselves before entering a room and where possible depending on the residents' ability will wait to be invited into the room, this reinforces privacy but also protects dignity.</p> <p>To improve this further in the future the new build there be single occupancy rooms. The provision of television for sharing in double room is accommodated by choice of using the television or a mobile tablet that is connected to Wi-Fi. Staff will offer the choice of who wants to watch the television in the bedroom and who wish to use the tablet. Some of residents in rooms 20-29 choice to spend their time in the day room doing activities, group work and will watch television there. In the event of 2 people in the same room looking to watch television at the same time one will have access to a tablet. We also have personal radio's for those who do not wish to watch television and who like</p>	

listening to the radio. When the new building is complete there will be single occupancy and one television for each resident to ensure they can make personal choices regarding their personal viewing or listening.

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.	Not Compliant	Orange	31/01/2026
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	31/01/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient	Not Compliant	Orange	31/01/2026

	resources to ensure the effective delivery of care in accordance with the statement of purpose.			
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	21/07/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	24/07/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/01/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is	Not Compliant	Orange	31/01/2026

	reasonably practical, ensure that a resident may undertake personal activities in private.			
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