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:	Ballymote Community Nursing Unit
Name of provider:	Nazareth Care Ireland
Address of centre:	Carrownanty, Ballymote, Sligo
Type of inspection:	Unannounced
Date of inspection:	30 April 2026
Centre ID:	OSV-0000330
Fieldwork ID:	MON-0048735

About the designated centre

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

Ballymote Community Nursing Unit is registered to accommodate 32 residents who require long-term residential care or who require short-term respite, convalescence, dementia or palliative care. The centre is located in a residential area, a short walk from the town of Ballymote. The building is a single-storey building that is decorated in a homely way. A large extension was added in 2019, and a refurbishment programme for the original building was completed in 2020. Accommodation is made up of 14 single rooms, five twin rooms, and two three-bedroom rooms, which are used by short-stay residents. Residents' bedroom areas are personalised, and there is appropriate screening in shared bedrooms. Signage and points of interest are located throughout the building to guide residents around the centre. The centre has safe garden areas that are centrally located and cultivated with raised beds and shrubs to make them interesting for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

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 30 April 2026	09:15hrs to 17:30hrs	Michael Dunne	Lead
Thursday 30 April 2026	09:15hrs to 17:30hrs	Sandra Rowland	Support

What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life. There was evidence to show that residents were provided with choices in key aspects of their care and daily lives. This included discussions on what activities residents would like to engage in, the choice of food they would like, and on how they would like their personal care support to be provided. Residents who spoke with the inspectors gave some contrasting views, one said " I like it here, why wouldn't I?, There is plenty to keep you occupied", while another resident added, " I love it here, I can't say anything against the staff ", and added " I am not aware of what activities are provided".

Visitors were observed coming and going throughout the day of the inspection. It was clear that the visiting arrangements were flexible, and residents were observed meeting with their relatives in communal areas as well as their own bedrooms.

Notwithstanding the mostly positive feedback received from residents, the inspectors found that there were some areas of current practice where actions were required to improve the care and welfare for residents. While the inspectors acknowledged the provider had carried out a number of measures to improve compliance with the regulations, there were some areas which required additional focus and oversight. These areas are discussed under the relevant regulations, and under the themes of Quality and Safety, and Capacity and Capability sections of this report.

Upon arrival, the inspectors completed the sign-in process and were greeted by a clinical nurse manager (CNM) and later by the person in charge. At the time of this inspection, there were 26 residents living in the designated centre. Of the 32 bed spaces available in this centre, eight are allocated as respite beds for the Health Service Executive (HSE). However, the provider was only accommodating two respite bedspaces in order to facilitate the building upgrades which had recently started.

The inspectors requested several records and documents to facilitate the inspection process prior to commencing the walkabout of the designated centre, where they had the opportunity to meet residents and staff as they began preparations for the day. Following this, the inspectors provided feedback on their findings and discussed the format of the inspection in greater detail.

Inspectors found that the majority of residents received their breakfasts in the room, which was their choice. Other residents were up and about, and talking about their day to staff and other residents. Call-bells were observed being responded to without delay.

Residents who spoke with the inspector expressed satisfaction with the care and attention provided by the staff team. Residents told the inspectors that staff were very helpful and dedicated to their role. Those residents who met the inspectors confirmed that they felt safe living in the centre, and that they could raise issues of concern with any member of the team. Several staff and residents' interactions were observed, and it was evident that staff were aware of residents' assessed needs and were able to respond to those needs in a constructive manner. Residents who presented with communication needs were supported by staff in a positive manner, with residents given time and space to make their views known.

At the time of this inspection, the centre was undergoing extensive building upgrade works to address known fire safety issues. This meant that part of the designated centre, including the day room, was unusable on the day, as it had been cordoned off to accommodate the building upgrades. The provider had informed residents and their representatives of these works prior to their commencement. The provider anticipated that the building upgrades would last approximately ten to 12 months, and be carried out in a number of phases, ensuring that there was minimal impact on the existing residents living in the centre. Inspectors were informed that the works identified in each phase of the upgrades were due to address the building deficits identified on the last inspection regarding internal and external decoration. The provider also informed the inspectors that additional works to improve infection prevention measures in the centre were also part of these upgrades.

The provision of activities on the day was limited as residents had to relocate from the day room, where activities are normally provided to an area near the dining room. Most of the activities observed on the day were discussion-based, and centred around of topics that residents were interested in. The activities schedule was not available on the day of the inspection.

Residents' bedrooms were personalised with their photographs and momentos from home. Residents who spoke with the inspectors said that they found their rooms comfortable, and that they had enough storage for their personal belongings.

Residents told inspectors that they enjoyed the food provided. The menu on the day of the inspection consisted of an option for roast chicken or poached cod. Residents informed the inspectors, that if they did not like the choice of food available they could request an alternative meal.

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

Overall, this was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. For the most part, there were effective management systems in place which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits with a focus on continual improvement.

Inspectors found that the provider had made concerted efforts to implement their compliance plan arising from the inspection held in October 2025; however, some actions were still outstanding. This was mostly due to the building upgrades which had recently commenced, and impacted on the provider's ability to address issues identified under regulations relating to premises, infection control, and fire precautions.

While inspectors found improvements in staffing levels, the statement of purpose, and the submission of notifications, there were, however, some areas that required more focus to ensure that existing systems identified all areas that required attention. The relevant issues involved are described in more detail under regulations relating to governance and management, contracts for the provision of services, residents' rights, managing behaviour that's challenging, and medication management.

This unannounced inspection was carried out to monitor compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The registered provider for this centre is Nazareth Care Ireland, which was developed by the Sisters of Nazareth in 2007. The registered provider took over the management and operation of this centre in August 2024, following a successful application to register as a new provider with the office of the Chief Inspector of Social Services. The provider is well-established and is involved in the management of a number of other designated centres.

There were a range of quality assurance processes in place, which in the main, were implemented consistently to ensure care and services were delivered to the expected standards. Audit reports were communicated to the relevant staff, and improvement actions had clear time frames for completion. As discussed under Regulation 23: Governance and management, several areas of oversight were not effective and impacted on the consistency of care provided to the resident group.

A review of records found that department meetings were held on a weekly basis, which gave staff an opportunity to raise and discuss work issues relevant to their role. These meetings were used to review of KPIs (Key performance indicators) to monitor and identify trends and to improve overall practice. There were monthly provider meetings where the quality of the service was also reviewed.

There was a review of the quality and safety of the service for 2025, which reviewed past performance and included feedback from residents using the service. This document contained a quality improvement plan in place for 2026, which the provider was working through at the time of the inspection.

A review of contracts for the provision of services found that some aspects of the contract were not in line with regulatory requirements; for example, charges for services that residents may be entitled to access free of charge, may not require or may not wish to avail of. The issues involved are described in more detail under Regulation 24: Contract for the provision of services.

The registered provider maintained sufficient staffing levels, and an appropriate skill-mix across all departments to meet the assessed needs of the residents. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster, they were filled by existing team members, or by agency staff if required. The provider was found to have re-allocated an additional staff resource to provide extra cover at night in the event of an emergency resulting from the building and fire safety upgrades that were currently underway. There were policies and procedures in place to monitor staff performance and to ensure that they met the required standards of care delivery. The provider had increased social care provision to cover the weekend, and the maintenance role had also been recruited since the last inspection.

All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse, and moving and handling procedures. The person in charge monitored staff training needs, and ensured that all staff working in the centre were facilitated to attend professional development training as necessary, to update their skills and knowledge to competently meet residents' needs. There was a wide range of training, which included infection prevention and control, catheter care, wound care, and dysphagia.

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. Six complaints were recorded since the last inspection, and all were seen to be resolved within the specified timescale as outlined in the complaints policy. The provider was keen to learn from complaints and to identify patterns that may impact on the quality of the service provided. This was relevant as four of the complaints received were in relation to the quality of care provided to residents.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a selection of both online and face-to-face training. Records showed that staff were up to date with their mandatory training requirements. New staff were completing induction training, which included fire safety, transmission-based infection control and precautions and safeguarding.

Judgment: Compliant

Regulation 23: Governance and management

The quality assurance systems in place for monitoring the quality and safety of the service were not fully effective, and consequently, some of the inspectors' findings on this inspection had not been identified by the provider through their oversight and auditing processes. Although action plans had been developed to address some aspects of the service that required additional focus by the provider, more effective oversight was needed to ensure that actions identified were consistently implemented. For example:

- The systems and oversight in place to ensure that the prescriber's signature was recorded on the online system prior to the administration of medication were not effective.
- The systems in place to confirm that contracts for the provision of services were in line with the regulations did not identify contract terms that were unfair to residents.
- The management systems in place for audits were not effective. For example, audits had not identified that records indicating consent for the use of restrictive practices were not in place. Although medication management audits had identified medication errors, actions identified to resolve these issues were not effective.
- Care plan audits had not identified that there were gaps in the updating of care plans to display current information, and in the recording of resident or nominated representatives' involvement in care plan reviews.
- The oversight of the recording of residents' engagement in activities was inconsistent, and did not give a clear picture of how residents' social care needs were being addressed.
- Monitoring systems for infection control in the centre to ensure that resident equipment was cleaned in between resident use were ineffective.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of residents' contracts that the provider had agreed in writing with residents and found that they did not comply with the requirements of the regulations. For example:

The terms relating to the social charges services mentioned that the weekly charge also includes costs for physiotherapy, and occupational therapy (group sessions), a dietitian, and the administration and Management of auxiliary medical and pharmacy services (e.g. Speech and Language, Tissue Viability and Dietetic Services). However, residents may be entitled to these services free of charge through the general medical services (GMS) scheme, or through any other entitlements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose which was made available for inspectors to review which set out the information as required by Schedule 1 of the regulations. The statement of purpose was dated January 2026.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints in line with the centre's complaints policy.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The registered provider was in compliance with the requirements of this regulation by,

- identifying the arrangements in place for the running of the designated centre during the absence of the person in charge for a period of six months
- The registered provider submitted the required notification for the extension of the above arrangement in line with the regulations.

Judgment: Compliant

Quality and safety

This inspection found that the provider and person in charge had implemented actions to improve the quality and safety of the care delivered to residents living in this centre; however, additional actions were required to bring the centre into compliance with the regulations.

Overall, residents in this centre were supported to have a good quality of life. There was sufficient access to medical, health, and social care professionals through general practitioner (GP) services, speech and language therapy, geriatrician services, dietitian, psychiatry of old age, chiropody, tissue viability, and palliative care services. The majority of residents in the centre had chosen to remain with their own general practitioner. This supported residents in staying engaged with local community services.

During the inspection, numerous care plans and assessments were reviewed and these included mobility, meaningful activities, food and nutrition, behavioural supports, and restrictive practices. There was evidence that some care plans had not been updated with current information relating to the individual residents' care needs or reviewed in consultation with the resident's or their nominated family representatives. This meant that current interventions may not be sufficient to meet the changing needs of the residents.

Overall, residents' rights were respected and upheld in the centre. In addition, residents' right to practice their religion was facilitated in the centre. When inspectors spoke with some residents in relation to activities in the centre, residents said that 'there is usually plenty to do', and 'there's lots to keep me busy', while others were unclear as to what activities were available. Residents' family representatives confirmed that 'there are usually activities provided during the day'. However, inspectors found significant gaps in the records of activities offered to some residents in the centre. Furthermore, the schedule of activities was not on display, which prevented residents from choosing what activities to attend.

In contrast, resident meetings were routinely advertised in advance, and the records of these meetings confirmed that residents actively engaged in these meetings and had the opportunity to discuss the service provided. The provider had reviewed how residents' meetings were been managed to improve communication and feedback to residents. Residents' views on the quality of the service provided were also sought

as part of the annual review for the quality and safety of the service. The provider ensured that residents' views were incorporated into the review.

There was effective oversight of residents' nutritional requirements. This was evidenced by an enhanced nutrition programme that had recently commenced in the centre in response to an increase in residents who were losing weight. This programme included a review of the menu cycle by a dietitian to ensure meals provided were balanced and nutritious. As part of this programme, there was an increase in the availability of extra snacks and drinks throughout the day outside of the regular breakfast, lunch, and dinner time. Inspectors spoke with the catering staff, and they were knowledgeable about their role in supporting residents with their nutritional needs. Catering staff informed inspectors that they meet with the residents regularly to review the menus, and discuss the quality of the food provided.

Residents provided favourable feedback on the quality and quantity of food available to them in the centre. The meal time experience appeared relaxed, and staff were observed responding in a timely manner to residents' needs. Choice was offered to residents at all mealtimes, and there were further options available if they were required. There were two dining areas available for residents to use in the centre, and residents who requested to have their meals in their bedrooms were facilitated by the staff team.

Inspectors found that further actions were required by the provider to ensure compliance with Regulation 7: Managing behaviour that is challenging. The registered provider had not ensured that all restrictive practices used in the centre were used in accordance with the national policy. A review of documents made available found that risk assessments and records for the consent of residents who were using sensor devices were not always in place. However, inspectors found there were risk assessments, and informed consent records for residents who were using side rails in the centre. These had been recently updated, and inspectors were informed that assessments and consent records for residents using sensor devices was underway.

Overall, the premises were well-laid out to meet the needs of the residents. The majority of the centre was clean and tidy; however, inspectors found that the servery area in the kitchen was unclean. Residents' bedrooms were mostly single occupancy, with five twin-occupancy bedrooms, and two three-bedded rooms also available. All bedrooms were en-suite with toilet and shower facilities. Residents had enough storage for their personal possessions, including a lockable storage space if they wished. Residents said that their bedrooms were comfortable and they enjoyed their personal space.

For the most part, communal rooms were well-furnished and tastefully decorated. Corridors were wide with handrails in place to assist residents with their mobility. The majority of internal surfaces were well-maintained; however, as discussed under premises, there were some internal and external areas where decoration was required. The provider was committed to improving the quality of the premises and was working to address the issues identified in conjunction with the building

contractors. These improvements were contingent on the progress of each phase of the building upgrades.

Inspectors found that the provider had made progress with regard to compliance with Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018). The organisation and labelling of residents' toiletries were now in place for residents sharing twin bedrooms. The management of storage had also improved with items stored off the floor in the sluice facility. This facility was suitable for its intended purpose. An unsuitable external storage container had been removed by the provider. There were weaknesses identified regarding the cleaning and labelling of resident mobility equipment, and this increased the potential for cross contamination.

Works to address fire safety risks previously identified in the centre had commenced, and were anticipated to last for ten to 12 months. These works included extensive fire-stopping works throughout the centre. Works for the replacement of fire doors were progressing according to the schedule, with 50% of doors having been replaced at the time of the inspection. The provider has allocated an additional staff resource at night to support existing night staff in the event of a fire evacuation. In the interim, the provider maintained and updated resident personal evacuation plans (PEEPs) and fire evacuation drills. There were a number of daily and weekly checks carried out to ensure fire exits were clear, fire extinguishers were well-maintained, and fire signage was in place. Staff spoken with during the inspection were aware of the fire precautions currently in place, and on what actions to perform should a fire emergency occur.

There were a number of medication errors identified by internal processes in the first quarter of 2026. Measures had been taken to mitigate the risk of a recurrence. As part of these measures, all nurses were completing medication competencies to address the errors. In addition, there was evidence of meetings with the pharmacy to address the errors. However, this inspection found that further actions were required to ensure that the centre was in compliance with all regulations relating to medication administration. The designated centre was using an online system to display residents' drug prescriptions and record the administration of medications.

The prescriptions on this system had not been updated to include the prescriber's signature. Inspectors were informed that the prescriptions had just been signed and would be added to the online system immediately to ensure nurses were administering medication from a signed prescription. There was adequate storage for medicinal products in the centre.

Regulation 17: Premises

The designated centre did not conform to all of the matters set out in Schedule 6 of the regulations as follows;

• Wall surfaces were scuffed, and in poor condition in some areas of the centre, making these areas difficult to clean.

• Multiple clinical hand-wash sinks were not functioning correctly, as there were delays in water draining away, while the hot water was extremely slow to get to the correct temperature.

• The walls on the outside of the designated centre had paint peeling off, and were stained, giving a tired, and weathered look to these areas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

An enhanced nutrition programme was developed in the centre in response to an increase in residents losing weight. The programme was comprehensive and demonstrated an active response to the current needs of the residents in the centre. The provider sought the guidance of a dietitian to review the menus to ensure meals were nutritious, well-balanced, and aligned with individual dietary requirements. The provider also reviewed mealtimes with the residents to ensure they were in line with their preferences.

Judgment: Compliant

Regulation 27: Infection control

The provider was not in full compliance with Regulation 27 infection control, and the National Standards for infection prevention and control in community services (2018). For example:

- Equipment used for the transfer, and mobility of residents located in the equipment store were found to be unclean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of the inspection, the registered provider had not taken all adequate precautions to ensure that residents were protected from the risk of fire. For example:

- Several fire doors did not have effective intumescent strips, and smoke seals in place to stop the spread of smoke or combustible fumes.
- There were penetrations in the ceiling of the laundry, and in the hot press store that required fire stopping.
- Self-closing devices on a small number of fire doors required adjustment to ensure the effective closing of fire doors.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge did not ensure that all medicinal products were administered in accordance with the directions of the prescriber of the resident concerned. This was evidenced by:

- The designated centre utilised an electronic system to display residents' prescriptions, and record medication administration. However, the prescriptions on this system had not been updated to include the prescriber's signature.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care plans and individual assessments. Further actions were required to ensure full compliance with this regulation, this was evidenced by the following findings:

- There was outdated information in some care plans in relation to residents' mobility requirements. As a result, staff was not provided with correct up-to-date information on how to support residents safely when mobilising.
- There was a lack of evidence of consultation with residents or their nominated representatives during the review of care plans.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to general practitioner (GP) services in the centre, with most residents choosing to remain with their own GP. Residents also had access to a

range of health, and social care professionals, such as speech and language therapy, geriatrician services, dietitian, psychiatry of old age, chiropody, tissue viability, and palliative care services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider was committed to the use of minimal restrictive practice in the designated centre, however findings by inspectors confirmed that some restrictive practices were not implemented in accordance with the national policy, for example:

- Risk assessments for the introduction, and use of sensor devices were not always completed.
- Consent for the introduction of sensor devices were not always sought from the resident, or from their nominated representatives.

Judgment: Substantially compliant

Regulation 8: Protection

The centre maintained policies, and procedures to protect, and safeguard residents from abuse. All staff had attended up-to-date safeguarding training. Staff spoken with were knowledgeable regarding recognition, and responding to abuse. Staff were aware of the reporting procedures, and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety.

Judgment: Compliant

Regulation 9: Residents' rights

Residents in the centre were not always provided with the opportunity to engage in activities that supported their individual capacities, and interests. This was evidenced by;

- There were significant gaps in the records of activities offered to residents in the centre, which indicated that these residents were not afforded the opportunity to engage regularly in meaningful social activities that aligned with their assessed capacities, and interests.

- There was no schedule of activities displayed for residents on the day of the inspection. This impacted on residents' ability to choose to engage in meaningful social activities made available by the provider.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ballymote Community Nursing Unit OSV-0000330

Inspection ID: MON-0048735

Date of inspection: 30/04/2026

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A centre-specific compliance tracker will record each regulatory finding, the required action, the named lead, the completion date and the evidence required to verify completion. The person in charge will review the tracker weekly with the clinical nurse managers. Any overdue or unresolved action will be escalated to senior management. Targeted oversight will be introduced in the areas identified during the inspection. This will include weekly checks of signed medication prescriptions for eight weeks and monthly thereafter; a full review of resident contracts; weekly sampling of care plans and activity records; monthly review of restrictive-practice documentation; and weekly spot checks of the cleaning of resident equipment. Each audit will identify the corrective action, the responsible person and the completion date. Implementation and effectiveness will be reviewed at the centre's weekly governance meeting and monthly quality and safety meeting. Re-audits and unannounced spot checks will verify that improvements are sustained.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The resident contract template will be reviewed and revised. The agreement will clearly itemise all fees and optional charges and distinguish them from health and social care services that a resident may be entitled to receive without charge through the General	

Medical Services scheme or another statutory entitlement.
All existing contracts will be reviewed. Where an amendment is required, the resident and, where appropriate, their representative will receive a clear written addendum. The content and any applicable charges will be explained before the addendum is signed.
The person in charge will maintain a contract review register and complete a quarterly sample audit to confirm that agreements remain transparent, accurate and in accordance with Regulation 24.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The premises findings will be addressed in conjunction with HSE Estates and the appointed contractor through the current phased building improvement programme. All clinical hand-wash sinks will be serviced and tested to confirm effective drainage and timely hot-water provision. Any further defect identified will be recorded and escalated for repair.
Internal wall surfaces that are scuffed or difficult to clean, and external surfaces where paint is peeling or stained, are included in the phased schedule of remedial works. Pending completion, affected areas will be maintained in a clean condition, and any deterioration that presents a risk will be addressed without delay.
The person in charge will complete a monthly premises audit and review progress with HSE Estates and the contractor. Completion records and contractor certification will be retained. The works will be completed in accordance with the phased programme by HSE.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
All transfer and mobility equipment in the equipment store will be cleaned and disinfected in accordance with the manufacturer's instructions. Each item will be clearly identified, and a cleaning-status label will record the date cleaned and the staff member responsible.
A documented cleaning schedule will ensure that shared equipment is cleaned between residents and before it is returned to storage. Staff will receive refresher instruction on cleaning, storage and the prevention of cross-contamination.
The clinical nurse manager will complete weekly spot checks for eight weeks, with

findings reviewed by the person in charge. Compliance will then be monitored through the monthly infection prevention and control audit.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The phased fire-safety upgrade programme will continue in conjunction with HSE Estates, the competent fire consultant and the appointed contractor. The programme includes replacing or repairing defective intumescent strips and smoke seals, fire-stopping the penetrations identified in the laundry and hot-press store, and adjusting self-closing devices so that fire doors close effectively.
The identified self-closing devices will be adjusted, and the remaining works will be completed in accordance with the agreed phased programme. Certification will be retained for each completed phase, and progress will be reviewed monthly through the centre's governance arrangements.
Pending completion, the existing interim controls will remain in place. These include the additional night-time staff resource, daily and weekly fire-safety checks, current personal emergency evacuation plans, evacuation drills, unobstructed means of escape and prompt escalation of any defect. The programme is scheduled for completion by 30 April 2027.

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 electronic medication management record will be updated so that every active prescription is supported by the prescriber's current signature. The clinical nurse manager will complete a weekly verification of all active prescriptions to confirm that nursing staff have access to a valid, signed prescription before administering medication. Nursing staff will not administer medication from an unsigned prescription and will escalate any discrepancy immediately to the person in charge or clinical nurse manager. Prescription verification will be incorporated into the medication administration process and the medication management audit.
The person in charge will audit all active prescriptions weekly for eight weeks and monthly thereafter.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The person in charge will oversee a review of all residents' assessments and care plans, prioritising residents with mobility needs. Mobility assessments, transfer requirements and associated care plans will be updated to reflect each resident's current assessed needs and will be revised promptly following any significant change in condition.
All care plans will be formally reviewed at intervals not exceeding four months. Residents will be involved in each review and, where appropriate, their nominated representatives will be consulted. The care-plan record will document the consultation, the resident's expressed wishes and any agreed revisions.
The clinical nurse manager will complete weekly sample audits until full compliance is demonstrated and monthly thereafter. Audit outcomes will be reviewed by the person in charge, and corrective actions will be tracked to completion.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The person in charge will review every resident who uses a sensor device. Each use will be supported by an individual assessment that identifies the specific risk, records the alternatives considered and demonstrates that the least restrictive option is used for the shortest appropriate period.
The resident's will and preferences, informed consent and involvement in the decision will be recorded. Where appropriate, consultation with the resident's nominated representative and relevant healthcare professionals will also be documented. Each restrictive practice will have a defined review date and will be discontinued when it is no longer required.
The restrictive-practice register will be reconciled with residents' care records monthly and reviewed through the centre's governance process. Staff will receive refresher guidance on the national policy and documentation requirements.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
An accessible weekly activities schedule will be displayed in communal areas and made available to residents. During the building works, the programme will be adapted to make effective use of available communal spaces and will include group, small-group and one-to-one opportunities.
Each resident's interests, preferences and capacities will be reviewed and reflected in their care plan. Activity records will clearly document the opportunities offered, the resident's participation or decision not to participate, and the outcome of the engagement. Alternative meaningful engagement will be offered where a resident does not wish to attend a group activity.
The activities coordinator and clinical nurse manager will review records weekly, and the person in charge will complete a monthly audit. Feedback will continue to be sought through resident meetings and individual consultation and will be used to revise the programme.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2026
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 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of	Substantially Compliant	Yellow	31/08/2026

	the fees, if any, to be charged for such services.			
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.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/04/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/04/2026
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	Substantially Compliant	Yellow	28/08/2026

	any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/08/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/08/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/07/2026

Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/08/2026