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:	Moycullen Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinahalla, Moycullen, Galway
Type of inspection:	Unannounced
Date of inspection:	14 July 2026
Centre ID:	OSV-0000365
Fieldwork ID:	MON-0051085

About the designated centre

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

Moycullen Nursing Home is a purpose built facility located in Ballinahalla, Moycullen, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is single storey in design and accommodates up to 53 residents. Residents are accommodated in 47 single bedrooms and 3 double bedrooms. Resident living space is made up of a large sitting room and a large dining room. In addition, the centre has a smaller lounge, a visitors room and an oratory. Residents also have access to an enclosed courtyard and gardens. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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 14 July 2026	21:20hrs to 23:40hrs	Rachel Seoighthe	Lead
Wednesday 15 July 2026	10:00hrs to 18:00hrs	Rachel Seoighthe	Lead
Thursday 23 July 2026	10:10hrs to 16:00hrs	Rachel Seoighthe	Lead
Tuesday 14 July 2026	21:20hrs to 23:40hrs	Una Fitzgerald	Support
Wednesday 15 July 2026	10:00hrs to 18:00hrs	Una Fitzgerald	Support
Thursday 23 July 2026	10:10hrs to 16:00hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

This unannounced risk inspection was completed over an evening and two days. Feedback from residents living in the centre was positive in relation to the kindness of staff. However, inspectors heard concerns in relation to staffing levels, and there were occasions throughout this inspection where staff were not appropriately supervised. Inspectors also noted several occasions where interactions between residents and staff were task-oriented and not person-centred.

Moycullen Nursing Home was a purpose built, single-storey building, registered to accommodate a maximum of 53 residents. There were 48 residents living in the centre at the time of the inspection.

On the first evening of the inspection, inspectors were greeted by a member of staff. Following a brief introduction with the nurse in charge, inspectors walked through the centre where they met with residents and staff. An acting clinical nurse manager, who was deputising for the person in charge, returned to the centre when notified of the inspection, and they facilitated the remainder of the inspection.

Inspectors spoke with two nursing staff who were observed completing the night-time medication round. Inspectors were informed that one of the nurses on duty was working in the centre on an occasional basis, as there were nursing staffing shortages. Two care assistants were observed providing personal care to residents in their bedrooms. A third health care assistant was rostered on duty until 22:00hrs. They were seen to be supervising a group of residents in the communal sitting room, where a soccer match was playing on the television. Inspectors were informed by staff that there were some residents in the communal sitting room who required constant supervision, as they were at high risk of sustaining a fall.

During the evening, inspectors spoke with residents in the communal areas and in their bedrooms. Feedback from a number of residents was positive regarding the quality of the service. However, other residents informed the inspectors that there were occasions where there were delays in staff responses to their requests for assistance. One resident informed inspectors that the centre could do with 'a few more staff', and they stated that there been times where they had 'waited and waited', for staff to assist them with their needs.

Inspectors brought a number of issues to the attention of staff throughout the evening, including an incident where a resident's dignity was not upheld. Inspectors observed practices that were restrictive to residents and not in line with professional guidelines. Inspectors also raised concerns regarding poor oversight of the standard of infection control. A resident with complex care needs was accommodated in a bedroom which was visibly unclean, and the residents' care equipment was heavily soiled. Inspectors sought assistance from staff on three occasions, for residents who

were waiting for support with their care needs. Inspectors also noted that some resident care records were not stored securely in the centre.

On the second day of the inspection, inspectors walked around the centre. There were areas of the premises which were in a poor state of repair, and not amenable to cleaning. Surfaces and finishes including paintwork, wood finishes and flooring in a large number of resident rooms, and along corridors, were worn and poorly maintained. A hand wash sink in one resident bedroom was coming loose from the wall fixture, and the bedroom wall surfaces were visibly damaged. Some items of residents' care equipment was damaged.

The atmosphere in the centre was busy, and inspectors noted that staff were working hard to provide care and support to residents. Inspectors observed a number of staff and resident interactions, and for the most part, residents were seen to be relaxed and comfortable in the company of staff. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building.

Feedback from visitors who attended the centre was mixed. Some visitors expressed concern regarding the standard of care, which they largely attributed to a shortage of staff. Inspectors observed an occasion where one resident was required to wait a half an hour to have a visit with their relative, as staff were busy providing care in another area of the centre. Several staff who spoke with inspectors described the challenges they experienced, as a result of the reduced staffing levels in the centre.

Inspectors returned the centre for a third day of the inspection. There were areas of the care environment which remained visibly unclean. Inspectors observed that the allocation of staff to support and supervise residents was disorganised and ineffective. Newly hired staff and staff who worked in the centre on an occasional basis were observed assisting residents, without appropriate management supervision. A number of residents living in the centre were known to display varying levels of responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), and they required a high level of supervision. Staff who were new to the centre, and who were not fully familiar with resident needs were observed to be supervising a large cohort of residents, in the communal sitting room. At lunch-time, inspectors observed a care practice in the dining area, that was not in line with best practice guidelines, which posed a high risk to resident safety. Nursing staff were not supervising the lunch-time meal service at the time.

The following sections of the report detail the findings with regard to the capacity and management of the centre, and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced risk inspection, scheduled to follow up on unsolicited information received by the office of the Chief Inspector, which raised concerns regarding the care and welfare of residents. This information was substantiated on the three days of this inspection.

Inspectors found that the registered provider had failed to ensure that there were sufficient resources in place to effectively deliver care to residents. Additionally, the systems of management and oversight in place to ensure that staff were appropriately supervised were not effective, which impacted on the quality and safety of resident care. Significant non-compliance was found in relation to Regulation 16: Training and Staff Development, and Regulation 23: Governance and management.

Following this inspection, the provider was required to attend an urgent warning meeting with the Office of the Chief Inspector. The provider was given notice that, if they did not come into compliance with the Act, regulations and standards made thereunder, the Chief Inspector may attach a restrictive condition to the registration of the centre, to cease admissions. The provider made a commitment to the Chief Inspector that they would cease admissions to the centre.

The provider was required to submit an urgent compliance plan to the Office of the Chief Inspector, to give assurance that:

- there were robust arrangements in place to appropriately supervise staff,
- there were effective management oversight systems in place, to ensure oversight of staff supervision and allocation.
- the designated centre has sufficient resources to ensure the effective delivery of care, in accordance with the statement of purpose

The urgent compliance plan response submitted by the registered provider was not accepted by the Chief Inspector. A third day of inspection was scheduled to review the actions committed to by the provider. Inspectors found that the supervision of staff was not aligned to the requirements of the regulations, and the provider was required to attend a meeting with the Office of the Chief Inspector. The provider reaffirmed their commitment to cease admissions to the designated centre.

This designated centre is operated by Mowlam Healthcare Services Unlimited Company who are the registered provider of Moycullen Nursing Home. A director of the company represented the provider in communications with the Chief Inspector. Senior clinical and operational oversight was provided by a director of care services and a healthcare manager. The person in charge worked full-time in the centre. A team of nursing staff, health care assistants, housekeeping, catering, activity and maintenance staff made up the staffing compliment.

The registered provider failed to ensure that the designated centre had sufficient resources to ensure the effective delivery of care, in accordance with the statement of purpose. There were vacancies for healthcare assistants, nursing staff and catering assistants. The provider had an ongoing recruitment plan to address these vacancies, however, records showed that there was a significant reliance on agency staff to supplement the rosters on a daily basis.

The person in charge was on planned leave at the time of inspection. Roster records demonstrated that two staff nurses and one clinical nurse manager were also on extended leave. A senior staff nurse was appointed to fill the clinical nurse manager role on an interim basis, and they deputised for the person in charge. This arrangement further reduced the number of nursing staff available to provide direct care to residents. Inspectors were also informed of another imminent staff nurse vacancy during the inspection. Records showed that there were occasions were agency nursing staff were unavailable to work in the centre unexpectedly, and as a result, one nurse was rostered to work in the centre at night-time, for four consecutive nights. This staffing arrangement did not support the resources required to assist the current residents with their care needs, supervise healthcare assistants and administer medications in a timely manner. Furthermore, this staffing arrangement did not ensure that the safety of all residents could be maintained, in the event of an adverse incident in the centre, such as the clinical deterioration of one or more residents, or the sudden illness of the staff nurse rostered on night duty.

Inspectors found that, although there were clinical management hours available to deputise for the person in charge in their absence, there were several occasions where the acting clinical nurse manager was allocated full-time to the provision of direct nursing care, due to a shortage of staff nurses. Clinical management hours were not allocated at weekends, which impacted on the supervision of resident care in the centre. Furthermore, a staffing contingency plan was not available in the event of unplanned leave of existing staff nurses, or in event of other staff nurses departing from their roles in the service.

The management systems in place did not ensure that the service provided was safe, appropriate, consistent or effectively monitored. There was a training programme in place for staff which included mandatory training and training in other areas to support the provision of care. While training was in place for all staff, inspectors found that staff supervision was not effective. For example, the standard of cleaning in the centre was inadequate and staff did not demonstrate appropriate knowledge and competence in the care of residents with infections. In addition, a number of staff, who were unfamiliar with the specific care needs of some residents were allocated to provide nutritional and supervisory care to these residents. There was poor monitoring of practice in relation to wound management and the use of restrictive practices in the centre. Inspectors observed practices which were not aligned with national guidance and best practice, and internal audits, conducted in relation to wound care and restrictive practice did not capture this finding. Furthermore, call bell audits demonstrated that call bell response times were not audited when the staffing levels in the centre were reduced, such as night time. This poor quality audit failed to identify if staff were responsive to call bells at all times of

the day and night, and therefore no quality improvement plan was in place to address the issue.

Record management systems were not robust. Some records, required to be maintained in respect of Schedule 2, 3 and 4 of the regulations, were not appropriately maintained. For example, staff rosters were not maintained in line with the requirements of Schedule 4(9), and were not reflective of the actual roster worked by some staff. Documentation and investigation of several incidents in which a resident may have suffered potential abuse or harm was not completed in line with Schedule 3 (4)(j) of the regulations. Furthermore, some resident care records were not stored securely in the centre.

Regulation 15: Staffing

The number and skill mix of staff was not adequate to meet the needs of the residents taking into account the size and layout of the designated centre. This was evidenced as follows:

- Rosters evidenced multiple night-shifts whereby the nursing staff compliment on the floor was reduced. This resulted in inappropriate skill mix resulting in ineffective supervision of staff.
- Staffing levels and skill mix was insufficient to appropriately supervise and support residents with nutritional risks, and residents with complex care needs who required frequent supervision.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors observed that staff were not appropriately supervised. For example:

- Inspectors observed where a lack of appropriate supervision resulted in the use of an inappropriate restrictive practice, which was not consistent with current national policy on the use of restrictive practices.
- Inspectors observed times where new or temporary staff, who were not fully familiar with residents safety needs, were required to support residents alone in the communal dining room.
- Inspectors observations of a number of task-focused care practices and communications which were not person-centred. This was not identified by supervisory staff. For example, a member of staff who assisting a resident with their lunch-time meal did not engage or communicate with the resident throughout the interaction.

- Inadequate supervision of the delivery of care aligned to residents' care plans.
- Cleaning and infection prevention and control practices were not completed to the required standards, as evidenced by inadequate cleaning of a resident equipment and a number of resident bedrooms.

An urgent compliance plan was requested to provide assurances that there were appropriate arrangements in place for the supervision of staff.

Judgment: Not compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- Resident care records were stored in an unsecured area of the centre, which did not protect residents' privacy or confidentiality.
- Duty rosters reviewed did not accurately reflect the hours worked by staff, and the details of some staff who were employed in the centre were incomplete.
- Some records of adverse incidents involving residents did not contain all the information required under Schedule 3(4)(j) of the regulations. For example, there was no results of investigations, learning, or action taken in response to several potential safeguarding incidents.

Judgment: Not compliant

Regulation 23: Governance and management

The provider did not ensure that there were sufficient resources to ensure effective delivery of care. For example:

- There were inadequate nursing staff resources available in the centre. There were occasions where there was only one nurse rostered to care for up to 50 residents at night-time, to supervise the health care team, and to respond in the event of an adverse incident. This posed a potential risk to the care and safety of residents.

The management and oversight systems in place to ensure a safe and consistent service were not effective. This was evidenced by the following findings:

- The systems in place to ensure oversight of staff supervision and allocation were not effective. Nursing, healthcare assistants and house-keeping staff

were not appropriately supervised and supported. Staff were employed in the centre on an temporary basis were not allocated appropriately. The ineffective organisation of staff allocations and supervision impacted on the quality and safety of resident care.
- There was poor oversight of nursing documentation, evidenced by care plans that were not updated to reflect residents' current needs.
- Poor oversight of cleaning practices relating to infection prevention and control meant that the standard of cleaning was not adequate.
- The registered provider had not ensured that record management systems were effectively implemented.

An urgent compliance plan was requested to provide assurances that there were effective systems in place, to ensure oversight of staff supervision and allocation, and sufficient resources to ensure the effective delivery of care.

Judgment: Not compliant

Quality and safety

This inspection found that the quality and safety of care provided to residents was impacted by ineffective management oversight systems. The registered provider failed to ensure that all residents had their care needs assessed, and that the assessed needs of residents were met. In addition, inspectors found that there was poor oversight of the systems in place to protect residents, and the management of responsive behaviours. This inspection also found that the care environment was not aligned with requirements of the regulations, and issues of non-compliance with infection control precautions, impacted on the quality and safety of resident care.

Resident care records were maintained on an electronic care record system. Following admission, a range of clinical assessments were carried out, using validated assessment tools to identify areas of risk specific to each resident. The outcomes of these assessments were used to develop an individualised care plan for each resident, which addressed their individual abilities and assessed needs. However, the inspectors found that a comprehensive assessment was not always undertaken, and care planning documentation did not always contain up-to-date information to guide staff to meet the needs of the residents. For example, two residents, who were at high risk of malnutrition, did not have their care plans updated reflect this change to direct staff regarding the interventions required to ensure the residents' nutritional needs were met.

A review of residents' care records confirmed that they had regular access to general practitioners (GPs). There was a system in place to refer residents to allied health services such physiotherapy and speech and language therapy services. However, inspectors found that access to tissue viability nurse (TVN) specialist

services, and dietetian services was insufficient to meet the needs of some residents. This is detailed further under Regulation 6: Health care.

Staff had completed up-to-date training in the prevention, detection and response to abuse, and procedures to safeguard residents were underpinned by a safeguarding policy that provided guidance and support to staff on the appropriate actions and measures to take to protect residents, should a safeguarding concern arise. However, inspectors found that the safeguarding policy and associated procedure had not been implemented in practice. A review of adverse incidents in the centre found that a number of unexplained injuries had not been identified as a possible safeguarding indicator. These incidents were therefore not identified, assessed and managed using the centres' safeguarding policy and procedures, to ensure that the residents were appropriately safeguarded.

There was a restrictive practice register in place and, while staff demonstrated commitment to minimal restraint use, not all restrictive practices were recognised as such, and some restrictive procedures were not in line with national restraint policy guidelines. This detail is outlined under Regulation 7: Managing behaviour that is challenging.

A number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. There were areas where floor surfaces were in a poor state of repair and wall surfaces and skirting board were visibly damaged. Some areas of the centre, and items of resident equipment, were not cleaned to an appropriate standard. Staff did not demonstrate appropriate knowledge and competence in the management of residents with infections. Resident equipment, observed as unclean and in a poor state, identified on day one of the inspection, remained in place on day three of the inspection. This posed a risk of cross infection to residents.

Regulation 27: Infection control

The provider was not in full compliance with infection prevention and control standards and guidance. For example:

- An item of resident equipment which was stored in their bedroom was noted to be visibly unclean on each day of the inspection.
- Floor surfaces in resident bedrooms and along circulating corridors were visibly unclean.
- Wall surfaces and skirting board surfaces in the reception area, in some residents' bedrooms, along some corridors and were damaged and not amenable to cleaning.
- Resident bedroom furniture in multiple bedrooms was in a poor state of repair. The laminate covering of this furniture was lifting away leaving exposed wood that was not amenable to cleaning.

- Open top refuse bins were observed in assisted bathrooms, increasing the risk of cross contamination.
- Staff did not demonstrate appropriate knowledge and competence in the management of residents with infection.
- Along one corridor, exit doors to the communal gardens were heavily soiled and unclean.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans reviewed by inspectors, found that they were not always in line with the requirements of the regulations. This was evidenced by:

- Residents with skin integrity and wound issues did not have a care plan developed that guided staff in relation to interventions that would support healing. For example, in one care plan reviewed, the most appropriate dressing or covering for a wound was not identified and did not guide staff to deliver effective, person-centred care.
- Two residents, who had sustained pressure related wounds did not have a plan in place to guide staff to deliver appropriate, evidence-based care interventions.
- A resident who had complex care needs, and who required assistance with certain aspects of personal care, did not have a care plan in place to direct staff in relation to the resident's preferences for personal care.

Some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs. For example:

- A resident, who had been reviewed by a dietitian, did not have the recommendations made by the dietitian recorded in their care plan.
- A care plan for a resident with behavioural support needs, had not been updated to include the de-escalation techniques required to alleviate the anxiety expressed by the resident during care delivery. Consequently, staff did not have the required information to support the resident's assessed needs.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Inspectors observed care practices on the days of the inspection which were restrictive to some residents. These practices where not recognised as being restrictive by staff. Staff demonstrated poor awareness of bodily autonomy and failed to ensure that the rights of residents were upheld, particularly in relation to restriction of movement. Movement which posed a potential risk to residents were not appropriately risk assessed and controlled to ensure a residents freedom of movement. The restrictive practice did not reflect national guidance and did not ensure that restraints were used in the least restrictive manner and for the minimum amount of time required.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that the registered provider did not take all reasonable measures to protect residents from abuse. For example;

- A review of resident care records found that there were a number of unexplained injuries reported, which had not been recognised as potential safeguarding concerns. This meant that the management team had not considered all factors which may have contributed to the unexplained injuries, and preliminary screening investigations were not completed to rule out potential safeguarding concerns, in order to ensure the protection of residents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were not referred to allied health services in a timely manner. For example:

- Two residents who had sustained weight loss were not referred to dietitian services for assessment.
- A resident who had recurring wounds, was not referred to a tissue viability nurse (TVN) for assessment. Inspectors' observations, a review of records, and discussion with staff and management demonstrated that there was no clear guidance regarding the type of wound dressings required.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 6: Health care	Not compliant

Compliance Plan for Moycullen Nursing Home OSV-0000365

Inspection ID: MON-0051085

Date of inspection: 14/07/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The PIC, with support from the Healthcare Manager (HCM) will complete a review of rosters and allocation of duties. They have met with the staffing agencies that supply staff to the centre while the recruitment of permanent staff is under way. The agencies have identified a number of agency staff who will work exclusively in the centre, and they will be familiar with residents' care needs, routines and practices in the centre, and will be reliable and consistent in their attendance. • The PIC will monitor the rosters closely to ensure that planned rosters are implemented in practice. The Person in Charge (PIC), supported by the Clinical Nurse Manager (CNM), will produce and monitor the staff roster, always ensuring that a suitable skill-mix of staff are deployed, whose duties are allocated appropriately; that there is always a suitable ratio of clinical staff to residents to enable all care needs to be safely and effectively met. Since the inspection, staffing levels have been safe, consistent and there is an appropriate skill mix of staff. • The PIC will ensure that there are safe, consistent and appropriate supervision arrangements in place 7 days per week to provide oversight and to monitor the quality and safety of resident care. The PIC is supported by a CNM and Senior Staff Nurse, and together they will be consistently available to supervise and monitor delivery of care and the effectiveness of the overall service to residents. • A second CNM post will be filled to further support and enhance supervision arrangements. • There is a robust recruitment plan in place to fill vacant posts. The PIC, with the support of the HCM, will continue to recruit staff into current vacant positions: 1 Staff Nurse vacancy has been filled, 2 staff nurses have accepted positions and are due to commence in the near future when pre-employment screening has been completed. 1 HCA has commenced and recruitment is ongoing for another HCA. Kitchen Assistant positions have been filled. • In the event of unanticipated staff shortage, due to sickness leave for example, the PIC will review the roster to bridge the gap with existing nursing or HCA staff; if this is not possible, we will use agency staff to fill any vacant shifts. • The HCM and PIC will meet with HR on a weekly basis to monitor recruitment reviewed.	

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

• The Person in Charge (PIC) is supported by the HCM and the Quality & Compliance Coordinator who each visit the centre at least once a week. The HCM is always available for advice and consultation.

• The PIC has completed a review of all staff training records. Since the inspection all staff have completed training in restrictive practice and refresher updates have been scheduled for staff in advance of their due dates.

• The PIC and CNM will ensure that staff have a thorough understanding of how to apply theoretical learning to practice, including the provision of person-centred care and the importance of actively engaging with residents.

• The PIC, with the support of the HCM, will ensure that there is adequate supervision of care in place at all times. There is an assigned supervisor allocated each day of the week to oversee care delivery and monitor standards.

• The CNM will supervise workflow, care practices, including the dining experience, to ensure that staff are facilitated to provide high quality, safe and effective care to all the residents.

• The HCM will ensure that training and development is discussed weekly with the PIC as part of weekly management meeting. Any outstanding training and development programmes will be sourced without delay. Staff will be facilitated to undertake online updates to training and there are several online clinical programmes available online to support staff development.

• The PIC will ensure that daily cleaning schedules are maintained and adhered to, including the cleaning of all rooms in line with Infection Prevention & Control (IPC) recommendations and guidelines. Staffing hours have been increased for cleaning to ensure that all areas of the centre can be cleaned regularly to a high standard.

• We will ensure that all clinical equipment is maintained in a hygienic and clean condition, and that the required cleaning and decontamination schedules are maintained. Spot checks will be conducted by the PIC, HCM or CNM, and compliance with expected standards will be regularly monitored by the PIC as part of the daily rounds.

• Cleaning schedules and findings from hygiene audits will be discussed at all Safety Pauses, Infection Prevention & Control and monthly management team meetings. Corrective actions will be identified as part of the overall quality improvement programme. These will be followed up by the designated Infection Prevention & Control Lead Nurse. Compliance will be reviewed by the PIC at regular intervals.

• The Clinical Nurse Managers (CNM) will supervise IPC practices to ensure that staff are vigilant and provide a high standard of infection control.

• The PIC will ensure that new or temporary staff have a completed induction on commencement of duty outlining the residents, their care and safety needs and to ensure familiarity with processes within the home to enable them to deliver a high standard of care consistently.

• The PIC and CNM will undertake clinical supervision meetings at monthly intervals with individual staff nurses to review their practice, identify training and development needs and to ensure that staff are supported in their roles.

• The PIC /CNM will complete a weekly audit of clinical documentation to ensure that each resident's required care needs are addressed, that the care plan guides the delivery

of care, that the care delivered is reviewed and evaluated appropriately and is in accordance with the resident's expressed preferences. Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings. Any changes or developments in the resident's condition or plan of care will be updated and documented as they occur.
• The Healthcare Manager (HCM) will monitor compliance with the above actions during weekly visits and reviews.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
• The PIC has completed a review of the storage of records and identified a more appropriate secure location for the storage of files. The PIC, together with the Administrator, will ensure that records are stored securely to protect residents' privacy and confidentiality.
• The PIC, with the support of HCM, will investigate all adverse incidents where residents may have suffered harm, including incidents of unexplained injury, and will document the actions taken, findings, recommendations and quality improvement plans.
• The PIC and CNM will review the scheduled rosters to ensure the allocation of hours is clearly identified with completed staff details recorded.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• The PIC is supported by the Healthcare Manager and the Director of Care Services in the achievement of all required objectives and in ensuring that there are safe, high-quality systems of governance and management in place. Key

Performance Indicators and operational issues in the home are recorded and reviewed on a monthly basis by this senior management team to ensure sustainability of progress, to identify areas in need of improvement and take corrective actions if required.

• The PIC, with support from the HCM, will hold weekly management meetings with the home's management team to review key performance indicators (KPIs) and to agree quality improvement actions. They will monitor the implementation of agreed actions and ensure that quality improvements are maintained.

• The HCM will hold a weekly meeting with the PIC to review recruitment, staffing deployment and allocation, incidents, complaints and other KPIs. The HCM will provide advice and support and agree objectives for quality improvements with the PIC.

• Since the inspection, a review of the management structure within the home has been undertaken and a full-time supernumerary CNM position has been filled.

• The CNM will be visible and accessible and will conduct monitoring rounds every day to review resident care and clinical practice. They will supervise workflow and care practices to ensure that staff are facilitated to provide high quality, safe and effective care to all the residents. Since the Inspection, an additional CNM has been recruited to support supernumerary supervision 7 days a week.

• The PIC and CNMs will ensure the appropriate deployment of agency staff to ensure that they can be supervised and supported in the delivery of care to residents.

• There is a monthly management team meeting in the home which reviews all operational aspects of the home, including key performance indicators, risk management, audits and progress on identified actions and updates on quality improvement initiatives. This meeting is well attended and includes at least one representative from each department.

• A nurse has recently been appointed and has commenced her position. Three other nurses have been assigned to commence in November/December. 1 HCA has been appointed and recruitment for remaining position remains active.

• The staffing hours for cleaning the home have been increased to ensure that all arras of the centre can be cleaned to expected standards and in accordance with infection prevention and control guidelines. The centre has been deep cleaned since the inspection.

• The PIC and Administrator have reviewed the storage and accessibility of records to ensure that they are stored safely and appropriately.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• The PIC will ensure that the management team and the IPC lead nurse actively monitor IPC standards and adherence to IPC protocols in the centre.
• The PIC will ensure that there is an effective system of IPC and environmental audits in the centre. Audit findings will be accurately reflected and will lead to appropriate quality improvement plans to address any deficits identified. Quality improvement plans will be reviewed at monthly management meetings to ensure that they are being adhered to.
• The PIC with the support of the HCM will review cleaning schedules with the Regional manager and identify priority areas.
• The hours for cleaning the centre have been increased to enable staff to have sufficient time to clean the entire centre in accordance with IPC standards. The housekeeping regional manager will provide effective oversight of the housekeeping team, ensuring that expected standards of cleaning are consistently maintained.
• Compliance with cleaning standards will be regularly monitored by the PIC, HCM, CNM and IPC lead as part of their daily rounds. This will include monitoring of all fire exits, refuse disposable amenities within resident rooms and on corridors
• We will ensure that all equipment is maintained in a hygienic and clean condition, and that the required cleaning and decontamination schedules are maintained. Spot checks will be conducted, and compliance will be regularly monitored by the PIC as part of the daily rounds.
• All equipment and furniture will be monitored to ensure that they are maintained in a good state of repair, or items will be disposed of and replaced with new items as required.
• Cleaning schedules and findings from hygiene audits will be discussed at all Safety Pauses, Infection Prevention & Control and monthly management team meetings. Corrective actions will be identified as part of the overall quality improvement programme. These will be followed up by the designated Infection Prevention & Control Lead Nurse and the PIC. Compliance will be reviewed by the PIC with the support of the Quality& Compliance Coordinator and HCM.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

• The PIC will complete a weekly audit of clinical documentation to ensure that each resident's required care needs are addressed, that the care plan guides the delivery of care and that the care delivered is reviewed and evaluated appropriately and is in accordance with the resident's expressed preferences. Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause

and at monthly management team meetings. Any changes or developments in the resident's condition or plan of care will be updated as they occur

• The PIC will complete a review of documentation training with all nursing staff by 30.11.26. The education will enable each nurse to ensure that each identified care need of a resident shall be used to create an individual care plan that considers all aspects of their physical and mental health, personal and social care needs, and any supports required to meet those needs.

• The PIC and CNM will review the assessments and care plans in conjunction with the named nurses to ensure that assessments inform the plan of care, that the care plan is individualised and person-centred, considering the resident's current medical, health and lifestyle status, and that the care plans.

• The PIC will complete a weekly audit of clinical documentation to ensure that resident's required care needs are addressed, that the care plan guides the delivery of care and that the care delivered is reviewed and evaluated appropriately and is in accordance with the resident's expressed preferences.

• Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings. Any changes or developments in the resident's condition or plan of care will be updated as they occur.

• The PIC will ensure that residents assessments are completed accurately and reviewed/updated as necessary to ensure they reflect the current status of the resident; this information will be shared at staff handover and safety pause.

• The PIC, with support of the management team, will ensure that any resident who presents with or develops a wound will have a wound assessment completed and an appropriate plan of care will be developed in line with best wound management practice guidelines. The individual wound care plan will be clearly outlined, progress updates will be documented and regularly updated.

• The PIC and nursing management team will provide support, guidance and direction to nursing staff on clinical documentation, and will monitor the accuracy and quality of the clinical records. Where deficits are noted, they will work with the individual nurses to ensure that the overall quality of the records improves and that all nurses are competent and confident with these requirements.

• The PIC will complete a weekly review of clinical documentation to ensure that the care plan guides the delivery of care, and that the care delivered is reviewed and evaluated appropriately and in accordance with policy.

• Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings. Any changes or developments in the resident's condition or plan of care will be updated as they occur

• The PIC/CNM will ensure that the effectiveness of the specialised equipment is assessed, evaluated and reflected within the resident's care plan.

• The PIC will complete a review on wound management training for all nursing staff. The PIC will schedule refresher training for nurses in wound management.

• The PIC/CNM will attend onsite reviews with the TVN to ensure any recommendations are implemented, documented within the careplan and communicated with the team during safety pause and handover.

• The PIC/CNM will ensure these recommendations are discussed weekly as part of the management meeting with the HCM.

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:
• Since the inspection all staff have received training in Restrictive practice.
• The PIC supported by the CNM will ensure that supervision of such practices are monitored to ensure residents rights are maintained at all times.
• The PIC, supported by the HCM, will review incidents, including an analysis of trends or patterns, and will develop and implement a comprehensive quality improvement plan where required. Quality improvements will continue to be monitored and reviewed for effectiveness.
• The PIC/CNM and HCM will ensure that incidents of responsive behaviours are discussed and reviewed as part of the weekly management meeting, and daily as part of handovers and safety pause, and monthly as part of the monthly governance meeting.
• The PIC, supported by the Healthcare Manager will be aware of their responsibilities in recognising and reporting incidents of restrictive practise.
• The PIC and CNM will ensure restrictive practise is discussed daily at handover and safety pauses.
• The HCM will work with the PIC to ensure that recommendations and quality improvements are implemented.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• The PIC will ensure that all staff receive regular mandatory safeguarding training, including training in the National Standards for Adult Safeguarding.
• The HCM, Quality & Safety will chair an After-Action Review of recent significant incidents to highlight to the staff and the entire management team the importance of recognising, reporting, escalating, investigating and resolving all forms of abuse
• The PIC, supported by the Healthcare Manager will be aware of their responsibilities in recognising, reporting and responding to any allegations including escalating any concerns appropriately.
• The HCM will work with the PIC to ensure that recommendations and quality improvements are implemented.
• The PIC has scheduled a Safeguarding workshop for the management team to facilitate open discussion and provide clarity regarding their roles and responsibilities in the

management of safeguarding risks and each individual staff member's responsibilities in the event of a safeguarding incident in terms of immediate actions, escalation, preliminary screening, and investigation.
• The PIC will ensure that any suspicion, concern, or allegation of abuse will be thoroughly investigated (including the notification of all such suspicions or allegations to the Authority) in accordance with policies and procedures to safeguard residents including the following: Policy (PR-001) Safeguarding Vulnerable Persons at Risk of Abuse Policy (PR-002) Safeguarding Vulnerable Persons at Risk Responding to Allegations of Allegations of Abuse.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

• The PIC will ensure that the residents' care plan is developed in line with their assessed care needs and updated to include any changes to their condition.
• The PIC and wider management team will ensure that all residents have timely and appropriate access and referrals to healthcare as required.
• The PIC will ensure that referrals to Dietician are requested for those residents that have any change in weight management and will monitor records to ensure weights are recorded with appropriate frequency.
• The PIC/CNMs will attend daily handovers and will ensure that referrals to allied health services such as TVN, Dietician, GPs. The resident care plan will be updated to include these referrals and subsequent recommendations will inform further changes to care plan.
• The PIC will ensure that all Healthcare staff have access to the STOP AND WATCH assessment tool which is recorded on the electronic record keeping system- this will alert the Staff Nurse (SN) and CNM to a change in resident condition which requires their review. Healthcare assistants are also encouraged to inform the SN if they feel there is any change in a resident's condition.
• INEWS is recorded on the electronic record keeping system and this is an assessment tool where Nursing Staff can record and monitor a resident's condition. The tool aids the recognition of deterioration and guides the response pathway. Nurses are currently doing additional training on assessment of the deteriorating resident

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/12/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Red	31/10/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available	Not Compliant	Orange	31/10/2026

	for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	31/10/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	31/12/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Red	31/10/2026
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	31/12/2026
Regulation 5(3)	The person in charge shall prepare a care	Not Compliant	Orange	30/11/2026

	plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/11/2026
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	31/10/2026
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the	Substantially Compliant	Yellow	31/12/2026

	person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
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	31/12/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/10/2026