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:	Nazareth House
Name of provider:	Nazareth Care Ireland
Address of centre:	Fahan, Lifford, Donegal
Type of inspection:	Unannounced
Date of inspection:	21 August 2026
Centre ID:	OSV-0000368
Fieldwork ID:	MON-0048752

About the designated centre

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

Nazareth House is a designated centre registered to provide 24-hour health and social care to 45 male and female residents, usually over the age of 65. It provides long-term care, including care for people with dementia. Residents who require short-term care or periods of respite care are also accommodated. The philosophy of care as described in the statement of purpose involves every member of the care team sharing a common aim to improve the quality of life of each resident. The centre is a single-storey building located on the main link road between Letterkenny and Buncrana and overlooks Lough Swilly. The building is attached to a convent and a church, both of which are in use. Accommodation for residents is provided in single and double/twin rooms. There is a range of communal areas and a safe and well-cultivated garden available for residents to use during the day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 21 August 2026	09:00hrs to 16:45hrs	Michael Dunne	Lead

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, which confirmed that residents were offered choice in key aspects of their care. This included discussions on what activities residents would like to be provided, the choice of food available for residents, and on how residents would like care support to be provided to them.

Residents who shared their experience of living in the designated centre described the care and support they received as "second to none", while another resident who had been residing in the centre for some time said that they " loved it here and would not like to live anywhere else". Residents mentioned that they could spend their day as they wished and that staff respected their choices.

This was an unannounced inspection. Shortly after arrival at the designated centre, the inspector was met by the person in charge, and following a request for documentation to support the inspection process, the inspector commenced a walk around of the centre accompanied by the person in charge, where they had the opportunity to meet and chat with residents and staff members. There were 42 residents accommodated at the time of this inspection.

During the walk around of the centre, the inspector observed that staff were busy attending to residents' personal care needs. This support was provided in a discreet and respectful manner, mindful of residents' autonomy. Several staff and residents' interactions were observed, and residents who presented with communication needs were supported by staff in a positive manner. Residents were given time and space to make their views known. These interactions confirmed that staff were aware of residents' assessed needs and were able to respond to those needs in a constructive manner. Residents who walked with purpose were supported by staff in a dignified manner, and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents.

Overall, there was a calm and relaxed atmosphere in the centre. Some residents were up and about and were spending time in the communal rooms while others were still in their bedrooms. Household staff were observed attending to residents' rooms and chatting with residents about the daily news. It was obvious that staff were aware of residents assessed needs, and this contributed to positive social interactions between them.

Following the walk around the centre, the inspector held an introductory meeting with the person in charge, which included a review of the provider's compliance plan arising from the previous inspection. The inspector also provided feedback on their observations and findings from the walk around of the designated centre.

For the most part, the centre was clean and comfortable, with several communal rooms available for residents to use, including a sun room overlooking the sea. There were, however, some areas of the centre that were in need of upgrade, including the painting of walls that were scuffed. One ceiling area near the staff room showed signs of dampness, which was brought to the attention of the person in charge. Residents had access to a range of communal and private spaces to relax either independently or with others. Access to the sensory garden was not restriction-free, as discussed under Regulation 9: Residents' rights.

Residents' bedrooms were found to be clean, well furnished, and personalised with items of individual interest, including personal photographs and other meaningful possessions. Since the last inspection, the provider has made changes to the layout of several twin-bedded rooms, reducing five twin rooms to single-occupancy accommodation. This has significantly improved the available circulation space for residents, enabling unrestricted access to seating areas and personal storage facilities.

These were eight twin-bedded rooms that did not provide residents with sufficient space to be able to access their personal storage. In addition, residents in these bedrooms did not have sufficient space around their bed to put a comfortable chair so that they could sit out if they wished to do so. The provider was committed to reducing the occupancy of these bedrooms as and when they became occupied by a single resident.

A schedule of activities was available for residents, which included religious observance, one-on-one sessions with residents, arts and crafts, local walks, and music sessions. Staff were allocated to ensure that the planned activities took place in the centre, and the inspector observed residents actively engaging with one another, which contributed to positive,and meaningful social interactions.

Residents were complimentary about the food served in the centre, and confirmed that they were always offered a choice of menu options. Some residents required additional support with their eating and drinking, and observations confirmed this assistance was provided in a supportive and discreet manner, taking into account the individual needs of each resident. Options available on the day of the inspection included poached salmon and a savoury mince meal.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

Overall, this is 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, on the whole, proactive in response to issues identified in their monitoring systems with a focus on continual improvement. There were, however, some areas of current practice that required additional focus to ensure that existing systems identified all areas that required improvement, and these issues are described in more detail under Regulation 23: Governance and management and Regulation 24: Contract for the provision of services. Furthermore, actions were required to bring Regulation 9: Residents' rights, Regulation 17: Premises and Regulation 27: Infection control into compliance.

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 to 2025 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.

The provider has a restrictive condition on their registration to revise the layout of 12 twin rooms. Findings on this inspection confirmed that the provider was making good progress, having reduced occupancy in seven twin-occupancy rooms to single occupancy. Another two rooms had their layout altered to ensure residents had access to storage and seating. In addition, the provider had altered the position of dividing curtain rails to ensure residents had access to daylight. The inspector found that the provider was committed to working towards achieving regulatory compliance, and to comply with the restrictive condition attached to the registration since the last renewal.

There was an annual review of the quality and care delivered to residents for 2025 which was prepared in consultation with the residents. This document also contained a quality improvement plan for 2026, which the provider was currently implementing at the time of the inspection.

For the most part, there were effective systems in place to review the quality and safety of the services provided. A review of information and observations in relation to infection prevention and control, and environmental surveillance found that current oversight did not identify poor practice in some areas of service provision, and this meant that there were no action plans in place to drive the required improvements and to improve the quality of the services provided to the residents.

Records reviewed on inspection confirmed that residents had a written contract with the provider, which set out the terms and conditions of the placement. This contract described the services to be provided, and whether the placement was funded under the nursing home support scheme or otherwise. All contracts reviewed were signed and indicated the type of accommodation being offered in a single or shared room. However, the narrative describing the additional services provided, and their

associated costs, was unclear. This is discussed in further detail under Regulation 24: Contract for the provision of services.

A review of records relating to incidents and accidents was undertaken. There was effective monitoring of incidents and accidents occurring in the centre, with corrective action implemented where required. In addition, where incidents required notifications to be submitted to the office of the Chief Inspector of Social services, these were submitted in line with the requirements of the regulations.

Staffing levels on the day of the inspection were sufficient to meet the needs of the 42 residents accommodated in the centre during both the day and night. Observations of interactions between staff and residents demonstrated that staff were familiar with residents' needs and responded effectively to meet their assessed requirements. A review of the centre's rosters confirmed that staffing numbers were in line with the staffing complement outlined in the designated centre's statement of purpose. Where gaps appeared on the roster, these were covered by existing team members.

There was a comprehensive training programme in place which incorporated a selection of both face-to-face and online training. Records confirmed that all staff were up to date with their mandatory training in safeguarding, fire safety and manual handling. Supplementary training included modules on infection prevention and control, training in medication management, wound management, dysphagia and cardio-pulmonary resuscitation (CPR).

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. One complaint was recorded since the last inspection, and this was now closed 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.

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

All staff were supported to attend and maintain up-to-date mandatory training in fire safety, safeguarding residents from abuse, and safe moving and handling practices. The person in charge effectively monitored staff training requirements and ensured that all staff working in the centre were provided with opportunities to undertake professional development training, as required, to enhance their skills and knowledge and to competently meet the assessed needs of residents.

Staff received appropriate supervision in line with their individual roles and responsibilities, supporting them to carry out their duties effectively and in accordance with best practice.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to ensure that the services provided are safe, appropriate and consistent. For example:

- Audits and monitoring systems had not identified risks associated with the storage of continence equipment in unlocked facilities.
- There was ineffective supervision in place to ensure that residents had unhindered access to the sensory garden.
- The management and oversight of the segregation of clinical and non-clinical equipment in a storeroom was not effective.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector 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 31: Notification of incidents

The inspector found that all notifiable events had been submitted to the Chief Inspector of Social Services as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy and procedure was available in the designated centre and was accessible to residents and their families should they wish to make a complaint. Complaints received by the registered provider were reviewed and discussed at governance meetings to identify learning and opportunities for service improvement.

A review of the designated centre's complaints log found that complaints were managed in accordance with the centre's complaints policy and procedure. The log also recorded complainants' satisfaction with the outcome of their complaints.

Judgment: Compliant

Quality and safety

Care was provided in a collaborative and supportive manner in which residents' views were respected to ensure their rights were upheld. Daily routines were flexible, and the residents were observed to spend their day as they wanted and to participate in the daily routine and activities as they wished. Staff were aware of residents' assessed needs and were also familiar with their preferences.

Overall, residents' care plans were person-centred, implemented, evaluated, and regularly reviewed. They reflected the residents' changing needs, and outlined the supports required to maximise the quality of their lives in accordance with their wishes.

Residents were provided with good standards of nursing care, and had access to timely health care from their general practitioner (GP) who attended the centre on a regular basis. There was also good access for residents to health and social care

professional services, and psychiatry services which optimised their health and clinical wellbeing.

There was a premises improvement plan which had not been fully implemented at the time of this inspection. While it is acknowledged the provider had carried out several premises upgrades to date, some upgrades had yet to commence at the time of the inspection. Observations on the day confirmed that some areas of the premises required cosmetic upgrades due to wear and tear.

The provider was actively working towards reducing the occupancy of twin bedded rooms that did not meet the requirements of the regulations. On this inspection, findings confirmed that the provider had reduced the occupancy of seven twin rooms which improved the overall lived experience for the residents residing in those rooms. The provider was committed to reduce the occupancy of the remaining eight twin rooms in line with residents movements.

Oversight of infection prevention and control required strengthening to ensure that it effectively identified gaps in current practice and areas requiring improvement. Findings from this inspection indicated that the existing oversight arrangements had not identified all areas requiring additional focus.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred. The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training, and were clear on what may be indicators of abuse, and what to do if they were informed of, or suspected abuse had occurred. The inspector reviewed notes and records from a recent safeguarding investigation, and found that the provider had followed the correct process as outlined with their safeguarding policy.

A review of restrictive practice documentation found that where equipment, such as bed rails or alarms, were in use, individual risk assessments had been completed and alternative measures had been trialled before they were introduced. Residents, or their representatives where appropriate, had signed consent for the use of the equipment. The restraints register was up to date, and records evidenced regular review of their use. Notwithstanding the effective oversight of restrictive practices in use in the centre, there were controls in place which impeded residents' access to their sensory garden. This was brought to the attention of the person in charge, who put measures in place to ensure that there would be no restrictions to residents accessing this facility.

The provider maintains good levels of communication with residents, ensuring that they are kept up to date regarding key events in the centre. Resident meetings were informative and covered topics such as resident care, food and catering, activities, and infection prevention and control. In addition to structured resident meetings,

the provider kept residents informed either verbally or through regular written communication in the form of a newsletter.

Residents had opportunities to participate in the activity programme in line with their individual interests and capabilities. Residents were observed engaging in planned activities throughout the day, while others chose to pursue their own interests in communal areas or in their bedrooms. Residents expressed enthusiasm about a pyjama party planned for later that day.

Regulation 17: Premises

A walk-around of the centre identified areas requiring attention, which included:

- Several wall surfaces were displaying signs of wear and tear and required painting.
- There were signs of dampness affecting ceiling surfaces in non-residential areas.
- The organisation of both clinical and non-clinical equipment and supplies was not adequate.
- Several skylights required cleaning.
- The premises did not conform to matters set out under Schedule 6 of the Regulations. For example:

The premises did not conform to matters set out under Schedule 6 of the Regulations. For example:

- The layout of 8 twin bedrooms did not ensure that both residents accommodated in these rooms had sufficient daylight when they were in bed or sitting beside their bed. This was due to the location of the one window in the room, which was located in the bedspace of one resident, and when they closed the privacy curtain around the bed, this blocked the light to the other resident's bedspace and meant that the resident could not see out of the window.
- The amount of space allocated to each resident was below the minimum floor space requirement of at least 7.4 square meters. The limited space available meant that there was not sufficient room for the resident to have a comfortable chair and bedside locker in their personal space.
- The limited circulating space around some of the beds in these rooms did not facilitate the resident to mobilise around their bed safely, furthermore the limited space available did not facilitate the safe use of assistive equipment, such as hoists and specialist chairs.

Judgment: Not compliant

Regulation 27: Infection control

The infection prevention and control processes that were in place did not fully address risks associated with the transmission of health care-associated infections. For example:

- Residents' continence wear was stored in unlocked corridor cupboards. This arrangement compromises the security and hygiene of these supplies and increases the risk of contamination or unauthorised access.
- There was a lack of clinical hand-wash sinks in the designated centre.
- There was inconsistent application of " I am clean " tags on resident equipment to show it had been cleaned between resident use.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management procedures and practices that were in line with professional guidance and recognised standards. Residents' prescriptions were signed by their general practitioners, and medicines were administered by nursing staff in accordance with those prescriptions. The pharmacist responsible for supplying residents' medicines was available to meet with residents and completed regular audits in line with professional and regulatory requirements.

Medicines subject to misuse of drugs legislation were stored securely, and stock balances were checked twice daily. The balances of a sample of controlled drugs reviewed by the inspector were found to be accurate. Medicines requiring temperature-controlled storage were kept in a designated refrigerator, and refrigerator temperatures were monitored and recorded daily by staff.

All multi-dose medicines were dated on opening to ensure that recommended usage periods were not exceeded. Procedures were in place for the recording, management, and return of unused or out-of-date medicines to the dispensing pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a number of residents' care records and met with several residents during the inspection.

Records examined confirmed that the person in charge completed a comprehensive pre-admission assessment for all prospective residents to ensure that the designated centre could adequately meet their assessed needs.

All newly admitted residents had a comprehensive assessment completed upon admission. These assessments considered individual needs and potential risks, including skin integrity, falls, personal safety, and other relevant care requirements.

Nursing staff worked collaboratively with residents and, where appropriate, their representatives to develop person-centred care plans. These care plans outlined the agreed interventions required to meet residents' assessed needs, identified areas where residents could maintain independence and self-care abilities, and promoted active participation in their own care.

Care plans were reviewed regularly by nursing staff and updated promptly when residents' care and support needs changed, ensuring that care remained responsive and reflective of current needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access a range of medical, health, and social care professionals as required, including a general practitioner (GP) of their choice. Guidance and recommendations provided by health care professionals were promptly reviewed and accurately reflected in residents' care plans, ensuring care and support remained person-centred and responsive to their changing needs.

Judgment: Compliant

Regulation 8: Protection

The centre had comprehensive policies and procedures in place to safeguard residents from abuse. All staff were supported to attend safeguarding training to ensure they had the knowledge and skills required to protect residents. The person in charge ensured that staff were aware of safeguarding reporting procedures, and understood their responsibility to report any concerns relating to residents' safety, and welfare. Residents who spoke with the inspector stated that they felt safe, and secure in the centre and said they would feel comfortable raising any concerns with staff members.

Judgment: Compliant

Regulation 9: Residents' rights

The individual floor space in 8 twin-bedded rooms did not provide sufficient space for the resident to use assistive equipment, such as hoists and comfort chairs, without encroaching on the neighbouring resident's bed space. This meant there was a risk that residents could not carry out personal activities in private.

The inspector found residents' rights to exercise choice in how and where they spent their day were not upheld because restrictions were placed regarding their access to the sensory garden, as unrestricted access was available from 11 am to 6 pm.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that residents who presented with responsive behaviours, including behaviours associated with dementia or other conditions that may indicate physical discomfort or dissatisfaction with their social or physical environment, received appropriate support to ensure their own safety and the safety of other residents.

For the most part, the provider had effective systems in place to monitor environmental restrictive practices and ensure that such measures were appropriate and proportionate. Evidence demonstrated that restrictive practices were reviewed regularly and monitored in line with the centre's procedures.

Records showed that where restraint was used, it had been implemented following comprehensive risk assessments. Documentation also confirmed that alternative measures had been considered and trialled before restraint was introduced, ensuring that restraint was used only when necessary and as a last resort.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for Nazareth House OSV-0000368

Inspection ID: MON-0048752

Date of inspection: 21/08/2026

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	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A risk assessment has been completed to identify and address the risks associated with the storage of continence equipment, access to the sensory garden, and the segregation of clinical and non-clinical equipment.

Access to the sensory garden has been reviewed and is now accessible to residents at all times. This was completed on August 21st, 2026 and the alarm restricting access has been fully deactivated to facilitate unrestricted access, subject to individual residents' assessed needs and safety requirements. Effective supervision and oversight are now in place to ensure residents have unhindered access to the sensory garden, in accordance with their assessed needs and safety requirements.
The segregation of clinical and non-clinical equipment in the storeroom has been completed, and appropriate arrangements are in place to ensure safe, organized storage. Continence care supplies stored on each corridor are being managed to ensure appropriate and secure storage. A new locking system is currently being sourced and will be implemented by 30th November, 2026. Access arrangements will be designed to meet residents' assessed needs while maintaining appropriate security and compliance with infection prevention and control requirements.
Ongoing audits, regular monitoring, and effective management supervision will be maintained to ensure the actions taken remain effective and that compliance with Regulation 23: Governance and Management is 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:
Residents' contracts have been reviewed and updated to provide clear and transparent information regarding the fees and charges associated with the services provided. The revised contracts clearly distinguish between services included in the weekly social charge and services that may be available to residents free of charge through the General Medical Services (GMS) scheme or other applicable entitlements.
For existing residents, an addendum has been prepared and provided to clarify the relevant changes to the terms and conditions, ensuring that residents are fully informed of the charges applicable to them and their entitlements to services.
Going forward, contracts will be reviewed as part of the admission process to ensure that all terms and conditions, including accommodation arrangements, bedroom occupancy, and applicable fees and charges, are clearly outlined and agreed in writing with each resident. Ongoing oversight will be maintained to ensure continued compliance with Regulation 24: Contract for the Provision of Services.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A review of the premises has been undertaken, and an improvement plan has been developed to address the issues identified during the inspection and to work towards compliance with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated centers for Older People) Regulations 2013.
Wall surfaces requiring attention have been identified, and painting and refurbishment works are being progressed as part of the ongoing maintenance program. The areas affected by dampness in non-residential areas have been assessed, and the builders have been informed. The necessary remedial works are scheduled to be completed within the next quarter. Skylights have been appropriately cleaned as required, and the organization and storage of clinical and non-clinical equipment and supplies have been reviewed to ensure safe, appropriate, and orderly storage.
The concerns relating to the layout, floor space, natural light, and circulation space in the twin bedrooms have been acknowledged and the registered provider has reviewed the arrangements for these rooms and progressing plans to address the identified infrastructural deficiencies have been implemented, including the conversion of twin bedrooms to single occupancy, subject to the necessary approvals and registration requirements.
In the interim, the center will continue to comply with its current registration conditions, and occupancy restrictions will be maintained. Individual residents' safety, comfort,

privacy, dignity, and ability to mobilize safely will remain a priority.
Regular environmental audits, maintenance checks, and management oversight will be undertaken to monitor progress and identify any further areas requiring improvement.
The improvement plan will be reviewed regularly by the registered provider and person in charge to ensure that actions are prioritized, progressed within agreed timeframes, and monitored for effectiveness, with the objective of achieving and sustaining compliance with Regulation 17 and Schedule 6.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A review of infection prevention and control (IPC) practices has been undertaken, and a risk assessment has been completed to identify and address the risks highlighted during the inspection.
Continence care supplies are being stored in designated, appropriate storage areas to maintain hygiene, prevent contamination, and ensure suitable access arrangements. The storage arrangements will be monitored through regular environmental and IPC audits.
The availability and location of clinical hand-wash sinks have been reviewed, and the need for additional sinks will be addressed through the premise's improvement plan, taking account of infection prevention and control requirements. Initial plumbing assessment has been carried out on 16/10/2026.
The procedure for cleaning and decontamination of resident equipment has been reinforced. Staff have been reminded of the requirement to clean and disinfect reusable equipment between residents and to apply the "I am clean" tags consistently following cleaning, in accordance with the center's IPC procedures. Staff supervision, spot checks, and regular audits will be undertaken to monitor compliance and identify any further training needs.
The person in charge and the designated IPC link person will continue to oversee the implementation of IPC procedures, with ongoing monitoring, staff education, and review of audit findings to ensure that identified risks are effectively managed and that infection prevention and control practices are consistently implemented in line with relevant national standards and guidance.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The centre is committed to upholding residents' rights, privacy, dignity, independence, and participation in activities of their choice. Access to the sensory garden has been reviewed and improved. The door is now accessible to residents at all times, and the alarm restricting access has been fully deactivated to facilitate unrestricted access, subject to individual residents' assessed needs and safety requirements.
Effective supervision is in place to support residents to access and enjoy the sensory garden safely and independently, in accordance with their preferences and care plans.
The concerns regarding limited personal space in the seven twin-bedded rooms have been acknowledged. The registered provider has implemented progressing plans to address the identified premises deficiencies. In the interim, residents' privacy and dignity will be promoted through individualized care planning, appropriate use of privacy curtains, and staff support during personal care and when using assistive equipment.
Staff have been reminded of the importance of respecting residents' choices regarding how and where they spend their day, while ensuring that the rights and privacy of other residents are respected.
Ongoing supervision, resident feedback, care plan reviews, and regular management audits will be used to monitor compliance and ensure that residents' rights to choose, privacy, and access to meaningful activities are consistently upheld in accordance with Regulation 9.

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.	Not Compliant	Orange	27/10/2026
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.	Substantially Compliant	Yellow	30/11/2026
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	31/10/2026

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
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	28/02/2027
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	21/08/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	27/10/2026