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

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| Name of designated centre: | Queen of Peace Nursing Home |
| Name of provider: | Queen of Peace Nursing Home Limited |
| Address of centre: | Churchfield, Knock,<br>Mayo |
| Type of inspection: | Unannounced |
| Date of inspection: | 09 April 2026 |
| Centre ID: | OSV-0000379 |
| Fieldwork ID: | MON-0050216 |

## About the designated centre

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

Queen of Peace Nursing Home is a purpose built facility located near Knock, Co Mayo. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed over two floors with residents occupying the ground floor only. Resident bedrooms are single and double occupancy. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 32 |

## 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 |
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| Thursday 9 April 2026 | 09:00hrs to 16:15hrs | Sandra Rowland | Lead |
| Thursday 9 April 2026 | 09:00hrs to 16:15hrs | Catherine Connolly-Gargan | Support |

## What residents told us and what inspectors observed

Overall, residents living in the Queen of Peace Nursing Home told inspectors that they were happy with the service they were receiving in the centre. Inspectors found that there was a calm atmosphere in the centre, and interactions between residents and staff were kind and respectful. The inspectors spoke with many residents throughout the day, and they said 'staff are kind and helpful', 'the care here is good' and 'the food is nice'. Residents stated that they knew who to speak with if they had any concerns regarding their care and welfare. Staff were observed to be attentive and helpful to residents and were responding to call-bells in a timely manner. On the day of the inspection, there were 32 residents living in the centre and there was one resident who was attending day care. The centre currently provides day care five days a week.

On arrival at the centre, the inspectors were greeted by the person in charge. An introductory meeting was completed following a walk around of the centre. Inspectors also met with the general manager, who supports the overall daily operation of the centre. The general manager was known to residents and was listed as the first point of contact by many residents if they were seeking help or had any worries in the centre. The staff team was comprised of registered nurses, healthcare assistants, activities coordinators, housekeeping, administration and catering.

Residents' accommodation was decorated with personal items such as photographs and memorabilia to personalise their individual space. There was a mixture of single and twin-occupancy bedrooms. Some bedrooms included an en-suite. There was a shared sink area in the twin bedrooms that did not have an en-suite. There were also two communal areas for residents to use. If residents wished to spend time outdoors, there was an enclosed garden area that they could access independently.

Inspectors observed residents taking part in activities in the centre during the day. Some residents indicated a preference to engage in individual activities that they enjoyed or to spend time in their personal space. Residents in the sitting room area were observed engaging in a group session playing a word-based quiz game, which they appeared to be enjoying. However, as discussed under Regulation 15: Staffing, residents were not consistently provided with adequate opportunities to engage in meaningful social activities on Fridays, Saturdays and Sundays. In addition, minutes from a resident meeting held in February indicated that residents had requested activities on Fridays. The action plan formulated did not sufficiently address the residents' requests.

Inspectors observed meal times in the centre. Residents were offered a choice of meals and drinks. A menu that provided pictures was available to assist residents in their choices.

Residents informed inspectors that the food was good and that they were offered a choice based on their preferences. They informed inspectors that they were happy to ask for something different if they did not choose to have what was on the menu. A large picture menu was available to assist residents in selecting their preferred meal option. The dining room was homely and inviting. Inspectors observed residents sitting together and conversing during meals. Staff support was available at meal times for residents who required it.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, inspectors found that while there were established management procedures in place to guide the operation of the centre, further oversight was required to ensure that care provided to residents followed the recommendations from health and social care professionals and was in line with current evidence-based procedures.

This was an unannounced one day inspection 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 is Queen of Peace Nursing Home Limited. The centre had an experienced person in charge who was supported by an assistant director of nursing, registered nurses, healthcare assistants, activity coordinators, housekeeping and maintenance. On the day of the inspection, there was a vacant clinical nurse manager post in the centre, inspectors were informed that there was a plan in place to have the position filled in the coming weeks. The activity coordinators worked part-time in the centre. Inspectors observed that staffing levels were insufficient on Friday, Saturday and Sunday each week to provide activities to each resident as per their preference and capabilities. There was no appointed activities coordinator on duty for those three days each week. Five healthcare assistants were on duty each day, with one healthcare assistant appointed to provide individualised care to residents who required additional support. Furthermore, residents had requested activities on Fridays at the most recent resident meeting in February 2026.

Whilst surveys were completed to gather feedback from residents living in the centre, the responses raised several concerns that required a review and corrective action. The surveys were completed as part of the annual review for 2025; however, the annual review was not available on the day of the inspection. The quality improvement plan for 2026 was also not available. There was evidence of management meetings and staff meetings where current events and core agenda

items were discussed, analysed and reviewed. Staff informed inspectors that they were confident in bringing any suggestions or concerns to the attention of management. Staff were also confident that the centre was meeting all their required training needs and told inspectors that they would seek out further training if they felt it was required.

Systems in place for oversight in the centre to ensure residents had their care and welfare needs met required further development. This inspection found that improved clinical oversight was required in relation to wound care. In addition, further supervision was required to ensure that documentation was completed to the required standard. Inspectors also found there was a lack of person-centred information and up-to-date guidance from health and social care professionals in some care plans. This deficiency affected residents' ability to receive care as recommended by health and social care professionals, which in turn impacted the outcome of care for residents. In addition, the audit on care plans completed in the centre failed to pick up on these findings.

Residents had access to the complaints procedure in the centre, and they were knowledgeable about the steps they should take if they had any concerns. They were also knowledgeable on who they would speak with in the centre if they had any concerns. There was evidence that complaints received in the centre had been appropriately addressed.

Current NMBI (Nursing and Midwifery Board of Ireland) registration was available for each nurse working in the centre, along with all the information as listed in Schedule 2 of the regulations.

## Regulation 15: Staffing

Residents were not provided with adequate opportunities to engage in meaningful social activities on Friday, Saturday and Sunday each week in the centre. Inspectors were informed that healthcare staff were allocated to support residents with activities in the absence of an activities coordinator. However, there was no evidence of additional staff being allocated in the absence of an activities coordinator in the centre, and significant gaps were noted in the records of activities being offered to residents from Friday to Sunday each week. In addition, minutes from a residents' meeting held in February indicated that residents had requested activities on Fridays. The action plan formulated did not sufficiently address the residents' requests.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Supervision arrangements in place did not ensure that recommendations from health and social care professionals in relation to residents' care were completed to the required standard. Inaccuracies were observed in the documentation of night time checks for pressure-relieving equipment for residents with skin integrity concerns, which indicated that these checks were not carried out as per the centre's own protocol. This impacted on the quality and effectiveness of the wound care and pressure-relieving interventions that residents received.

Judgment: Substantially compliant

## Regulation 19: Directory of residents

The directory of residents was available in the centre, and it included all the relevant information as required under Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There was an established management structure in the centre; however, further oversight was required to ensure that the centre was providing safe, effective care to residents. This was evidenced by;

- There was a lack of person-centred information and accurate recordings of the recommendations received from health and social care professions in relation to residents' care. Care plan audits completed in the centre did not identify these findings. This is further discussed under Regulation 5: Individual assessment and care plan. Furthermore, as discussed under Regulation 6: Healthcare and Regulation 16: Training and development; improved clinical oversight was required in relation to wound care and supporting residents who have skin integrity concerns.
- The annual review for 2025 and the quality improvement plan for 2026 were not completed.
- Whilst surveys were completed to gather feedback from residents living in the centre, the responses raised several concerns that required a review and corrective action.
- There was a lack of provisions in place to ensure that all residents were afforded the opportunity to participate in activities in accordance with their interests and capacities three days each week.
- Further actions were required to ensure residents' rights were upheld in the centre, specifically regarding privacy, personal decisions, and the ability to make informed choices about their care.

Judgment: Not compliant

## Regulation 34: Complaints procedure

Residents had access to the complaints procedure in the centre, and they were knowledgeable on the steps they should take if they had any concerns. There was evidence that complaints received in the centre had been appropriately addressed.

Judgment: Compliant

## Quality and safety

The provider had policies and procedures in place to protect residents from abuse. There was evidence that all staff had up-to-date training on safeguarding, and were aware of their responsibilities in protecting residents from abuse. However, further developments were required to bring the centre into full compliance with the regulations and ensure that residents' rights were protected and that they received effective care that was evidence based.

The provider had not ensured that residents were provided with adequate opportunities on Friday, Saturday and Sunday each week to participate in meaningful social activities that met their interests and capacities. The inspectors observed that although a schedule of activities was displayed on the day of this inspection, there was no evidence to demonstrate that residents were provided with adequate opportunities to participate in meaningful social activities on these days each week.

Although the right to privacy was respected for the majority of residents, further review was needed to ensure it was afforded to all residents living in the centre. Inspectors found that one shared bedroom did not support the residents who lived there to live privately or to watch their television without negatively impacting on the other residents' rights. Furthermore, dietitian and tissue viability nurse reviews were carried out remotely in some instances, which did not allow residents to have the opportunity to discuss their nutritional needs, skin integrity requirements and treatment plans with the dietitian or tissue viability nurse specialist.

Nursing practices in relation to residents' care documentation and residents' wound care did not ensure that residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais, and this was negatively impacting on residents' care.

The inspectors reviewed a sample of comprehensive assessments, risk assessments and care plans in place for residents. Actions were found to be necessary to ensure that residents' care plan documentation was based on and reliably informed their assessed needs, and were updated to accurately reflect the treatment recommendations made by the dietitian and tissue viability nurse specialist. Furthermore, residents' social care plans did not describe a person-centred social activity programme that supported them to participate in activities that suited their needs and met their individual capacities and preferences.

Inspectors observed that there were regular assessments of residents' communication requirements and assistive equipment was available where required. Person-centred plans were developed to guide staff on each resident's communication needs. Furthermore, residents who experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were supported positively and in a timely manner in the centre. There was an active commitment in the centre to reduce the number of restrictive practices used. Evidence was available to demonstrate the consultation with each resident who used a restraint and that the least restrictive measure was used.

There was evidence that residents' end-of-life wishes were assessed and documented regarding their physical, psychological and spiritual care, as well as where they would like to receive care at the end of their lives. Each resident's preferences and wishes were captured, and there were supports in place to facilitate the family to be present at the end of life.

This inspection found that there were effective systems in place for recording temporary absences, transfers, and discharges in the centre. Procedures were also in place to ensure all relevant documentation regarding individual residents was provided to the hospital or other facility where the resident was transferred to, and received on their return to the designated centre.

## Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely, and staff were aware of their needs. The inspectors found that each resident's communication needs were regularly assessed and a person-centred care plan was developed for a small number of residents who needed support from staff and assistive equipment with meeting their communication needs.

Judgment: Compliant

## Regulation 13: End of life

Staff provided end-of-life care to residents, with support from the residents' general practitioner (GP) and the community palliative care service. Residents' end-of-life wishes were assessed and documented regarding their physical, psychological and spiritual care, as well as where they would like to receive care at the end of their lives. Each individual resident's wishes and preferences were regularly updated. Each resident's preference regarding their advanced care wishes was also assessed, appropriately discussed and recorded. Arrangements were in place to support residents' families to be with them at the end of their lives, as they wished.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents' meals were served in the dining room on the ground floor. A small number of residents preferred to eat their meals in their bedrooms, and their preferences were facilitated. There was sufficient staff available to respond to residents' needs for assistance in the dining room and in their bedrooms at mealtimes.

Residents were provided with a varied menu, and they confirmed that they enjoyed their meals and could have alternatives to the hot meal menu options offered if they wished. Meal options were clearly displayed for residents' information, and staff reminded residents of the options available before serving their meals. Residents' special dietary requirements were effectively communicated to catering staff, and residents' meals were prepared in accordance with their individual preferences, assessed needs and the recommendations of the dietitian and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available at mealtimes and throughout the day. Effective procedures were in place for monitoring of food and fluid intake for residents at risk of dehydration and malnutrition.

Judgment: Compliant

## Regulation 25: Temporary absence or discharge of residents

There were effective systems in place for recording temporary absences transfers, and for discharging residents safely. Procedures were in place to ensure all relevant documentation regarding individual residents was provided to the hospital or other facility, and received on their return to the designated centre as appropriate.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of comprehensive assessments, risk assessments and care plans in place for residents. Actions were found to be necessary to ensure that residents' care plan documentation was based on and reliably informed their assessed needs, and were updated to accurately reflect the treatment recommendations made by the dietitian and tissue viability nurse specialist. This was evidenced by the following findings:

- A number of residents' nursing assessments referenced that they had a high risk of developing pressure ulcers, but the specific care procedures residents needed to mitigate this assessed risk were not adequately detailed in their care plans, and as a consequence there were gaps in the care provided to meet their needs. For example,
    - The pressures dialled in by staff on the pressure-relieving mattresses in place for two residents did not accurately reflect their body weights, and the pressure-relieving mattress in place for another resident with an assessed 'very high risk' of developing pressure ulcers had only 'high' or 'low' pressure setting options available.
    - Not all residents' care plans detailed the frequency with which they needed assistance with changing their positions, and there were no records available that residents' repositioning was completed with the necessary frequency to maintain their skin integrity.
- Residents' wound care needs were not adequately met as follows;
    - The recommendations of the tissue viability nurse specialist regarding the frequency with which a resident's wound dressings should be completed were not detailed in the resident's care plan, and as a result, this resident's dressing were not completed as recommended. For example, dressings were not completed at least every two days as recommended.
    - The recommendations of the tissue viability nurse specialist that photographic monitoring was completed were not implemented. and weekly wound photographs were not completed. The inspectors were told that photographs were completed, but these were not available for review in the resident's records.
- Residents' social care plans did not describe a person-centred social activity programme that supported them to participate in activities that suited their needs and met their individual capacities and preferences.
- The information in one resident's behaviour support care plan was not sufficiently detailed to guide staff on the behaviours experienced by the resident, the triggers to these behaviours, and the most effective person-centred de-escalations strategies.

Judgment: Not compliant

## Regulation 6: Health care

Nursing practices in relation to residents' care documentation, and residents' wound care did not ensure that residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais, and this was negatively impacting on residents' care. The inspectors' findings are discussed further under Regulation 5: Individual Assessment and Care Plan.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

A positive and supportive approach was taken by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to be attentive to residents' individual needs for support and residents responded well to how staff met their care and support needs.

The person in charge and staff were committed to minimising restraint use in the centre and practices reflected the national restraint policy guidelines. Use of restrictive equipment use was risk assessed, used in consultation with individual residents and used only when less restrictive alternative measures were exhausted. Restrictions in the residents' lived environment were minimised.

Judgment: Compliant

## Regulation 8: Protection

The provider had policies and procedures in place to protect residents from abuse. All staff were facilitated to attend up-to-date training on safeguarding residents from abuse. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents told the inspector that they felt safe in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were not provided with adequate opportunities on Friday, Saturday and Sunday each week to participate in meaningful social activities that met their interests and capacities. The inspectors observed that although a schedule of activities was displayed on the day of this inspection, the unavailability of records of social activities that residents had opportunities to participate in, and residents' feedback did not give assurances that residents were provided with adequate opportunities to participate in meaningful social activities on three days each week.

One resident's right to privacy was impacted due to the location of the wash basin within their bed space in one twin bedroom. The other resident in this bedroom could not use this facility privately or as they wished without entering the other resident's bed space.

The provider had not ensured that residents were adequately supported to make personal decisions and choices regarding as follows;

- As residents' televisions were fitted side-by-side in one twin bedroom, and discrete listening equipment was not available, neither resident could listen to, or view their television programme choices without negatively impacting on the other resident's rights in this bedroom.
- Residents with unintentional weight loss did not always have an opportunity to meet with the dietitian to discuss their nutritional needs and treatment plans. Where these reviews were carried out, the assessments and treatment plans for individual residents were developed remotely, relying solely on information provided by staff in the centre.
- Residents with wounds were not always provided with an opportunity to discuss their care needs and treatments with the tissue viability nurse specialist as arrangements in place involved remote assessment and development of treatment plans.

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 | Substantially compliant |
| Regulation 16: Training and staff development | Substantially compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 34: Complaints procedure | Compliant |
| **Quality and safety** | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 5: Individual assessment and care plan | Not compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

# Compliance Plan for Queen of Peace Nursing Home OSV-0000379

## Inspection ID: MON-0050216

## Date of inspection: 09/04/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

## Section 1

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

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
|---|---|
| Regulation 15: Staffing | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>The Provider and PIC will ensure that an Activities Coordinator is rostered every Friday, Saturday and Sunday to provide meaningful activities based on residents' interests and preferences. A revised activities programme will be implemented, with daily participation records maintained. Resident feedback will be reviewed at resident meetings, and any requests or concerns will be addressed through an action plan. Compliance will be monitored by the Provider and PIC through regular audits and monthly governance meetings. | |
| Regulation 16: Training and staff development | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>The PIC will ensure that a new Air Mattress Checklist is completed every shift and reviewed daily by nursing staff. Weekly wound rounds are undertaken by nursing management to ensure all recommendations are implemented. Refresher training on wound care management, pressure ulcer prevention and documentation standards has been arranged for all nursing staff. A new Tissue Viability Nurse service has been sourced and will provide in-house reviews of residents as required. Clinical supervision of nursing documentation has been strengthened, with ongoing monitoring through monthly audits and governance meetings. | |

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| Regulation 23: Governance and management | Not Compliant |

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Provider and PIC has strengthened governance and oversight arrangements within the centre. Weekly management meetings continue to be held, with standing agenda items including care planning, wound care, activities, residents' rights, complaints, falls management, restrictive practices, infection prevention and control, and staff training. Audit outcomes are reviewed regularly, and action plans are monitored to ensure timely completion. The Annual Review has been completed, and the Quality Improvement Plan has been updated to incorporate areas identified through inspection findings, audits, and feedback from residents and relatives. Recruitment for the vacant Clinical Nurse Manager position is ongoing to further enhance clinical oversight. Progress against quality improvement objectives is monitored through weekly management meetings, resident meetings, audits, and the annual review process.

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| 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:
A comprehensive review of all resident care plans has been completed. Care plans have been updated to reflect current recommendations from the Dietitian and Tissue Viability Nurse. Repositioning schedules are clearly documented and monitored. Behaviour support care plans have been reviewed and updated to include identified triggers, person-centred interventions and de-escalation strategies. Social care plans have been updated to reflect residents' interests, preferences and activity goals. Weekly wound photographs are completed where clinically indicated and specialist recommendations are implemented promptly. Three-monthly care plan audits have been introduced and findings are reviewed by management to ensure continued compliance

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| Regulation 6: Health care | Substantially Compliant |

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

The PIC will ensure that wound dressing schedules are reviewed and updated in line with specialist recommendations. Weekly wound rounds are conducted by nursing management, and wound photographs are completed in accordance with Tissue Viability Nurse guidance. A monthly wound care audit tool has been introduced to monitor compliance with evidence-based practice. The Dietitian has reviewed all residents with nutritional concerns, and recommendations have been incorporated into care plans. The PIC will ensure that a new Tissue Viability Nurse service is available to provide in-house reviews of residents whenever required. All specialist recommendations will be implemented promptly and monitored through ongoing audits to ensure compliance with best practice standards.

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| Regulation 9: Residents' rights | Not Compliant |

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The bedroom identified during inspection has been converted to a single occupancy room, resolving the shared sink privacy concern. A review of all bedroom layouts is ongoing to ensure residents' privacy, dignity, independence and choice are maintained. Television facilities in shared rooms are also being reviewed. New smart TVs and Bluetooth headsets have been ordered and will be installed where required to support residents' individual preferences while respecting the rights of others.
An Activities Coordinator is rostered every Friday, Saturday and Sunday to support meaningful resident engagement. Daily activity participation records are maintained, and resident feedback is reviewed regularly to ensure activities reflect residents' interests and preferences.
The Dietitian has reviewed residents with identified nutritional concerns, and the PIC will ensure that a newly sourced Tissue Viability Nurse service provides in-house resident reviews whenever required. Residents and their families are encouraged to participate in specialist reviews and care planning discussions to support informed decision-making and person-centred care.
Residents' rights, privacy, dignity, choice and autonomy are regularly discussed during staff meetings and are monitored through ongoing audits, governance processes and management oversight.

## 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. | Substantially Compliant | Yellow | 30/06/2026 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Substantially Compliant | Yellow | 30/06/2026 |
| Regulation 23(1)(d) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Not Compliant | Orange | 30/06/2026 |

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| Regulation 23(1)(e) | The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. | Not Compliant | Orange | 26/06/2026 |
| Regulation 23(1)(h) | The registered provider shall ensure that a quality improvement plan is developed and implemented to address issues highlighted by the review referred to in subparagraph (e). | Not Compliant | Orange | 30/06/2026 |
| Regulation 5(1) | The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2). | Not Compliant | Orange | 26/06/2026 |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, | Substantially Compliant | Yellow | 26/06/2026 |

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| | provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | | | |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities. | Not Compliant | Orange | 30/06/2026 |
| 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. | Not Compliant | Orange | 31/07/2026 |
| 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. | Not Compliant | Orange | 31/07/2026 |