

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Ardeen Nursing Home
Name of provider:	Ballincaorigh Limited
Address of centre:	Abbey Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	03 July 2025
Centre ID:	OSV-0000406
Fieldwork ID:	MON-0046700

About the designated centre

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

Ardeen Nursing Home is registered to accommodate up to 36 residents and the provider is a limited company called Ballincaorigh Ltd. The centre is a detached two storey building, situated close to the centre of Thurles town and within easy reach of local supermarkets, post office, train and bus stations. The stated aims and objectives of the centre are to ensure a person centred approach, placing the resident as an individual at the heart and centre of any exchange covering the provision or delivery of a service. The accommodation in the centre comprises of 18 single bedrooms, seven twin bedrooms and one four bedded room, all laid out over two floors. Access between floors is facilitated by a chair lift. Upstairs accommodation consists of five single bedrooms. A pre-admission assessment is completed on all potential admissions. This assessment determines the suitability of any resident to the centre and also with a view to admission to the first floor area. Residents admitted to the first floor must have low dependency needs and meet the following criteria: be fully mobile, low level of assistance with the activities of daily living, no history of falls, no history of confusion or no history of depression or anxiety. All residents are reviewed three monthly or more frequently if required, and if their status changes this is discussed with the resident with the view to alternative accommodation downstairs. The centre offers nursing care for low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. Residents medical care is directed by their own General Practitioner (GP). The centre provides 24-hour nursing care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

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
Thursday 3 July 2025	08:30hrs to 16:45hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Ardeen Nursing Home told the inspector that they felt safe, content and happy with the quality of care and support they received. They expressed confidence in the staff, satisfaction with their access to health care, and complimented the range of activities available to them.

The atmosphere in the centre was calm, organised and pleasant. Residents were up and about from mid-morning. Some were chatting in small groups in the bright communal areas, others were reading newspapers or listening to the radio in the bedrooms. Staff were observed moving between residents bedrooms purposefully and provided assistance to residents in an unhurried manner. The pace of the morning routine allowed time for residents to wake up and get up from bed at their own comfort. Care was observed to be provided respectfully. Residents told the inspector that they were asked how they preferred to start their day, including whether they wished to shower, what to wear, and whether they needed help getting ready. One resident told the inspector that "they always ask me what I want to wear. They never rush me".

Residents spoke positively about the quality of the food they received and the overall dining experience. The dining areas were inviting and tables were set with condiments and cutlery to create a homely environment. Residents chose where to sit, and some dined in their rooms, if they preferred. Breakfast was unhurried and residents were offered a wide variety of options, including porridge, cereals, bread, toast and eggs. Staff were observed to be attentive to residents needs and ensured every resident received what they liked, and took time to chat with them as they served their meals. One resident reported that 'the food is always good here' and the staff "always remember how I like my tea". Residents who required modified consistency diets were offered the same choices as those on regular diets. Meals were observed to be attractively presented and tailored to residents individual needs.

The layout of the premises was generally of a satisfactory standard to meet the needs of residents. Handrails were placed along corridors to support safe mobility, and accessible toilets were located throughout the building. Seating areas were well-arranged and residents who required additional support were provided with high-back chairs for their comfort, posture and ease of movement. However, the layout of some bedrooms did not provide adequate personal space for residents to use comfortably. In these rooms, personal space was limited due to the placement of privacy screens. Additionally, some parts of the premises were not appropriately maintained. Floor coverings along certain corridors and in ancillary areas were lifting which impacted on the cleanliness in those areas.

The centre was observed to be visibly clean throughout, with the exception of the aforementioned areas. Housekeeping staff were observed cleaning throughout the day, according to their structured cleaning schedule. Communal areas and toilets

were routinely checked to ensure they remained clean. Laundry services were provided on-site and residents expressed satisfaction with this arrangement. The laundry service was well-organised and procedures were in place to ensure that residents' clothing was appropriately labelled and returned to the correct individual.

The inspector noted some fire safety concerns on the walk around of the centre. A number of fire doors did not appear to close effectively, with gaps observed around the doors, evident when the doors were in a closed position. This may reduce the effectiveness of a fire door in the event of a fire emergency. Additionally, there were areas where holes in the ceiling, including penetrations around electrical ducting were observed.

Social and recreational activities were well-organised and met the individual needs of the residents. On the morning of the inspection, many residents engaged in self-directed activities of their choosing. Some read newspapers, completed puzzles, or listened to the radio, while others spend time reading quietly in the communal areas. A number of residents were listening to morning Mass on the radio. Staff checked in regularly to ensure everyone was comfortable and had everything they needed. In the afternoon, the atmosphere became more social with group activities taking place, such as art and there was lively conversation about the upcoming hurling match, which many residents were looking forward to. Additionally, residents had access to local transport services that facilitated visits to the nearby day care centre. Participation was optional, and residents were supported to choose whether they wished to attend on any given day. One resident told the inspector that they never felt restricted in their routines or decisions. The resident shared that they went home most weekends with their family and that they were particularly looking forward to the coming weekend so they could enjoy watching the hurling match together.

Visitors were made to feel welcome and there were no visiting restrictions in place. The inspector observed visitors chatting with residents in private areas and in their bedrooms. The inspector spoke with a number of visitors, all of whom expressed high levels of satisfaction with the care provided to their relatives. They described the staff as kind and approachable. One visitor discussed how they had come to know the staff well over time, which made it easier for them to communicate any concerns or share important information.

Residents reported that they felt heard, involved, and respected in decisions that affected their lives. Residents had participated in surveys where they were invited to evaluate the quality of the service and identify areas for improvement. This feedback was reviewed and, where possible, acted upon. Residents could point to specific changes that had been made in response to their suggestions including menu choices and activities.

There were regular resident meetings held to keep everyone informed about events and developments within the centre, as well as broader issues in the nursing home sector. Residents told the inspector that a recent meeting provided them with an opportunity to raise any questions or concerns they had about the care they

received, staffing, and their general quality of life in the centre.

The following sections of this report detail the capacity and capability of the provider, and how these impact the overall quality and safety of the service delivered to residents.

Capacity and capability

This was an unannounced inspection, carried out over one day, by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector followed up on the actions taken by the provider to address issues identified on previous inspections of the centre in July and November 2024.

The findings of this inspection were that the provider had an established and effective management structure in place that was both responsible and accountable for ensuring the provision of safe and quality, person-centred care to the residents. Following the previous inspections, the provider had taken action to improve fire safety, and to improve the systems in place to support effective infection prevention and control, and the quality of the premises to ensure it met the individual and collective needs of the residents. However, this inspection found that there were aspects of the management systems that were not fully effective to ensure appropriate oversight of the premises and fire safety. In addition, residents individual assessment and care plans, and the management of infection prevention and control were found not to be in full compliance with the regulations.

Ballinacaurigh Limited is the registered provider of Ardeen Nursing Home. It is a company comprised of two directors, one of whom represents the registered provider and was a person participating in the management of the centre. Within the centre, there was a nurse management structure that was responsible and accountable for the delivery of safe and person-centred care to the residents. The person in charge was supported clinically and administratively by an assistant director of nursing (ADON). The assistant director of nursing supported the person in charge to monitor the quality of all aspects of the service provided to residents and the supervision of staff.

Communication systems within the nurse management team were effective to ensure that the person in charge maintained oversight of all aspects of the service. Deficits in the service were escalated to the person in charge which enabled timely identification and response to issues that may impact on the quality and safety of the service. This was found to support governance and overall oversight of the centre. In addition, clinical information was communicated in a structured and consistent manner to all staff to ensure they had the appropriate knowledge with regard to potential risks to resident's care and welfare, and the actions to be implemented to mitigate risk to residents. For example, staff were aware that residents accommodated on the first floor needed to be of low dependency and

independently mobility. This was to ensure residents could access the area safely and to ensure that residents could be evacuated in a safe and timely manner in the event of a fire emergency.

The centre had established management systems in place to monitor the quality and safety of the service provided to residents. Key aspects of the quality of resident care were collected and reviewed by the person in charge and included information in relation to falls, weight loss, nutrition, complaints, antimicrobial usage, medication, and other significant events. There was a schedule of weekly and monthly audits in place to monitor in the quality and safety of the service across key areas including care plans and clinical documentation, infection prevention and control, complaints management and restrictive practices. These audits supported the identification of areas for improvement and contributed to the ongoing oversight and improvement of care practices within the centre. However, there was no system in place to monitor the quality and maintenance of the premises and this impacted on the identification of deficits in the physical environment. In addition, a review of completed audits found that some audits were not effectively used to identify risks and deficits in specific areas of the service. For example, recent fire safety audits of the integrity of fire doors reflected high levels of compliance. While weekly fire safety audits identified that fire doors were not wedged open and free from obstruction, the audits did not identify that some fire doors were impaired due to the presence of significant gaps between the door and the floor that could potentially compromise fire containment. As a result, a quality improvement action plan could not be developed.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by an up-to-date risk management policy. However, risk was not always appropriately identified. Arrangements for the identification and recording of incidents was in place.

The system of record management systems was paper-based. Records were well-organised, accurately maintained, securely stored, and easily accessible, in line with the requirements of the regulations.

The centre had sufficient resources to ensure effective delivery of good quality care and support to residents. The centre had a stable team of staff. This ensured that residents benefited from continuity of care from staff who knew their individual needs. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, catering and maintenance staff in place.

There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed in-person training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training, with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. There were systems in place to induct, orientate and support staff. The person in charge and assistant director of nursing provided

clinical supervision and support to all staff.

The service was responsive to the receipt and resolution of complaints. Comprehensive records of complaints were maintained in line with the requirements of the regulations. A review of the complaints register evidenced that all complaints were appropriately managed and were used to inform quality improvement initiatives.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the centre was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care and activities staff. The staffing complement also included catering, laundry, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed evidenced that all staff were facilitated to attend training such as safeguarding of vulnerable people, fire safety, manual handling and infection prevention and control.

Staff were appropriately supervised to ensure that the care needs of residents were met, in line with their assessed needs.

Judgment: Compliant

Regulation 21: Records

<p>Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely and available for inspection. This included records pertaining to nursing records of a residents health and condition and treatment given, referrals to health care professionals and records of on-going medical assessment by a medical practitioner, incidents involving residents, complaints and specialist nursing care provided.</p> <p>The inspectors reviewed a sample of four staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>The management systems in place to monitor the quality of the service were not fully effective to ensure the service provided to residents was safe and effectively monitored. Some of the systems used to evaluate and improve aspects of the service were not fully effective. For example, audits of fire safety did not identify areas of the service that required quality improvement. Additionally, there was no established system in place to effectively monitor or evaluate the quality and maintenance of the premises in a structured manner.</p>
Judgment: Substantially compliant
Regulation 34: Complaints procedure
<p>The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated, the outcome communicated to the complainant ,and the satisfaction of the complainant recorded. There was evidence that complaints were analysed for areas of quality improvement and that the learning was shared with the staff.</p>
Judgment: Compliant
Quality and safety
<p>Resident's health and social care needs were met to a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual</p>

needs and preferences. Residents were satisfied with their access to health care and reported feeling safe and content living in the centre. However, residents care plans did not always reflect the good quality of care provided to residents.

This inspection also found that the provider had taken significant action to develop and implement effective infection prevention and control monitoring systems, ensuring for the most part, that the care environment was safe and met the needs of the residents. However, there were aspects of the premises and physical environment that did not fully meet the needs of the residents in relation to infection control, fire safety and the layout of some bedrooms to support individual requirements.

A review of the nutritional aspects of the service found that there were robust arrangements in place to ensure residents, assessed as being at risk of malnutrition received care and support in line with their assessed care needs, and the recommendations of health care professionals. Residents were provided with a choice at mealtimes and were served food that met their individual needs and dietary requirements, including modified consistency diets as prescribed by health care professionals.

Residents' records showed that there was regular communication with residents' general practitioners (GP). There were arrangements in place for residents to access the expertise of other health care professionals, and the recommendations made by health care professionals were implemented by staff, to ensure the best outcomes for residents.

An assessment of residents health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. While there was evidence that residents' needs had been assessed using validated assessment tools, the assessment findings were not always incorporated into the residents' care plans. While this did not appear to impact on the quality and safety of care provided to residents, the care plans did not always identify or reflect person-centred guidance on the current care needs of the residents. In addition, advanced care planning was not always evident in residents' care plans, particularly in relation to their end-of-life care wishes. It was also unclear if this aspect of residents care was reviewed to ensure they were an accurate and up-to-date reflection of the residents preferences.

Procedures were in place to ensure that the transfer of residents from the designated centre occurred in line with the requirements of the regulations. This included arrangements to ensure information pertinent to the care of residents were communicated to the receiving health care facility.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of the fire alarm system, emergency lighting and fire-

fighting equipment were maintained and available for review. Staff demonstrated an appropriate awareness of the evacuation procedure and an awareness of the actions in place to mitigate the risk fire to residents. This included the actions in place to support and protect residents who smoke. The provider had proactively engaged the services of a competent person to assess fire safety risks in the centre. Records reviewed showed that all remedial actions arising from the assessment had been completed. The provider was awaiting assessment of the completed fire works by a competent person to ensure fireworks met essential safety requirements and standards. However, some fire safety risks were identified on this inspection. For example, a number of bedroom doors on the ground and first floor had significant gaps. This had the potential to impact on the containment of smoke and fire in the event of an emergency. Additionally, residents personal emergency evacuations plans had not been reviewed in a significant period of time and some evacuation plans did not contain adequate information in relation to residents individual needs during an evacuation.

Overall, the premises was maintained to a satisfactory standard, suitably decorated, and provided a comfortable environment for residents. The provider had taken action to review the majority of shared bedroom accommodation to ensure it met residents needs. However, the inspector identified some shared bedrooms where residents were not provided with equitable personal space due to the inequitable placement of privacy screens. Additionally, in some areas of the premises, floor coverings were found to be lifting from the base of skirting boards. This contributed to the accumulation of debris, which in turn affected the effectiveness of cleaning in those areas.

The provider had taken action to address the findings of the previous inspection in relation to infection prevention and control. This included enhanced staff training on managing multidrug-resistant organisms (MDRO), the implementation of a revised outbreak detection and management procedure, and updated environmental hygiene audits to ensure more effective monitoring. Staff were provided with appropriate training and access to up-to-date policy guidance documents to underpin best practice in relation to protecting residents from the risk of infection. Housekeeping staff demonstrated the cleaning procedure and the system in place to minimise the risk of cross contamination. The centre was visibly clean on inspection with the exception of some areas that were not appropriately cleaned or maintained. This included ancillary storage areas and the sluice room.

The rights of residents were promoted in the centre. Residents were supported to express their feedback on the quality of the service and staff engaged with residents to ensure the service received was based on residents preferences and choice.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits

to residents were not restricted.
Judgment: Compliant
Regulation 17: Premises
<p>The layout of two twin bedrooms on the ground floor did not meet the needs of the residents occupying those bedrooms.</p> <ul style="list-style-type: none"> • While each bedroom met the minimum space requirements and provided personal space for both residents, the positioning of privacy screens did not evenly divide the bedroom resulting in one resident having significantly more space than the other. For example, one resident's bed was placed close to their locker, and when the chair was in use, it obstructed the limited space available for the residents to get in and out of bed comfortably. This layout did not support the resident's ease of movement. • In another bedroom, a large section of the room was unusable due to the placement of ceiling-mounted curtain privacy screens. This limited both residents ability to use the utilise the the available space in privacy if they wished.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
<p>Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified consistency diet. Residents were monitored for weight loss and were provided with access dietetic, and speech and language services when required.</p> <p>There was evidence that the recommendations made by those professionals were implemented and reviewed which resulted in good outcomes for residents. There were sufficient numbers of staff to provide residents with assistance at mealtimes.</p>
Judgment: Compliant
Regulation 25: Temporary absence or discharge of residents
<p>Arrangements were in place to support the transition of residents from the designated centre to hospital or home in consultation with each resident, including</p>

the resident's general practitioner (GP).

Information regarding the residents health and social care needs, details of health care associated infections and colonisation status were provided to the resident concerned, hospital, general practitioner, family or carer.

Judgment: Compliant

Regulation 27: Infection control

The environment and equipment was not always managed in a way that was consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. For example;

- Floor coverings in some areas of the centre were in poor condition and could not be effectively cleaned. As a result, visible dirt and debris had built-up along some floor edges.
- The quality of hygiene in the sluice room was compromised by damaged floor coverings. Areas behind fixed equipment, such as the bedpan washer, were visibly unclean. Some items of equipment such as stainless steel surfaces were not appropriately cleaned. Additionally, a number of vases were left under a sink alongside toileting aids.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not ensure that adequate precautions were taken and regularly reviewed to ensure resident safety. For example;

- Some fire doors had large gaps between the bottom of the door and the floor. Additionally, electrical ducting containing wires that passed through walls were not fully sealed and there were holes observed where services such as pipes penetrated the ceiling. This had the potential to impact on fire containment measures in the centre.
- Residents' emergency evacuations plans had not been reviewed or updated in a significant period of time. Some personal emergency evacuation plans did not reflect the complexity of some residents' care and mobility needs. Consequently, there was inadequate information within the residents plans regarding the support they would require in an emergency evacuation. This had the potential to delay the safe and timely evacuation of residents from the centre in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not fully in line with the requirements of the regulations. For example;

- Care plans were not always guided by a comprehensive assessment of the residents' care needs. For example, some resident's who had an increase in their nutritional care and support needs did not have a care plan that accurately reflected the needs of the residents or the support they required.
- While care plans were reviewed, not all records clearly evidenced that care plan reviews had been carried out in consultation with the residents concerned and where appropriate their family. Some end-of-life care plans did not indicate meaningful engagement with the resident regarding their preferences and individual care needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP). Diagnostic tests were carried out as directed by a GP, and the resulting laboratory reports were appropriately maintained. This supported the development of an ongoing antimicrobial stewardship programme within the centre.

Residents also had access to a range of health and social care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Records evidenced that the recommendations of health and social care professionals were implemented and reviewed to ensure best outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of

abuse. Residents reported that they felt safe living in the centre.
Judgment: Compliant
Regulation 9: Residents' rights
<p>Residents told the inspector that they could exercise choice about how they spend their day, and that they were treated with dignity and respect.</p> <p>There was facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.</p> <p>Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings.</p> <p>Independent advocacy services were available and details of how to contact the services were displayed on notice boards.</p>
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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ardeen Nursing Home OSV-0000406

Inspection ID: MON-0046700

Date of inspection: 03/07/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Ensure Sufficient Resources are in place.</p> <p>Identify clearly defined roles and responsibilities</p> <p>Regular Fire Audit, Fire Safety Daily Checklist,</p> <p>Weekly Inspection of Fire Doors,</p> <p>IPC/ Environmental Weekly Checklist currently in place, to ensure that the service provided is safe, appropriate and consistent and effectively monitored.</p> <p>Annual Review in conjunction with residents/Family members.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Room 33, Privacy screens have been replaced, to evenly divide the bedroom to support residents ease of movement.</p> <p>Room 29: Has been re-viewed, privacy screens to be replaced to enable residents to utilize available space in privacy if they wish (see plan attached).</p>	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Ensure procedures and control are implemented by Staff,</p> <p>Floor covering is being re-furnished throughout, as advised, to enable effective cleaning.</p> <p>Sluice Room: Refurbishment has been completed. Floor covering has been replaced.</p> <p>Non-essential items have been removed.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Provide adequate arrangements for detecting, containing and extinguishing fires.</p> <p>Fire Brushes are being applied to all doors as advised by Consulting Engineer, Ducting has been replaced.</p> <p>PEEPs have been reviewed, and updated, to reflect the complexity of some residents care, and mobility needs, thus avoiding delay in the safe and timely evacuation of residents from the centre in the event of fire emergency.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Pre-Admission is completed on all residents</p> <p>Comprehensive Assessment is completed on all residents O/A initiating Care Plan within 48 hrs of admission. All assessments and Care Plans are being reviewed 3/12.and/or more frequently as indicated/Ongoing.</p> <p>E.O.L Care Plans are currently being reviewed, indicating meaningful engagement with residents, regarding their preferences, and individual care needs.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
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	31/08/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the	Substantially Compliant	Yellow	17/09/2025

	Authority are in place and are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	18/09/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/09/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	07/07/2025
Regulation 5(3)	The person in charge shall prepare a care 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.	Substantially Compliant	Yellow	07/07/2025
Regulation 5(4)	The person in	Substantially	Yellow	30/09/2025

	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.	Compliant		
--	---	-----------	--	--