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:	Bushy Park Nursing Home
Name of provider:	Bushy Park Nursing Home Limited
Address of centre:	Nenagh Road, Borrisokane, Tipperary
Type of inspection:	Unannounced
Date of inspection:	25 March 2026
Centre ID:	OSV-0000410
Fieldwork ID:	MON-0049525

About the designated centre

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

Bushypark nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 30 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located on the outskirts of the town of Borrisokane. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared en suite bedrooms. There are separate dining, day and activities rooms as well as an enclosed garden area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30

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
Wednesday 25 March 2026	09:30hrs to 18:30hrs	Catherine Furey	Lead
Wednesday 25 March 2026	09:30hrs to 18:30hrs	Niall Whelton	Support

What residents told us and what inspectors observed

This inspection was carried out by two inspectors over one day. The purpose of the inspection was to monitor ongoing compliance with the regulations and standards, following an application by the registered provider to renew registration. The inspection also placed a focus on fire precautions in the centre.

Overall, the feedback from residents and visitors was that the centre was a nice place to live. The inspectors spent time speaking with residents, observing the environment and activity in the centre and reviewing documentation. Inspectors observed staff interacting with residents in a kind and respectful manner. On arrival to the centre mid-morning, the inspectors were welcomed in by staff. The inspectors conducted a walk-around of the premises after which an introductory meeting with the senior management team was held.

Inspectors spoke to six residents in more detail who all gave positive feedback about the staff who cared for and supported them, describing them as "very kind", "knowledgeable" and "helpful". One resident told inspectors that they were happy living in the centre, describing it as “my home from home”. Another said “I was waiting a long time to get a bed, and I am grateful now that I have it”. The centre is in a rural location near to Borrisokane in Co. Tipperary. It is planned that the residents will transfer to a new purpose-built building on the same site in the coming months. Currently, the centre is laid out over one floor, with a large dayroom, dining room and a separate visitor’s room. Bedrooms are a mix of single and twin occupancy. The size of each bedroom and bed space was sufficient to allow for privacy for each resident.

The centre was warm and comfortable for residents. The provider outlined plans to completely refurbish the current centre once residents have moved to the new extension, however in the meantime, parts of the centre were in need of minor repair and some equipment, for example grab rails and blind cords required replacement. These and other findings are detailed in the report under Regulation 17: Premises.

Residents were looking forward to the move into the new building and were regularly kept up-to-date with the progress of the work. Staff had compiled a book of photographs of the different bedrooms and communal areas to show residents and residents were in the process of picking out their rooms and deciding on soft furnishings and wallpaper styles. The new centre was being build directly adjacent to the current building, and as such this did impact on the available outdoor space. The building site was safely sectioned off and could not be accessed by residents. The outdoor courtyard for residents' use was directly next to the building site and while this did not provide a very relaxing space, residents said they did not mind too much and knew that it was only a short-term arrangement.

Inspectors observed mealtimes in the centre and found that these were an enjoyable and relaxed occasion. Residents gathered in the dining room at lunch time which was a bright and welcoming space, with tables nicely laid with placemats and small centrepieces. Meals were served hot directly from the adjacent kitchen and residents said the food was delicious. For residents who did not require a modified consistency diet there was a choice of main courses and desserts. However, this choice did not always extend to residents who required modified diets, such as puréed or chopped diets. Inspectors saw that there was plenty of staff available to assist residents. The majority of residents attended the dining room, with a small number who required significant assistance from staff remaining in the sitting room. Where residents remained in their rooms for mealtimes, they told inspectors that this was their preference.

Inspectors observed a number of residents participating in various activities such as memory games and art in the main sitting room; this was facilitated by activity staff. The room provided sufficient space for activities and there was a television in the room. One resident said that they could either watch television in the sitting room or in their bedroom. A range of activities was planned out for the week and the plan was on display in the main areas of the centre. Photographs of residents enjoying parties and celebrations in the centre were displayed on the walls and this, in addition to residents' artwork, provided a nice homely feel to the communal areas. Wi-Fi was available throughout for residents' use. Information on advocacy services was displayed in the reception area. Inspectors spoke to residents who said they enjoyed going out with their families on day trips and outings and said that their visitors were always welcome to come in to the centre.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the registered provider was delivering a good quality service, underpinned by strong governance structures, which supported residents to achieve good outcomes. Nonetheless, aspects of the premises, infection control and fire safety required enhanced oversight to ensure that a safe environment was maintained while awaiting the transition into the new extension. These findings are discussed throughout the report.

This inspection was a one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 to 2025 (as amended). The registered provider is Bushy Park Nursing Home Limited, a company with two directors who are engaged in the overall management of the

centre and attended the centre regularly. There was a clearly-defined organisational structure in place with identified lines of responsibility and accountability at each level. The clinical management team consisted of a person in charge and assistant director of nursing who were well known to residents. Additional support was provided by a practice development nurse and infection control nurse who worked part-time. A company director also worked in the centre in the role of general manager, providing management and operational oversight. There was a full complement of staff including nursing and care staff, activity, housekeeping and catering staff. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

The provider ensured that sufficient resources were in place to ensure that the service provided to residents supported their healthcare needs, rights and wellbeing. There was a clearly-defined management structure in place with identified lines of authority and accountability. The management team had systems in place to monitor and evaluate the effectiveness of the service. An annual schedule of audits were carried out. Inspectors examined recent audits including infection control, restrictive practice use and care planning and noted that audits were used to inform service improvements.

The construction of an extension to the rear of the premises impacted parts of the registered centre. The windows facing the construction site required assessment to determine if there was a risk of fire spread from the construction site into the registered centre. A rear escape route had been re-configured to lead out to the front of the building, which had been assessed by an engineer. The rear door now led to a temporary outside space for residents, which also included a smoking shelter. This was the only secure external space available for residents, which inspectors found to be not suitable, nor adequately maintained.

The provider had made improvements regarding the oversight of fire safety in the centre. There were known deficits to the fabric of the building which are proposed to be addressed in phase two of the program of improvements to the centre. The first phase includes a two storey extension to the rear, with phase two being a renovation of the existing footprint. To manage the risk in the interim, the provider had assessed and implemented the following controls;

- increased the staffing level at night from three to four
- removed combustible fire load from areas of the first floor
- retained a third party fire safety professional to support the fire safety management system in the centre and to complete a fire safety risk assessment
- alteration of the evacuation procedure to reflect altered fire compartment boundaries

The provider had arranged a fire safety risk assessment in March of 2025 and was maintaining their own action plan, detailing actions to complete.

While the above controls somewhat mitigated the fire risks, there were aspects of fire safety which required further improvement. This will be discussed further under Regulation 28: Fire precautions.

Incidents and accidents occurring in the centre were responded to quickly. For example, the falls audit showed that each resident was assessed immediately and a falls risk assessment was completed following a fall. Changes to the resident's plan of care were implemented as necessary. Records of management and staff meetings were reviewed and the agenda included clinical audit results, ensuring that required actions were taken and all staff were informed about changes to practice or required improvements. The person in charge carried out an annual review of the quality and safety of care in 2025 which was available to staff and residents. The review included feedback from the residents' satisfaction survey and an improvement plan for 2026.

A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies and experience to fulfil their roles. Staff demonstrated a good understanding of important topics such as safeguarding and human rights. There were regular daily handovers where staff discussed presenting risks, the plans for the day and prioritised tasks.

Staff were suitably trained in their respective roles and there was an annual schedule of planned training to ensure that staff had up-to-date knowledge and skills. There was a good system of induction, with staff assigned to named individuals to oversee their induction period. On a daily basis, there was good supervision of staff and regular daily handovers and huddles to discuss important issues or updates.

Records were generally very well-maintained, organised and accessible to inspectors for review. Staff files were reviewed and these contained all of the required information including records of employment, An Garda Síochána (police) vetting disclosures and evidence of relevant qualifications. Some records were not securely stored in the centre, as discussed under Regulation 23: Governance and management.

Regulation 15: Staffing

There was an adequate number of staff on duty to cater for the needs of residents present in the centre. The staffing levels were in line with those in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to training appropriate to their individual roles. This included a suite of training courses which were required for staff across all departments, including moving and handling and infection control.

Staff were appropriately supervised in their duties, and inspectors observed that staff were knowledgeable and applied the principles of training in their daily practice.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents maintained in the centre. This was up to date with all relevant and required information, for example the dates on which the resident was first admitted to the centre, and contact details for the resident's next of kin.

Judgment: Compliant

Regulation 21: Records

inspectors reviewed a sample of staff files, all of which were maintained in line with the requirements of Schedule 2 of the regulations. Staff files included evidence of An Garda Síochána (police) vetting disclosures and two written references.

Judgment: Compliant

Regulation 23: Governance and management

While there were many good governance systems in place, some management arrangements for overseeing the service required further review, to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Furthermore, despite previous commitments given by the registered provider to the Chief Inspector there were a number of repeat findings in respect of Regulation 28: Fire precautions.

- While there were improvements to some aspects of the oversight of fire safety in the centre, not all requisite actions had been completed including the provision of gas detection within the kitchen and laundry rooms. Additionally, repeat findings were identified, which the provider had committed to addressing following the previous inspection. These are described under Regulation 28: Fire precautions.
- Notwithstanding the proposals to upgrade the premises once the extension is complete, there were areas of the premises which did not meet the needs of residents and required action, as described under regulation 17: Premises
- While the overall standard of record-keeping in the centre was good, not all residents' records were kept in such manner as to be safe and secure. For example, a box of paper records which contained personal identifiable information relating to residents in the centre was stored in a freely accessible store cupboard on a main corridor. The person in charge ensured that this was removed immediately.

Judgment: Not compliant

Quality and safety

Observations and discussions with residents, visitors and staff indicated that overall there was a human rights-based approach to care in Bushy Park Nursing Home. Residents told inspectors that they had access to a range of activities for social engagement. Staff and residents also confirmed that social outings were encouraged and facilitated. However, there were a number of prevailing risks relating to the overall premises which impacted on infection control and fire safety management in the centre. These required further oversight to ensure a safe environment was maintained.

There was noted improvement with the measures in place to safely evacuate residents, staff knowledge and the evacuation drill practices in the centre. Evacuation drill records reviewed by inspectors included the altered fire compartments and staff spoken with mostly knew the evacuation procedure and confirmed they had attended fire drills and fire safety training. In terms of the fire compartments, the provider acknowledged the areas where fire compartments had changed and this was reflected in the evacuation strategy, evacuation drill reports and floor plans displayed. The inspectors saw that the notice board included details of upcoming training for staff, to keep staff informed. Notwithstanding this, further improvements were required to manage the risk of fire as detailed under Regulation 28: Fire Precautions

Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was

available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There were adequate numbers of staff available to assist residents with nutrition intake at all times. Nonetheless, it was noted that there was no choice of menu for residents who required a modified diet.

There were good improvements noted since the previous inspection in the assessment, implementation and evaluation of residents' healthcare needs. There was good documented evidence of regular updates and reviews relative to any changes identified. Residents continued to have very good access to healthcare through their individual general practitioner (GP) and through timely and appropriate review by other health and social care professionals. The recommended treatment and medical advice was seen to be implemented by staff in practice.

There was evidence of good practice in relation to resident assessment and care planning. Residents needs were routinely and appropriately assessed and this information was incorporated into resident-specific care plans. Social assessments were completed for each resident and individual detail regarding a residents' past occupation, hobbies and interests were completed to a high level of personal detail. This detail informed individual social and activity care plans.

Dedicated activity staff were responsible for delivering the schedule of activities in the centre and inspectors observed small group activities taking place in the morning and afternoon. Staff were trained and competent to provide one-to-one sensory activities to residents who could not participate in groups or whose needs were advanced. Throughout the week residents enjoyed seated group exercises, bingo, and particularly enjoyed live music. Residents were happy with the choice and frequency of activities. Holy Communion and Mass was facilitated regularly, and when a priest was unavailable, residents could watch Mass on TV or listen in on local radio.

The provider was completing fire drills, the reports of which contained extensive information including the area evacuated, the number of staff and residents involved, mode of evacuation, timing of drills and lessons learnt. However, the drills reviewed did not reflect that night-time staffing levels had been simulated. The inspector observed ski sheets (evacuation aid fitted below the mattress to assist evacuating residents with limited mobility) which were not correctly fitted to the mattress. In another room, the ski sheet was seen to have holes; the person in charge confirmed it would be replaced that day. In the main, staff were knowledgeable on the procedures to follow in the event of a fire, however some were not sure of the procedure to follow if a resident's clothes caught fire.

Regulation 10: Communication difficulties

Residents each had a documented plan in place related to their specific communication requirements. These were detailed and person-centred with the aim of allowing residents to communicate freely insofar as possible.

Judgment: Compliant

Regulation 17: Premises

Actions were required to ensure compliance with Regulation 17: Premises and Schedule 6 of the regulations. For example;

- the lobby leading to the rear secure outdoor space had a leak causing a patch of black mould
- The rear secure outdoor space was in poor condition and required a code to access the space
- the ceiling in the dirty utility was stained and sagging from water leaks
- within a bedroom, there was no grab rail within the shower enclosure to provide support for a resident and the grab rail for the toilet was rusted
- a toilet was observed to have a section broken and reattached with adhesive
- the pull cord for blinds in the dining room were not secured in place
- some sinks were not sealed where they were connected to the wall, rendering them difficult to effectively clean
- there was a shared bathroom with access directly from two adjacent bedrooms; the bedrooms were not fitted with a sink for residents personal hygiene

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Despite the food provided to residents being wholesome and nutritious, residents requiring a modified consistency diet did not always have a choice of menu at mealtimes. For example, at lunch time, all residents requiring a modified consistency diet were served bacon, whereas those not requiring modification had a choice of bacon or chicken. At tea time, staff were unsure what the modified diet that was offered to residents was.

This finding was further evidenced by a review of the daily menu ordering sheets which were completed by staff which confirmed that there was no choice of menu selected for modified consistency diets.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider did not ensure that IPC procedures, consistent with the National Standards were in place and were implemented by staff. For example:

- The provider had measures in place to control *Legionella* presence in the water supply. A regime of flushing of outlets was built into the deep-cleaning schedule, however this regime was not in line with the national *Legionella* guidance. Additionally routine sampling of hot and cold water systems was not carried out to check if these measures were effective.
- The clinical waste stream required review to ensure that clinical waste bins were located appropriately. For example, a clinical waste bin was inappropriately in use in the medical treatment room, and there was no clinical waste bin in the room of a resident with an active Multidrug Resistant Organism (MDRO).
- The racking for cleaned equipment did not allow for urinal bottles to be inverted to dry, and a number of bottles and wash bowls were observed to have residual water remaining in them.
- The windows facing the construction site were not adequately sealed, nor was there an *Aspergillus* risk assessment in place to provide assurance that residents were protected from potential risks from the ingress of dust from the construction site.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the implementation of management controls to mitigate the identified risks, the provider was not taking adequate precautions against the risk of fire. Not all, but some examples include;

- The provider was still using extension cords in lieu of providing additional electrical sockets to meet the needs of residents.
- Hoist batteries were being charged within the escape corridor, introducing a risk of fire to the escape corridor
- The fire door to the day room was not fitted with a self-closing device and was routinely left open. This meant that if a fire started in the day room, it may spread uncontrolled to the protected escape corridor
- the emergency shut off lever external to the building was located within the building site and not easily accessible

The arrangements for providing adequate means of escape were not adequate, for example;

- The provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety if the power in the building failed (this was a repeat finding)

- the provision of exit signage internally was not adequate (this was a repeat finding)
- the external route from an exit to the side led to an uneven surface which comprised an area of concrete and grit; this would not be a suitable surface for mobility aids as the surface not firm enough (this was a repeat finding)

While there had been improvements to fire containment in the building, it continued to be inadequate in some areas, including the kitchen enclosure, areas of the fire rated ceilings, fire separation from the first floor spaces to the attics above the ground floor and areas that required sealing of gaps and service penetrations in fire rated construction. The provider had implemented controls to address the risk of fire, as detailed in the capacity and capability section of the report. The deficits to fire containment will be addressed in the second phase of the project, when residents are accommodated in the new extension when complete.

The provider was completing fire drills, the reports of which contained extensive information including the area evacuated, the number of staff and residents involved, mode of evacuation, timing of drills and lessons learnt. However, the drills reviewed did not reflect that night time staffing levels had been simulated. The inspector observed ski sheets (evacuation aid fitted below the mattress to assist evacuating residents with limited mobility) which were not correctly fitted to the mattress. In another room, the ski sheet was seen to have holes; the person in charge confirmed it would be replaced that day. In the main, staff were knowledgeable on the procedures to follow in the event of a fire, however some were not sure of the procedure to follow if a resident's clothes caught fire.

The former smoking room, now part of the escape corridor, was fitted with a heat detector and not a smoke detector to ensure early warning of fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A sample of residents' documentation were reviewed. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. Comprehensive assessments were completed using validated tools and these were used to inform the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based medical and nursing care provided in the centre. GP's routinely attended the centre and were available to support residents' healthcare needs. Health and social care professionals also supported the residents on-site, where possible, and remotely, when appropriate. Nursing care was delivered to a high level, for example, there was good management of wounds and good day-to-day oversight of residents' medical conditions such as diabetes, epilepsy and dementia.

Judgment: Compliant

Regulation 9: Residents' rights

Dedicated activity staff were assigned to provide activities for residents on a daily basis. The activity schedule on offer to the residents reflected their individual interests and capabilities. There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents.

Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents. Residents said that if they had any complaints or suggestions that these were listened to by staff. Independent advocacy services were available to residents and the contact details for these were on display.

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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Bushy Park Nursing Home OSV-0000410

Inspection ID: MON-0049525

Date of inspection: 25/03/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The current Governance Structure and Monthly Quality Improvement Meeting (QIM) will be charged with enhanced monitoring and implementation of more robust controls for Premises, Infection Control and Fire from June 2026 • The Governance team includes PIC, CNM2, General Manager, IPC Lead and Practice Development Nurse • The Monthly Governance Review will continue to report on progress regarding premises, Infection Control and Fire. Corrective actions are documented as part of HIQA compliance with SMART action plans. • All areas requiring continued monitoring will be compliant by 30/9/26 following registration of new building • Confidentiality of resident information has been strengthened – all records are stored in line with Nursing Home Policy on retention of confidential information.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The following actions have been taken; 1. Patch of black mold in lobby leading to smoking area has been removed and area repainted 2. Poor condition of outdoor space will be paved by 30/9/26 3. Dirty Utility ceiling will be obsolete once residents are moved to new build 30/9/26	

4. Grab rail in shower and toilet rail replaced
5. Broken toilet replaced
6. Pull cord for blinds in dining room are securely in place
7. Sinks in rooms with shared bathroom will be obsolete once residents move to new build – 30/9/26
8. The rooms with shared bathrooms are planned to be obsolete once residents are moved to new build 30/9/26, pending successful registration of new build.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• Quality of Dining Audit suggested a very high rate of residents satisfaction with meals and meal times – carried out 3/6/26
• Choice of meals for residents requiring modified diets has been fully reviewed, the choices were available but required more detailed recording. This is in place and will be monitored going forward as part of monthly Governance Review.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
IPC will continue to be monitored through monthly governance review and QIM (Quality Improvement Meeting)
• Legionella testing is in place twice a year.
• Clinical waste bin removed from medical treatment room
• Clinical waste bin in place for residents with active MDRO (multi drug resistant organism.
• Urinal bottles and bowls have replaced rack in place to facilitate correct storage
• Building Risk Assessment and risk of Aspergillus updated on 22/6/26 and while there are no high risk residents – controls have been put in place to ensure safety and wellbeing of residents as paramount.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
We will continue to enhance controls in response to known deficits in fabric of the building pending a move to the new Build – 30/9/26 depending on registration.
• Retain 4 staff at night to ensure timely responses to any evacuation requirements
• Evacuation drills carried out with night time scenarios by external trainers on 7/4/26, 15/5/26, 16/6/26 with good results.
• All staff have updated Fire prevention and management training from external experts. All staff member have engaged in an evacuation drill.
• Heat detector replaced by smoke detector in smoking area
• Training has specifically looked at dealing with a resident on fire – response reinforced at evacuation drills
• Ski sheets have all been checked and worn sheets replaced
• Extension cords have been reviewed and minimized with risk assessment in place
• Sitting room doors fitted with door guards, self-closing devices which are tested weekly as part of fire testing schedule
• Hoist batteries no longer being charged in escape corridor
• Gas detection in kitchen and laundry – In support of the gas turn off points in Kitchen / Laundry an external slam shut valve will be in place by first week of September – email from Gas Company attached.
• Emergency lighting along external escape routes has an upgrade planned for 30/9/26
• Fire Risk assessment carried out for windows facing new build. Windows and rooms will be obsolete when residents transferred to new build 30/9/26
• Enhanced exit signage will be in place 30/9/26

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	30/09/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	07/07/2026
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	30/07/2026
Regulation 27(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	07/07/2026

	infection prevention and control procedures consistent with the standards published by the 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.	Not Compliant	Orange	30/09/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/09/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre	Substantially Compliant	Yellow	07/07/2026

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	07/07/2026
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	07/07/2026