

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

Issued by the Chief Inspector

Name of designated centre:	Good Counsel Nursing Home
Name of provider:	Good Counsel Nursing Home Limited
Address of centre:	Kilmallock Road, Limerick City, Limerick
Type of inspection:	Unannounced
Date of inspection:	27 February 2025
Centre ID:	OSV-0000416
Fieldwork ID:	MON-0046051

About the designated centre

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

Good Counsel Nursing Home is a single-storey purpose built centre that provides continuing, convalescent and respite care for up to 28 residents. It is situated on the outskirts of Limerick City and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum.

It is a family-run centre and one of its stated aims is "to provide a 'homely' environment where residents feel safe, secure and comfortable in the facility during their stay. The staff will treat all residents with dignity, respect, privacy, freedom of choice and kindness". Residents' accommodation is provided in 20 single bedrooms and in four twin bedrooms a small number of which have en-suite facilities. There are two bedroom wings and a main corridor that comprises of day space. There is a large central dining room and two sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden with tables and chairs. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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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 27 February 2025	09:45hrs to 18:15hrs	Rachel Seoighthe	Lead
Monday 3 March 2025	09:20hrs to 10:40hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This inspection was carried out over two days. The inspector observed that residents living in Good Counsel Nursing Home were supported to enjoy a satisfactory quality of life, supported by a team of staff who were kind and caring. Overall, the feedback from residents living in the centre was positive and the inspector heard comments such as 'I am very happy here', 'I am very comfortable', and 'I feel safe here'.

The inspector arrived unannounced on the morning of the inspection. Following an introductory meeting with the management team, the inspector walked through the centre, giving an opportunity to meet with residents and staff, and to observe the residents' living environment. There was a bustling atmosphere in the centre, and the inspector observed that staff were working hard to provide care and support for residents. The inspector noted that some residents were relaxing in communal areas, and others were being assisted with their personal care needs.

Good Counsel Nursing Home is a single-storey facility located on the outskirts of Limerick city. The designated centre was registered to provide care for a maximum of 28 residents. On the days of inspection, there were 27 residents accommodated in the centre. Resident bedroom accommodation consisted of single and shared bedrooms, some with ensuite facilities. There were a variety of communal rooms for residents to use, including a communal sitting room, a dining room, an activity room and a designated smoking room. Outdoor communal areas included a well-maintained enclosed garden, which was accessible via the main reception.

The inspector walked through the centre and observed that corridors were wide, with grab rails in place, to support residents to mobilise safely and independently. The inspector observed that residents were mobilising freely around the centre. Some residents' bedrooms were personalised with pictures, soft furnishings and ornaments, and there was access to televisions and call bells in all bedrooms. Resident communal and bedroom accommodation was homely, however, some areas of the centre were observed to be unclean. Sink surfaces in some resident bedrooms and along corridors were visibly unclean, and privacy curtains in all shared bedrooms appeared to be stained. The inspector observed that toilets and floor surfaces, in shared resident bathrooms, were also visibly unclean.

There was a dedicated housekeeping room, for storage and preparation of cleaning trolleys and equipment. Cleaning equipment was stored on the floor in this room and access to the hand hygiene sink was impeded. Residents personal clothing was laundered on site in a designated laundry room. The inspector observed that the floor surfaces and counter space in the laundry room were cluttered and unclean, and the hand wash sink available was being used to store resident personal care products. The sluice room was seen to be cluttered, and continence equipment that was visibly unclean was being stored in a designated clean area. There were no hand hygiene products available in this room, and the sink provided did not comply with current recommended specifications for clinical hand hygiene sinks. By

contrast, the provider had fitted appropriate hand hygiene sinks in other utility rooms and along corridors close to resident bedroom accommodation.

Some fire safety concerns were noted on the walk through the centre. Several cross corridor doors did not close fully to form an effective seal when the doors were released, and essential smoke seals had been painted over on a number of fire doors. This may compromise the function of the doors to contain the spread of fumes, smoke and fire, in the event of a fire emergency.

A number of residents were seen relaxing in the communal sitting room, where activities were facilitated throughout the days of the inspection. The schedule of activities was displayed on a notice board in the reception area, for resident information. The programme of activities included bingo, arts and crafts and music therapy. A small number of residents stayed in their bedroom and they told the inspector that this was their preference. The reception area contained seating and some residents were seen to spend time here, chatting with staff and observing the comings and goings of others. The inspector observed residents interacting comfortably with staff, and staff who were passing through this area greeted the residents by name. Concerns were expressed by one resident to the inspector regarding the cleanliness of their bedroom accommodation. The inspector also heard some positive comments from residents about the care environment, such as 'it's very peaceful' and 'my bedroom is well kept.'

Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. It was evident from interactions observed that staff knew the residents' backgrounds and needs well. Residents were complimentary of staff and the management team and knew them by name. The inspector spoke with a number of residents regarding their experience of living in the centre, and the consistent feedback from residents was that they felt safe living in the centre.

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in their bedrooms, or in the communal rooms available.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection, carried out over two days, by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). The inspector also followed up on a compliance plan submitted following the previous

inspection in March 2023, which identified non-compliance in relation to individual assessment and care planning, training and staff development, premises, infection control, fire precautions and governance and management. This inspection found that the provider had not fully implemented their own compliance plan.

Furthermore, governance and management, and contracts for the provision of services, did not align with the requirements of the regulation, and this inspection found significant non-compliance in relation to Regulation 27: Infection control. Following this inspection, the provider was required to submit an urgent compliance plan to the Chief Inspector, to give assurance of local oversight, supervision and the mechanisms in place to ensure that the environment was effectively cleaned and decontaminated. A second day of inspection was scheduled to review the actions committed to by the provider and the inspector found that improvements were made. The urgent compliance plan was accepted.

Good Counsel Nursing Home Limited was the registered provider of this family-run centre. The company is comprised of two directors who worked full-time in the centre, with one director working as the general manager, and the second director being the person in charge. The person in charge was supported in their role by two clinical nurse managers. A team of nurses, support assistants, kitchen and house-keeping staff made up the staffing compliment. The general manager had oversight of catering, maintenance, finances, human resource management and administration.

On the days of inspection, there were 27 residents living in the centre. There was a registered nurse on duty at all times. The inspector found that the cleaning staff levels were not adequate on the day of inspection, considering the size and layout of the centre. This is discussed under Regulation 15: Staffing.

This inspection found that the provider failed to have sufficient resources to ensure the effective delivery of care, in accordance with the statement of purpose for the centre. A review of the staffing rosters evidenced that there were inadequate levels of nursing, health care assistant and housekeeping staff in the centre. The supervision of care delivery and the cleanliness of the care environment was compromised by both the inadequate levels of cleaning staff, and the nursing management team being redeployed from their allocated supervision duties, to delivering direct care.

There was a training programme in place for staff, which included mandatory training and training in other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. However, as described above, supervision systems were not robust in all areas. A review of cleaning documentation and observations on the day of inspection found that staff were not appropriately supervised to ensure that they carried out their work to the required standards. For example, deep cleaning schedules had been signed by cleaning staff prior to the inspection, to confirm that specific areas had been cleaned. However, the inspector found that not all areas signed off on the cleaning schedules were

cleaned to an appropriate standard. This is detailed further under Regulation 16: Training and staff development.

There were management systems in place to monitor the quality and safety of the service. Audits were undertaken in areas including medication management, hand hygiene and physical restraint. The inspector found that some audits were not effective in identifying areas for improvement. For example, an infection control audit completed prior to the inspection had not identified any issues in relation to the cleanliness and organisation of the sluice room. Similarly, a health and safety audit found that there were good house-keeping practices in the centre, because there was deep cleaning programme in place. However, an audit of the deep cleaning programme was not completed, to ensure that the centre was cleaned to an appropriate standard. The oversight of this area of the service was inadequate and posed a risk to the health and well being of residents.

There were regular management team meetings which were attended by the management team and the provider representative, in order to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the agenda items discussed which included staffing, occupancy, health & safety. Staff meetings were used as opportunities to discuss topics including fire safety and safeguarding.

A paper record of all accidents, incidents and complaints involving residents that occurred in the centre was maintained. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31.

There were contracts for the provision of services in place for all residents. However, several residents' contracts reviewed did not include the overall accommodation charge or a breakdown of the resident contribution towards their accommodation charge. Furthermore, a number contracts reviewed did not include the terms relating to the occupancy of the bedrooms in which the residents would reside in the centre. This is discussed under Regulation 24: Contracts for the provision of care.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

An annual report on the quality of the service had been completed for 2024 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 14: Persons in charge

The person in charge was a registered nurse and worked full-time in the centre. Their clinical and management experience was in line with regulatory requirements. The person in charge was knowledgeable regarding the specific care needs of the residents accommodated in the centre, and it was evident that they were involved in the day-to-day operation of the service.

Judgment: Compliant

Regulation 15: Staffing

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

- There were insufficient levels of housekeeping staff to meet the infection prevention and control needs of the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The system in place to supervision staff was not effective. This was evidenced by:

- Inadequate oversight of cleaning. Cleaning and infection prevention and control practices were not completed to the required standards, as evidenced by inadequate cleaning in a number of areas of the centre.
- Inadequate oversight of nursing documentation. For example, residents' care planning records were not adequately completed to inform their care and support needs.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had not ensured that the staffing resource was sufficient to provide care and services, in line with the centres' statement of purpose:

- A review of staffing in the centre found that the nursing, health care assistant and clinical management resources available were not in line with the centres' statement of purpose.

The management systems in place did not ensure that the service was safe and consistent. This was evidenced by:

- Ineffective management systems to monitor the quality of infection prevention and control measures, compounded by inadequate resources available to clean the centre impacted on the quality of environmental hygiene.
- Inadequate oversight of staffing levels and staff supervision.
- The monitoring and oversight systems of key areas of the service, such as individual assessment and care planning and fire precautions was not effective, and did not ensure the safety and well-being of the residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts for the provision of services. Five contracts reviewed did not include the overall accommodation charge or the breakdown of the resident contribution towards their accommodation charge. Furthermore, two contracts reviewed did not include the terms relating to the occupancy of the bedrooms in which the residents would reside in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge submitted notifiable incidents to the Chief Inspector, within the required timeframes, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints log was reviewed and demonstrated that complaints and concerns were acted upon in a timely and effective manner.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were looked after by a caring staff team and residents who could express a view were satisfied with the quality of the care they received. The inspector found that individual assessment and care planning and fire precautions, did not meet the requirements of the regulations. In addition, the provider had not ensured that the care environment was safe for residents, particularly in relation to infection control. Issues in relation to the management of infection prevention and control required the provider to submit an urgent compliance plan to ensure the safety of residents following day one of this inspection.

The provider had not ensured that the environment was managed in a way that minimised the risk of transmitting a health care associated infection. While communal accommodation was generally found to be clean, a number of issues which had the potential to impact on effective infection prevention and control were identified during the course of the inspection. The overall standard of environmental and equipment hygiene observed in the centre fell well below an acceptable level. For example, sluice, laundry and house-keeping facilities were not maintained and cleaned to an acceptable standard and resident shared bathrooms were visibly unclean. The provider was required to submit an urgent compliance plan to the office of the Chief Inspector following day one of this inspection, to ensure that equipment and the environment, was effectively cleaned and decontaminated.

The provider had a number of measures in place to ensure that residents were protected in the event of a fire emergency. These included regular servicing of fire safety equipment and regular checks of means of escape to ensure they were not obstructed. However, the inspector observed several fire doors that had a gap between the under surface of the door and the floor. This gap could compromise the doors ability to contain smoke in the event of a fire. These findings are detailed further under Regulation 28: Fire precautions.

The designated centre had a paper-based care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. This included the risk of impaired skin integrity, falls, malnutrition and safe mobility needs. Care plans viewed by inspector were generally person-centred. However, records showed that a number of residents' end of life care plans were not reviewed. These care plans did not contained the most up-to-date information in relation to residents' care needs, and out-dated information which was no longer relevant had not been removed. This posed a risk that the most up-to-date guidance for the care of these residents was not available to all staff. Furthermore, several residents assessed as being at high risk of malnutrition, did not have a nutritional care plan in place. This is detailed further under Regulation 5: Individual assessment and care planning.

Residents had access to medical care, and records demonstrated that referral systems were in place for residents to access allied health and social care professionals, such as dietitians, tissue viability specialists, and speech and language therapists, for additional support and expertise. A physiotherapist attended the centre twice weekly.

Measures were in place to safeguard residents from abuse. A centre-specific policy was in place, guiding staff in the prevention, detection and response to abuse. The provider did not act as a pension agent for any residents. Staff had access to training to support in recognising and responding to allegations of abuse. Potential safeguarding incidents that had occurred in the centre were investigated and safeguarding care plans were in place where required, to direct staff on the measures required to protect residents' from harm.

Residents had access to local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings. Religious services and resources were available. A programme of activities was available to residents which included arts and crafts, ball games and music. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed. Residents had access to religious services and resources, and were supported to practice their religious faiths in the centre.

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was encouraged. There was adequate private space for residents to meet their visitors.

Regulation 10: Communication difficulties

The inspector observed that communication requirements were recorded in resident care plans and resources such as communication aids, were available to support the communication needs of residents.

Judgment: Compliant

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 27: Infection control

A number of issues were identified were not in line with the national standards for infection prevention and control within the centre. This was evidenced by:

- Several items of frequently used continence and personal care equipment, stored in a designated clean area in the sluice room were observed to be visibly unclean.
- The cleaning trolley in use was visibly unclean, it contained an open bin and this posed a risk of cross infection as this item of equipment was moved around all areas of the centre during cleaning
- There were areas of the centre that were not cleaned to an acceptable standard on inspection. For example, toilets and floor surfaces of communal toilets were visibly unclean. This posed a risk of cross contamination.
- Sink surfaces and privacy curtains in several shared resident bedrooms were visibly unclean.
- Floor surfaces in several resident bedrooms and along some circulating corridors was observed to be damaged which were not amenable to cleaning.
- Paint was damaged or missing on a number of wall surfaces in several resident bedrooms. This meant that these surfaces could not be effectively cleaned.
- The hand wash sink in the sluice room did not comply with current recommended specifications for clinical hand hygiene sinks.
- There was inappropriate storage of used personal care products in the laundry room.
- There was no appropriate storage for cleaning equipment in the house-keeping room and items were stored on the floor. This hindered effective floor cleaning and posed a risk that items stored on the floor would become contaminated.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider did not ensure that adequate precautions were in place to protect residents and others from the risk of fire. This was evidenced by;

- A timely evacuation of residents from the largest compartment in the centre, at a time where staff levels would be at their lowest, was not practiced or drilled by staff. This posed a risk to residents accommodated in this area of the centre in the event of a fire emergency. This is a repeated finding.
- The inspector observed gaps between the floor and the bottom of some cross corridor and bedroom doors had visible gaps when closed. This posed a risk

that the fire doors may not be effective to contain smoke, fumes and fire in the event of a fire emergency.

- Intumescent strips were painted over on several cross corridor fire doors, which may impact on containment of fire and smoke in the event of a fire.
- Access to some utility rooms was by a single master key which was carried by a member of staff. There was no fixed arrangement as to who retained the key, which may pose a delay in accessing a room in the event of a fire emergency.
- There was no gas detection system in the designated laundry room.
- Some of the furnishings provided in the designated smoking room were not flame retardant.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident files found that some residents did not have a care plan in place based on a comprehensive and up to date assessment of need. For example;

- Three residents who were assessed as being at risk of malnutrition did not have plan of care in place based on this assessment.

A number of resident care plans were not formally reviewed at four monthly intervals, as required under the regulations:

- Five resident end of life care plans were not reviewed to ensure that they contained the most up-to-date information in relation to residents' care needs and that out-dated information which was no longer relevant had been removed. This posed a risk that this information would not be communicated to all staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals such as physiotherapy, dietitian and speech and language therapy, as required.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention detection and response to abuse.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Good Counsel Nursing Home OSV-0000416

Inspection ID: MON-0046051

Date of inspection: 27/02/2025

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have allocated additional resources to cleaning and our housekeeping roster is now in line with our Statement of Purpose (03/03/2025)</p> <p>We have clearly identified / ringfenced clinical supervision staffing resources in our roster in line with our statement of purpose. (30/04/2025)</p> <p>We are in the process of recruiting Healthcare Assistants which will give additional resources / flexibility when rostering periods of high demand, i.e. annual leave etc. (12/05/2025)</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: We have clearly identified / ringfenced clinical supervision staffing resources in our roster in line with our statement of purpose. This clinical supervision will include oversight / audits in the area of care planning, records, housekeeping and infection prevention and control. (30/04/2025)</p> <p>All staff nurses will attend care planning refresher training. (31/05/2025)</p> <p>In house face to face infection prevention and control training is to be provided to all staff (31/05/2025)</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We have allocated additional resources to cleaning and our housekeeping roster is now in line with our Statement of Purpose (03/03/2025)</p> <p>We are in the process of recruiting Healthcare Assistants which will give additional resources / flexibility when rostering periods of high demand, i.e. annual leave etc. (12/05/2025)</p> <p>We have clearly identified / ringfenced clinical supervision staffing resources in our roster in line with our statement of purpose. This clinical supervision will include oversight / audits in the area of care planning, records, housekeeping and infection prevention and control etc. (30/04/2025)</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>A new Contract of Care has been implemented in line with the Nursing Home Ireland template / guide for all new admissions (07/04/2025)</p> <p>Existing residents are being offered the opportunity to transfer to the new contact of care or have their existing contract reviewed to insure it is compliant (31/05/2025)</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We have allocated additional resources to cleaning and our housekeeping roster is now in line with our Statement of Purpose (03/03/2025)</p>	

All areas have been decluttered and deep cleaned. A revised deep cleaning schedule has been put in place to good effect (03/03/2025 and ongoing)

Relevant lids for the cleaning trolley will be installed (31/05/2025)

A flooring contractor has replaced all damaged and or stained floors (13/03/2025)

Painting has been carried on 11 bedrooms and to some communal areas in the building (28/03/2025)

The hand wash sink in the sluice will be upgraded (31/05/2025)

Additional storage / racking was installed in the cleaning room (03/03/2025)

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire drill has been carried out in the largest compartment when staffing levels are at the lowest. Further fire drills will be carried out in this compartment until all staff whom are typically rostered by night have completed same to a satisfactory level. (30/04/2025)

All fire doors are currently being serviced with upgrades being carried out as required i.e. replacement of intumescent strips etc (02/05/2025)

Utility / Laundry rooms etc are now accessed via codelocks with all staff being familiar with the relevant code to gain entry / exit (03/04/2025)

Additional furnishings have been purchased for the smoking room and we are awaiting delivery (15/05/2025)

A gas detection system will be installed, we are currently awaiting quotations for same. (01/08/2025)

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

All residents' files are currently being reviewed to insure accurate contemporaneous care plans and assessments are in place (31/05/2025)

All staff nurses will attend care planning refresher training (31/05/2025)

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	12/05/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/04/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	12/05/2025

Regulation 23(c)	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	30/04/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/05/2025
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/05/2025
Regulation 27	The registered provider shall ensure that procedures,	Not Compliant	Red	31/05/2025

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority 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	15/05/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	02/05/2025
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 and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/04/2025

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	02/05/2025
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	31/05/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/05/2025