

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

Issued by the Chief Inspector

Name of designated centre:	Roseville House Nursing Home
Name of provider:	DSPD Limited
Address of centre:	Killonan, Ballysimon, Limerick
Type of inspection:	Unannounced
Date of inspection:	27 August 2025
Centre ID:	OSV-0000427
Fieldwork ID:	MON-0047119

About the designated centre

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

Roseville House Nursing Home is a designated centre located in a rural setting a short distance from Limerick city. It is registered to accommodate a maximum of 44 residents. It is a single-storey facility set on a large mature site. Residents' bedroom accommodation consists of single (36) and twin rooms (8), some with en suite facilities. Communal areas consist of a bright spacious reception/ foyer with 2 private alcoves, a meeting room, a dining Room, two day rooms, a smoking room and a seating area along the bright wide corridor. Residents have access to secure paved courtyards with garden furniture and raised flowerbeds. There are well maintained unsecured gardens around the centre. Roseville House Nursing Home provides 24-hour nursing care to both male and female residents whose dependency ranges from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
--	----

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 27 August 2025	09:15hrs to 17:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Roseville House Nursing Home told inspector that they felt safe living in the centre and attributed this to the way the staff made them feel, and the respectful and dignified manner in which they were treated. Residents were very complimentary about the overall quality of the service, including the standard of food provided, the friendliness of staff, and the variety and quality of activities and social engagement. The only area of dissatisfaction expressed on the day of inspection related to the heating and hot water, which residents said impacted on their comfort.

The inspector arrived unannounced at the centre and was introduced to the person in charge before undertaking a walk around the premises. The inspector met with residents and staff, observed the care environment, and the overall standard of care being provided. There was a busy atmosphere in the centre. Staff were observed moving quickly between residents to provide morning care. However, while staff were visibly busy, the care provided to residents was delivered in an unrushed and attentive manner.

As the inspector walked through the centre, residents were observed in a variety of settings. Some were relaxing in their bedrooms or receiving their morning care, others were walking along the corridors, and several were seated in the dining room area. The inspector met and introduced themselves to the majority of residents and spoke in detail with six residents about their experience of living in the centre. Overall, residents were complimentary of the quality of the service. Some residents explained that they had previously stayed in the centre on a short-term basis and that their decision to return reflected their satisfaction with the care they had received. They also commented positively on the continuity of staff, adding that many of the same staff members were still present since their previous stay, which they found reassuring and made them feel comfortable.

A number of residents told the inspector that the only aspects of the service they were dissatisfied with was the heating, particularly for those whose bedrooms were located in the original part of the building, as well as the availability of hot water. One resident described feeling cold, and to demonstrate this, held the inspector's hand. They explained that the heating had not been on overnight or in the early morning despite reporting this to staff. Staff also informed the inspector that they felt the centre was cold but they did not have access to the heating controls. Instead, they had to contact the registered provider and ask for the heating to be switched on outside of the scheduled timers. As the morning progressed, the heating had been turned on and the centre was warm and comfortable for residents.

Other residents reported that there was no hot water available from the taps in their bedroom sinks and that staff had to leave their room to bring a basin of hot water from elsewhere in the centre. Staff were seen throughout the morning attending communal bathrooms to use electric showers to fill basins of hot water for residents.

Hot water was also unavailable at the clinical hand wash basins and in the kitchen. The inspector was informed that the lack of hot water had been an ongoing issue and that the provider had attempted to resolve the issue by re-plumbing the system. However, staff reported that the issue had recurred since this action was taken.

The inspector viewed a newly built extension to the designated centre, which comprised eight single bedrooms with full en-suite facilities, a family room, offices, storage areas and a main reception area. The extension was bright, spacious and finished to a high standard. While the provider had sought to separate the reception and lobby from the residents' communal space by using low planters as dividers, this did not provide sufficient separation. The area was observed to be a lobby area, rather than a dedicated communal space for residents. Externally, the provider had also landscaped and upgrade the grounds with a newly laid lawn, paving and hedging planted along the borders, which created an attractive outdoor environment.

In contrast, the original part of the centre had not benefited from redecoration or ongoing maintenance, and a number of issues previously identified on inspections, had persisted. These included damaged flooring, broken equipment in use by residents, and rusted equipment and radiators. The new floor covering from the extension had not been continued into the older building at the point where the two areas joined, leaving visible disparity. In addition, there were wires hanging down where electrical components had yet to be installed. Floors in communal bathrooms and some residents bedrooms were in a poor state of repair, and scuff marks and chipped paint were evident on walls throughout multiple areas of the centre. The inspector also observed that the housekeeping equipment and chemical storeroom was located in an external building that was not included on the floorplan, as part of the designated centre.

Residents were complimentary of the quality and quantity of food provided, and the availability of snacks, teas, biscuits and sandwiches throughout the day. The inspector observed that the lunchtime meal was a relaxed and social occasions for residents. Residents were offered a choice at mealtimes and spoke highly of the standard of food served. Staff were available to provide assistance discreetly and sensitively, and residents preferences were respected regarding whether they wished to dine in their bedrooms or in the main dining room. Residents were observed enjoying each others company; laughing, chatting and engaging socially, which staff also contributed positively to the overall dining experience.

Throughout the day, residents were actively engaged in a wide variety of pursuits, with several small group activities taking place simultaneously alongside one-to-one interactions. Residents were seen playing cards, creating artwork, and enjoying lively conversation with one another. There was a continuous atmosphere of energy and enjoyment in the activities area. In the afternoon, a live music session created further opportunities for social engagement, with residents and staff singing, dancing and sharing laughter together. Residents spoke very positively about the activities, praising both the staff who supported them to take part and the activities coordinator. Some residents explained that even those who did not usually enjoy

group activities were drawn to the dayroom because the activities generated such fun.

The inspector observed that visitors were warmly welcomed at the centre and there were no restrictions place on visiting. Visitors expressed satisfaction with the quality of care provided to their relative, and stated that their interactions with the management and staff were positive.

The following sections of this report detail the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service being provided 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 findings of this inspection were that the provider had an effective and established management structure in place that was accountable and responsible for the quality and safety of care provided to residents. However, the provider did not ensure always ensure that appropriate systems of management were effectively implemented to monitor care, respond to risk, and to ensure timely action in response to risks that had been escalated and that impacted on the safety and welfare of residents. Specifically, concerns were identified in relation to the premises. A significant number of residents were impacted by cold temperatures in their bedrooms, particularly in the mornings and at times overnight. Staff and management within the centre did not have control over the heating system. In addition, there was no piped hot water available in parts of the centre, including resident's bedrooms, on the day of inspection. As a result of these concerns, a request for an urgent compliance was issued to the registered provider following the inspection. In addition to these findings, the provider had failed to implement a compliance plan submitted following an inspection in October 2024 in relation to the maintenance and repair of the premises.

DSPS Limited is the registered provider of Roseville House Nursing Home. It is a company consisting of three directors, one of whom represents the provider. The registered provider had applied to renew the registration of this centre for 47 beds, which included eight additional beds in a newly built extension. The Chief Inspector renewed the registration of the centre in May 2025 for 47 beds, reducing to 44 beds to reflect the requirement that three multi-occupancy bedrooms in the original part of the building reduce their occupancy by one resident in each. This decision reflected that the layout of the three multi-occupancy bedrooms did not meet the needs of all residents occupying those bedrooms. This inspection found that the provider had complied with this requirement and their condition of registration. An additional restrictive condition was also attached to the registration of the centre.

Condition 4 required the provider to ensure that residents were afforded appropriate communal space and ensure that the premises met the needs of these residents through clearly defining areas for communal space and lobby areas in the new extension. The findings of this inspection were that the provider had failed to comply with the requirements of this condition of registration.

Within the centre, the clinical management structure had remained unchanged. A person in charge was supported by a clinical nurse manager. The clinical nurse manager divided their time between the direct provision of nursing care to residents and supporting the person in charge in the administration of the service, including monitoring the quality and safety of care provided to residents.

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 incidents. Frequent clinical care audits were carried out within the centre. These audits assessed the quality of care provided to residents in areas such as weight management, skin integrity, and personal care. Audits also included a review of the quality of clinical guidance documentation such as care plans, to ensure care plans provided appropriate direction for staff and accurately reflected each resident's needs.

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. A review of the risk register evidenced that clinical and environmental risks were assessed and reviewed at frequent intervals. However, not all known risks within the centre were assessed and documented within the risk register. For example, as colder weather emerged, staff and management did not have direct control of the heating system, which could only be turned on by persons outside of the designated centre. This risk was not appropriately assessed, and staff were unclear on the action to take in relation to heating and hot water issues, particularly in situations when the nurse management were not on duty.

While there were systems in place to record and investigate incidents and accidents involving residents, the incident reporting system was not robust. For example, in cases where residents experienced falls, the incident report form included a section for root cause analysis to identify contributing factors to the fall and consider fall preventative measures. However, this was not consistently completed. Consequently, there was no detail of preventative measures in place for residents who continued to fall.

Contracts of care were in place for the majority of residents. The contracts that were in place detailed the terms relating to the bedroom to be provided and the number of occupants of that bedroom, the services provided, fees to be charged and any additional services that the resident may choose to avail of. However, not

all residents had been issued with a contract of care, and in some cases, contracts were not held on record within the centre.

A review of the record management system in the centre found that some records were not maintained in line with the requirements of the regulations, as they were incomplete. This included records pertaining to nursing documentation, adverse incidents involving residents, and staff personnel records.

The centre had adequate staffing resources available to ensure residents' care and support needs were met. On the day of the inspection, there were sufficient numbers of qualified staff available to support residents' health and social care needs.

There were systems of communication in the centre between management and staff. Staff were provided with information pertinent to providing safe, person-centred, and effective care to residents. There was evidence of effective communication with staff to ensure staff 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. Staff demonstrated a comprehensive awareness of residents individual needs.

Staff training records evidenced that all staff had up-to-date training, pertinent to providing residents with safe quality care. Staff demonstrated an awareness of their training with regard to the safeguarding of vulnerable people, supporting residents living with dementia and fire precautions.

The nurse management team were visible and present around the centre, providing supervision to staff, particularly in relation to the direct care provided to residents.

Regulation 15: Staffing

On the day of the inspection, the staffing level and skill mix were appropriate to meet the needs of residents, in line with the centre's statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of health care staff. The staffing compliment also included catering, housekeeping, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that the registered provider was not operating the centre in line with a condition of registration. The provider had not ensured that the design and layout of communal areas in the centre provided residents with adequate communal space by 31 July 2025. While the provider had taken some action to address the issue, the action taken was not adequate to meet the requirements of the condition.

Management systems were not sufficiently robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example;

- An incident management system was not effectively implemented to provide adequate oversight of incidents involving residents. Incidents of falls were not consistently subject to an appropriate review by management. A root cause analysis was not always completed, and there was no evidence that existing fall-prevention measures were reviewed for effectiveness or that additional measures were considered where necessary. For example, one resident had sustained multiple falls over a period of time, however, there was no evidence of learning or an appropriate fall management plan being developed to enhance the quality and safety of care.
- There was poor oversight of the quality of the premises, including inadequate implementation of actions required to improve the physical environment and ensure compliance with Regulation 17, Premises.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care were not available for review for some residents who were accommodated in the centre.

Judgment: Substantially compliant

Quality and safety

This inspection found that residents received person-centred care that supported them to feel safe, valued and respected. However, the provider had not ensured that the premises met the needs of residents through ensuring the premises was appropriately maintained. In addition, residents care needs were not always identified through appropriate assessment, resulting in their care plans not reflecting their needs and impacting on timely referral to health care professionals for further expert assessment.

A review of the care environment found that the provider had finished a new extension to a high standard and this was now in use by residents. Bedroom accommodation in this area provided residents with adequate space, storage and privacy. The provider had also addressed issues in relation to storage in en-suites through installing bathroom caddies. However, the action taken by the provider to distinguish between the lobby area and communal space for residents was inadequate. In addition, the provider had not addressed ongoing issues with the premises in line with their compliance plan following the previous inspection of the centre. The original part of the centre remained in a poor state of repair in numerous areas, with damaged or work floor coverings, chipped paint on walls and skirting, and damaged doors in some area. Furthermore, interruptions to the hot water supply and the management of the heating system significantly impacted on the residents.

A sample of residents' assessments and care plans were reviewed. While all residents had a care plan in place, these were not always based on an accurate or comprehensive assessment of individual care needs. For example, residents who had experienced significant weight-loss did not have an appropriate assessment of their weight completed. Consequently, appropriate care plans were not developed to manage their individual nutritional care needs.

Most residents had access to a medical practitioner of their choice, some did not. In those cases, residents were not seen by a medical practitioner for a significant period of time. There were arrangements in place for residents to be referred through appropriate care pathways where required, including access to dietetic services, tissue viability nursing expertise, and physiotherapy. However, some residents had not been appropriately referred for further expert assessment when clinically indicated.

The centre was promoting a restraint-free environment and a number of residents were using physical restraints such as bed rails. There was evidence that most residents were involved in decision making with regard to the use of bed rails.

A safeguarding policy provided some guidance to staff with regard to identifying potential abuse of residents. Staff demonstrated an appropriate awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Staff discussed how residents' choice was respected and facilitated in the centre. Residents had access to television, radio, newspapers, and books. Internet and telephones for private usage were also readily available.

There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day. Residents complimented the provision of activities in the centre and described how this aspect of the service had improved their social engagement with others and quality of life.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

Following this inspection, the provider was required to submit an urgent compliance plan to address significant environmental concerns impacting residents' comfort and well-being. A significant number of residents were affected by inadequate heating in all parts of the designated centre which are used by residents. Residents reported uncomfortably cold temperatures in their bedrooms, particularly in the mornings and at times overnight in the original building. In addition, there was no piped hot water available in the original part of the centre, including resident bedrooms on the day of inspection. The providers response did not provide assurance that the risk was addressed and managed.

The provider had failed to take appropriate action to ensure the premises was appropriately maintained and met the needs of residents. For example;

- In three bedrooms where the provider had reduced occupancy from multi-occupancy arrangements, the layout of the bedrooms had not been reconfigured to reflect these changes. As a result, residents were not afforded additional and usable space in the areas where beds had been removed.

- Floor coverings in numerous parts of the centre were in a poor state of repair. In some resident bedrooms and communal bathrooms the floor coverings were observed to be scuffed, marked, torn, and lifting away from corners. In addition, gaps were observed at the junction between the extension and original building where no floor covering had been installed, leaving exposed concrete.
- Equipment used by residents was in a poor state of repair. Commodes and shower chairs were noted to be rusted, and in one shower room the seat of a shower chair had screws dislodged and was falling away from the legs.
- Bedrooms, corridors and communal areas were observed to have chipped paint, as well as scuffed and damaged doors and skirting boards and were not maintained in an appropriate state of repair.
- Loose wires were observed hanging from the ceiling at an exit into the internal courtyard, which was also used as a smoking area for residents.
- There was inadequate communal space for residents, as the reception area, lobby area, and communal space were not appropriately separated or screened, reducing privacy and suitability of the environment.
- There was a lack of suitable storage in the designated centre. Housekeeping items, equipment and chemicals were stored in an external building that was not registered as part of the designated centre. Staff reported a lack of facilities in this storage area and had to prepare their cleaning equipment and access hot water in a sluice room within the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

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

- Care plans were not consistently reviewed or updated in a timely manner following changes to a residents condition or care needs. For example, some residents who had experienced weight-loss did not have an accurate assessment of their weight completed or an appropriate nutritional care plan developed to manage their nutritional care needs.
- A resident assessed as being at high risk of falls did not have an appropriate fall management plan developed following an increase in fall incidents and changes in their mobility care needs. Consequently, staff did not have clear guidance from the care plan on the interventions necessary to manage the risk.
- A resident did not have an appropriate care plan developed to reflect the level of supervision they required in order to manage their behaviours that may impact on other residents.

Judgment: Not compliant

Regulation 6: Health care

Residents were not always provided with appropriate medical and health care including a high standard of evidenced-based nursing care, in accordance with professional guidance.

- Some residents were not provided with timely access to general practitioner services when clinically indicated. For example, one residents had not been reviewed by a general practitioner in a period of nine months despite showing signs of physical deterioration.
- Residents were not always provided with timely referral to health care professionals. For example, a resident with a history of recurring pressure ulcers had not been appropriately referred for further expert assessment. In addition, preventative measures had not been implemented, including the provision of specialised equipment to reduce the risk of wounds, as required under the centre's wound management policy.
- Some residents with a history of weight loss had not been referred for further expert assessment to manage their risk of malnutrition.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A restraint free environment was supported in the centre. Residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect residents from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with 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

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.

Residents rights and choice were respected in the centre and the service placed an emphasis on ensuring residents had consistent access to a variety of activities. Residents who did not participate in group activities were provided with one-to-one time. Residents expressed high levels of satisfaction with the activities in the centre.

Residents attended regular meetings and contributed to the organisation of the service. Residents confirmed that their feedback was used to improve the quality of the service they received.

Residents were supported to exercise their religious beliefs and were facilitated to attend religious services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Roseville House Nursing Home OSV-0000427

Inspection ID: MON-0047119

Date of inspection: 27/08/2025

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• Addition works have been completed since the Inspection to ensure adequate communal area for residents. Two addition alcove areas have been added, with permanent partitions to aid the privacy and ensure the communal space is separated. We will apply for a condition to vary.• All incidents are reviewed as they arise and weekly as part of KPI's. PIC and CNM will monitor weekly to ensure root cause analysis is completed for all falls, ensuring a falls management plan is in place if required.• Work has been completed since the inspection to bring the premises in line with regulation 17• PIC or CNM will do weekly audit of the premises to highlight the areas of improvement in physical environment and equipment. Areas to be addressed by maintenance will done in a timely manner and overseen by PIC. Larger capital expenditure will be discussed and agreed at quarterly management meetings.	
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>Going forward PIC will ensure there are contracts in place for all Residents.</p>	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: On the morning of the 27th at 8.30 am it was identified that there was no hot water or heat in certain parts of the building. The Maintenance crew and plumbers were contacted. Before the inspection was complete the plumber confirmed to the Inspector that the issue was resolved and the issue arose as a result of a blocked/clogged filter. Additional PIC and staff are further trained on how to access the BMS system on site.</p> <p>Since the inspection.</p> <ul style="list-style-type: none"> • 3 bedrooms that had been reduced in occupancy, have had flooring redone and rooms reconfigured making them more homely and comfortable of residents. • Floor covering has been replaced in all residents' rooms and corridors in the older section of the nursing home. • PIC or CNM will do weekly audit of the premises to highlight the areas of improvement in physical environment and equipment. Areas to be addressed by maintenance will done in a timely manner and overseen by PIC. Larger capital expenditure will be discussed and agreed at quarterly management meetings. • Ongoing painting program in place. • Wiring removed from the courtyard. • Addition works have been completed since the Inspection to ensure adequate communal area for residents. Two addition alcove areas have been added, with permanent partitions to aid the privacy and ensure the communal space is separated. We will apply for a condition to vary. • We will apply for an application to Vary to have the cleaning room included in the red line. This room contains all the facilities to prepare and store cleaning equipment and has access to hot water. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • Resident's weights are monitored monthly by PIC and CNM, ensuring that MUST is recorded and care plans in place as required. • All incidents including falls are reviewed as they arise and weekly as part of KPI's. PIC and CNM will monitor weekly to ensure root cause analysis is completed for all falls, ensuring a falls management plan is in place if required. • Care plans are reviewed by PIC and CNM to ensure all residents' needs are addressed. PIC has reviewed the Audit tool that we were using and has highlighted areas of improvement. These have been changed and implemented. 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • Since the inspection the resident in question has been reviewed by their GP. <p>Monitoring system now in place to ensure all residents are reviewed by GP's.</p> <ul style="list-style-type: none"> • PIC and CNM will ensure all residents have timely referrals to health care professionals, and local policies are adhered to in relation to wound management and risk of Malnutrition. 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Red	23/10/2025
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.	Not Compliant	Orange	23/10/2025
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,	Substantially Compliant	Yellow	23/10/2025

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 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.	Not Compliant	Orange	23/10/2025
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.	Not Compliant	Orange	23/10/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide	Substantially Compliant	Yellow	23/10/2025

	appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(a)	The person in charge shall, in so far as is reasonably practical, make available to a resident a medical practitioner chosen by or acceptable to that resident.	Substantially Compliant	Yellow	23/10/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	23/10/2025