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:	Our Lady's Manor Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Edgeworthstown, Longford
Type of inspection:	Unannounced
Date of inspection:	31 March 2026
Centre ID:	OSV-0004632
Fieldwork ID:	MON-0046740

About the designated centre

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

Our Lady's Manor Nursing Home is registered to accommodate up to 59 residents of all dependency levels needing long-term, short-term convalescence and respite care. The service provides 24 hour nursing care for persons aged over 18 years. Residents' accommodation is provided over three floor levels in 36 single bedrooms, 10 twin bedrooms and one bedroom with three beds. A number of the bedrooms have en suite facilities. The designated centre is situated in Edgeworthstown and is conveniently located to shops and other amenities. The aims of the centre, as described in the statement of purpose, are to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and well-being of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50

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
Tuesday 31 March 2026	09:00hrs to 17:00hrs	Catherine Connolly-Gargan	Lead

What residents told us and what inspectors observed

Overall, most residents were content with living in the designated centre and were mostly satisfied with the service provided to them to meet their needs. Residents' feedback to the inspector on this inspection was positive regarding the care they received, and mostly positive regarding their quality of life in the centre. Residents were again on this inspection complimentary regarding the staff caring for them.

On arrival at the centre, the inspector met with the person in charge, and following introductions, completed a walk around the centre. This gave the inspector an opportunity to meet with residents and staff, to observe practices and to get an insight into the residents' experiences of living in the centre. The inspector spoke with a number of residents, and the majority of residents said they were very satisfied with the service they received; however, a small number of residents expressed their dissatisfaction regarding the opportunities they had to participate in social activities that were meaningful to them. One resident said that they had 'no interest' in the social activities taking place on the day in the sitting room on the ground floor, and was not aware that social activities were also being facilitated in the sitting room on the first floor. Another resident said they enjoyed most of the social activities taking place, but did not enjoy the music activity. The inspector observed the music session taking place in the afternoon and noted that none of the residents in the room were actively participating in it. A number of residents chose to spend long periods of time in their bedrooms, and while some of these residents spent time participating in self-directed activities that interested them, the activity staff were also observed to spend one-to-one time with them.

A small number of residents liked to go for walks on the grounds of the centre. The inspectors observed staff supporting two residents to go outdoors in their wheelchairs for a walk along the avenue into the centre. There was a varied schedule of social activities in place for the residents, and the inspector observed that, with the exception of the live music session taking place in the afternoon in one sitting room, residents were mostly engaged in the various social activities taking place throughout the day. Staff were seen to be regularly checking in on those residents who preferred to spend time in their bedrooms. The inspector observed that most residents in the sitting rooms did not participate in the group-based social activities facilitated by the activity staff; some residents were not participating and were not provided with opportunities to participate in alternative activities in accordance with their preferences and capacities. The inspector noted, from a review of residents' documentation, that although their social care preferences were established through a variety of assessments, this information was not always available in residents' social care plans. Additionally, the inspector observed that records of the social activities each resident participated in were not consistently maintained.

A monthly news booklet was published for residents' information, and the March 2026 news booklet contained photographs of the celebrations on St Patrick's and Mother's Days. The booklet also provided residents with information on blood pressure monitoring, poetry, and a themed crossword puzzle. Some residents told the inspector they liked to get the news booklet, and they enjoyed reading it.

All staff interactions with residents observed throughout the day of this inspection were kind, respectful and caring. The inspector observed that staff were attentive to residents' needs for assistance, and were available in the communal rooms at all times to respond to residents' needs. Staff were knowledgeable regarding residents' life stories, usual routines, and preferences, and used this person-centred information in their conversations with residents, and in providing their care. Residents comments to the inspector regarding the staff caring for them included 'the staff are mighty here', 'staff are very good at their job', 'the staff are so kind to me' and 'nothing is ever a problem for the staff here'.

Our Lady's Manor Nursing Home is a short distance from the main shopping street of Edgeworthstown, Co Longford. The centre premises are located in mature landscaped grounds. Residents' private bedroom accommodation is provided over three floors in 36 single-occupancy bedrooms, 10 twin-occupancy bedrooms and one bedroom with three beds. The inspector observed that many of the residents had personalised their bedrooms with photographs of their families and other personal items that were important to them. A variety of communal rooms and a spacious chapel are available to residents, as they wish. Items of traditional domestic and antique furniture, colourful wall paintings and artwork done by residents added to making the residents' lived environment familiar, comfortable and homely.

The inspector observed many positive interactions between staff and residents during the day of the inspection, and that residents were being supported by staff throughout the day to make independent choices regarding their care procedures, where they wished to rest, what they wished to eat and where they ate their meals. Staff were observed to be kind, patient and respectful in their interactions with residents, and residents were comfortable in the company of staff.

The inspector observed the residents' lunchtime meal in the dining room on the ground floor. A number of residents who spoke with the inspector said they were satisfied with the meals they received, they had a choice of menu every day and could request alternatives to the menu, if they wished. The residents' mealtime menus on the day were clearly displayed. Modified consistency diets were seen to be well presented and were prepared for individual residents in accordance with the recommendations by the speech and language therapist and dietician. There was sufficient staff available in the dining room, and they were observed discreetly offering support and encouragement to residents who needed help with eating their meals.

The inspector observed that with the exception of one store room on the lower ground floor and the transport lift, the environment was visibly clean, well maintained and protected residents from risk of infection. Hand gel stations and

clinical sinks were conveniently located and available for use. Staff were observed to complete appropriate hand hygiene procedures.

Residents told the inspector that they always felt safe in the centre, and that they would not hesitate in speaking to any staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that this designated centre was generally well-managed, and that the centre's management and staff were committed to providing a good service to residents to meet their needs. Although the management team were proactive in responding to deficits identified in the quality and safety of the service, this inspection found that actions continued to be necessary to ensure staff were appropriately supervised to ensure residents' care documentation was completed to the required standards.

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 to 2025 (as amended), and to review the provider's progress with completing the actions committed to in the compliance plan from the previous inspection in the centre in March 2025, including completion of necessary fire safety works, as detailed in a condition of the centre's registration to be completed by 30 September 2025. The inspection also followed up on statutory notifications and other information received since the last inspection. The inspector's findings are discussed further in this report.

The registered provider of Our Lady's Manor Nursing Home is Newbrook Nursing Home Unlimited Company. An established and clearly defined management structure was in place. The centre's local management team was led by the person in charge, who was supported in their day-to-day role by a clinical nurse manager and a regional manager. The management team oversees the work of a team of staff nurses, health care assistants, activity staff, catering and cleaning staff.

The provider had systems in place to audit key areas of the service, and there was evidence that this process was generally effective in ensuring that the standards of service delivery in a number of key areas were met. However, the management

systems in place had not identified and effectively addressed deficits in residents' care and documentation, and in environmental cleaning procedures.

While the provider ensured each resident had a contract of care and service, which was signed and dated in consultation with the resident concerned, or on their behalf by their representative. The terms and conditions of each resident's residency were clearly described, including their accommodation fees, and a description of their bedroom accommodation. The provider had revised the services in the contracts that an additional fee was charged for, to ensure residents were not being charged for services that they were entitled to free of charge. The provider had commenced reissuing the revised contract documents to existing residents and/or their representatives for their review and agreement.

The provider had arrangements in place to ensure that there was adequate staff with appropriate skills available to meet residents' needs. Staff had access to mandatory training, and the training records evidenced that all staff had completed up-to-date mandatory training, in addition to professional development training to ensure that they had the necessary skills and competencies relevant to their roles in meeting residents' needs. However, the findings of this inspection evidenced that inadequate supervision of staff resulted in deficits in the standards of the a number of residents' clinical and social care delivery.

The provider ensured all accidents and incidents involving residents were appropriately managed in the centre, and that notifications to the office of the Chief Inspector of Social Services of incidents involving residents were completed, as required by the regulations.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills available on the day of this inspection to meet the residents' needs, taking into account the size and layout of this designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles to ensure that they carried out their work to the required standards. As supervision of staff was not adequate, the inspector found the following;

- Staff were not completing residents' assessment and care plan documentation to the required standards and in line with the registered provider's own policy and procedures. The inspector found that a number of

the residents' care documentation did not accurately identify all of their care needs, and therefore, pertinent information was not effectively communicated to all staff.
- Staff were not cleaning the lift used by residents to access the lower ground and first floors in the centre to the required standards.

This is a repeated finding from the previous inspection in March 2025.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider's quality assurance and oversight systems in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by the following findings;

- The system for supervision of staff to ensure they completed their work to the required standards was not effective, and was impacting on residents' care delivery and safety from infection. This is discussed further under Regulation 16: Training and Staff Development and Regulation 27: Infection control.
- The provider had not ensured that all residents had opportunities to participate in meaningful social activities to meet their needs. This is discussed under Regulation 9: Residents' Rights.
- Assessment and care planning procedures were not implemented in line with the provider's own policy and procedures and the requirements of the regulations. As a result, the standards of residents' care documentation were not adequate, and this finding posed a risk that relevant information regarding each resident's needs and care interventions would not be available to staff. These findings are discussed further under Regulation 5: Individual assessment and care plan.

The registered provider's oversight and management of risk in the centre was not effective regarding the following;

- While, acknowledged that a number of works were completed to address the significant risks to residents' fire safety, as identified in the provider's own fire safety risk assessment, in the absence of simulated emergency evacuations through a new fire exit door, the provider could not be assured regarding the efficacy of this fire exit route to effectively meet residents' evacuation needs..

Judgment: Not compliant

Regulation 24: Contract for the provision of services

While all residents in the sample of contracts reviewed on this inspection had a signed and dated contract setting out the terms and conditions of their care and service, some residents' contracts detailed an additional weekly charge for services that residents may have been entitled to free of charge. The additional charges were detailed for services including the organisation, administration and supervision of Garda Vetting of volunteers and organising visits in addition to a number of social activities, music therapy and per therapy. At the time of this inspection, the provider was already revising the additional charges to residents and had commenced reissuing revised contract documents to existing residents and/or their representatives for their review and agreement.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time frames specified by the regulations. Systems were put in place to ensure all incidents and accidents involving residents were submitted as required.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents' rights were respected by staff, and with some exceptions, residents were mostly provided with opportunities to participate in social activities that met their interests and individual capacities. Further actions were found to be necessary to ensure residents' care plan documentation and wound care delivery were in accordance with required standards and evidence-based nursing practice.

The provider had completed significant fire safety works in the designated centre to ensure residents' safety from risk of fire, including installation of a new fire door exit to mitigate risks associated with re-entering the premises and the need to ascend external steps to access the assembly area. However, as completed simulated emergency evacuation drill records were not available that referenced testing of the efficacy of revised new emergency exit route, assurances regarding residents' safe evacuation through this new exit door were not assured. The inspector's findings are discussed further under Regulation 28: Fire precautions.

The provider had measures in place to protect residents from risk of infection and to ensure all areas of the premises were adequately maintained. However, this inspection found that some further actions were necessary to ensure that these measures were effectively implemented. With the exception of one storage area and the passenger lift, the general environment and residents' bedrooms, communal areas appeared comfortable and visibly clean. The provider had changed the purpose of two twin-occupancy bedrooms to single-occupancy bedrooms since the last inspection to ensure residents' needs were met.

There was evidence that residents' needs were being mostly met to required standards, and that their health and wellbeing were regularly monitored using validated nursing assessment tools, including risk of falls, malnutrition and dependency levels. These processes helped to ensure that any deterioration or change in the resident's health was identified and addressed promptly. However, some residents' needs did not have a corresponding care plan consistently developed to guide staff on their care delivery, and some residents' care plans were not sufficiently detailed to reliably guide staff on their social care in accordance with their individual preferences. As a result, there were deficits in some residents' wound care delivery and the opportunities provided to them to participate in social activities in accordance with their preferences. The inspector's findings are discussed further under Regulation 5: Individual assessment and care plan, and Regulation 9: Residents' Rights.

Residents had timely access to their general practitioners (GPs) and to specialist medical, health and social care services. Referrals were made promptly and followed up to ensure that any care prescribed was implemented in line with specialist advice. The provider employed a physiotherapist who attended the centre each week, and this arrangement promoted residents' ongoing independence and wellbeing.

A varied social activity programme was facilitated to meet residents' needs on this inspection. However, not all residents had equal access to social activities that interested them and were in line with their individual capacities. Residents could access an enclosed outdoor courtyard as they wished, and a number of residents were supported by staff to access the garden areas.

Residents were supported to practice their religion, and clergy from the different faiths were available as residents wished. Residents were supported to speak freely and provide feedback on the service they received.

Residents were protected by safe medicines management procedures and practices, and in line with professional guidance and standards. Residents' medicine prescriptions were signed by their general practitioners and were administered by staff nurses as prescribed; however, some residents' medication kardex prescriptions required further detail to inform administration of 'as required' medicines. Medicines controlled by misuse of drugs legislation were stored securely, and balances were checked appropriately and were correct. Medicines requiring temperature-controlled storage were stored in a refrigerator, and the temperature

was checked daily. Procedures were in place for recording and return of unused or out-of-date medicines to the dispensing pharmacy.

Staff took a positive and supportive approach to residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and demonstrated in the care of these residents that they were actively observing and listening to residents' verbal and non-verbal expressions and clues. This, combined with a minimal restraint environment, supports residents' rights and quality of life.

Regulation 17: Premises

The provider ensured that the premises were appropriate to the number and needs of the residents and were in accordance with Schedule 6 of the regulations, and in line with the centre's statement of purpose.

The layout of the residents' bedrooms supported their access, and ensured that residents had sufficient storage space for their clothing and personal possessions. There was a variety of comfortable communal areas available on the ground and first floors for residents' use, as they wished. There was adequate storage space available for residents' assistive equipment.

Judgment: Compliant

Regulation 18: Food and nutrition

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

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

Effective procedures were in place for monitoring of food and fluid intake for residents at risk of dehydration and malnutrition.

Judgment: Compliant

Regulation 27: Infection control

Actions by the provider were necessary to ensure residents were protected from the risk of infection and that the centre was in compliance with Regulation 27. This was evidenced by the following findings;

- The cleaning procedures in place did not ensure effective cleaning of the mechanical lift used by residents, staff and others for their access between the floors in the centre. For example, grit and dust were visible on the floor surface, and the stainless steel wall surfaces were smeared. Adhesive tape residue was also visible on parts of the wall surfaces.
- A storeroom on the lower ground floor used for storage of residents' social activity equipment and supplies was not clean and posed a risk of transmission of infection to residents. For example, the inspector observed that there was visible dust on the floor, ceiling and wall surfaces, part of the floor covering was missing, and the surfaces of exposed pipes at the ceiling level in this room were rusted and flaking.

This is a repeated finding from the previous inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although regular simulated emergency evacuation drills were completed, and the provider had installed a new fire exit to mitigate risks associated with re-entering the premises and the need to ascend external steps to access the assembly area, the simulated emergency evacuation drills available did not reference testing of the efficacy of the revised new emergency exit route.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Actions were necessary to ensure residents were protected by safe medicines administration practices and procedures regarding the following findings;

- All multi-dose medicines were not dated on opening to ensure recommended use periods were not exceeded.
- The indication for the administration of residents' medicines prescribed on an 'as required' basis was not detailed in each resident's medication kardex.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Actions were necessary to ensure care plans were developed and sufficiently detailed to reliably guide staff on their care delivery to meet residents' assessed needs, and in accordance with their individual preferences. This was evidenced by the following findings;

- Two residents did not have care plans developed identifying their diabetes care provision needs, to include the frequency of their blood glucose level monitoring, the parameters that their blood glucose levels should be maintained within and the actions staff should take if their blood glucose levels were measured outside of these parameters.
- A number of residents' social care plans did not clearly describe or guide staff on the social activities residents preferred and wished to participate in to meet their needs. As a result, not all residents were being provided with opportunities to participate in social activities that were meaningful to them, and in accordance with their preferences.
- One resident's wound care plan did not adequately guide staff on this resident's wound care needs. As a result, the information available referenced significant gaps and infrequent completion of wound assessment and dressing procedures. Furthermore, the provider had not ensured that adequate information was provided to guide staff on the care of a resident's wound for further review by tissue viability specialists. For example, a record of assessment and treatment recommendations, including wound assessment and dressing frequencies, was not consistently documented or made available to staff by tissue viability specialists.

This is a repeated finding from the last inspection.

Judgment: Not compliant

Regulation 6: Health care

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

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A positive and supportive approach was taken by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to be attentive to residents' individual needs for support, and residents responded well to the care and support provided to them by staff. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to effectively care for residents with responsive behaviours.

The person in charge and staff were committed to minimal restraint use in the centre, and their practices reflected the national restraint policy guidelines. There was minimal use of restrictive equipment, and alternatives to this restrictive equipment were risk-assessed and were appropriately used in consultation with individual residents and their representatives. Additionally, any restrictions in the residents' lived environment were minimised, and effective actions were taken since the last inspection to ensure residents could access the church and the courtyard garden adjacent to the residents' dining room, as they wished.

Judgment: Compliant

Regulation 9: Residents' rights

The provider did not ensure that some of the residents living in the centre were provided with adequate opportunities to participate in meaningful social activities in line with their individual preferences and capacities. This was evidenced by the following findings;

- Some of the residents in the communal sitting rooms did not have adequate opportunities to participate in social activities that interested them and that were in accordance with their assessed individual preferences and capabilities. These residents were observed sleeping or quietly sitting in chairs in the sitting rooms, watching the 'comings and goings' of staff and

other people moving around the rooms. The inspector's observations, residents' feedback to the inspector, and the limited records available of the social activities each resident participated in on each day supported this finding.
Judgment: Substantially 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	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 9: Residents' rights	Substantially compliant

Compliance Plan for Our Lady's Manor Nursing Home OSV-0004632

Inspection ID: MON-0046740

Date of inspection: 31/03/2026

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

• The Person in Charge (PIC) has communicated and implemented the Care Plan and Assessment Policy with all nursing staff.

• The PIC will direct and supervise the Named Nurse to create, update and evaluate an accurate care plan for each resident with due attention to a specific Problem, Goal and intervention. There is ongoing review of care plans by the PIC/CNM and 1:1 instruction with Nurses.

• Care plans updated outlining the recommendations of MDT Team.

• The PIC will Feedback at daily handover and Nurse meetings. In addition, a weekly care plan huddle with Nurses will promote critical thinking and reflective practice in relation to care plans.

Lift cleaning
• The Household staff have received training in Clean Pass and are competent in cleaning and decontamination in line with Infection Prevention Control (IPC) requirements.
• The lift cleaning has been added to the daily cleaning schedule.
• The head housekeeper will supervise that cleaning of the Lift is completed daily to required standards. Any deficits will be reported PIC.
• The PIC will supervise implementation of all IPC measures through spot checks, audit and supervision, with any gaps addressed promptly.
• IPC is a topic for discussion at Household meeting with learning and planned improvements.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Oversight
The PIC will achieve oversight of resident's care and IPC measures by conducting regular walkarounds. The PIC will observe, monitor, correct and evaluate care to ensure it is delivered to a high standard.
The IPC Nurse is available to staff for guidance and to promote best practice in IPC measures. The IPC nurse will report any risks or deficits to the PIC.

Activities
• The PIC will review the Activities schedule taking into account the dependency levels and personal choices of residents. Residents will be assisted to attend individual or group activities based on activities that are meaningful to them.
• Social care plan-A full review of all residents' care plans will be conducted.
• The PIC will meet with the Activities team and support the implementation of an Activities Programme.
• The PIC will observe activities, listen to residents' feedback during walkarounds and attend residents' meetings conduct spot checks to ascertain resident engagement with social activities. Findings will be discussed with activities coordinator.
• PIC/CNM will conduct spot checks to ascertain resident engagement with social activities. Findings will be discussed with activities coordinator to ensure that a plan is in place so that all residents are given the opportunity to participate in activities that are of interest to them.

Care Plans
The PIC will measure and evaluate nursing assessment and care plan documentation as part of ongoing supervision to achieve compliance. In order to achieve this the PIC and CNM will direct Nurses to complete Care plans and Assessment in line with Policy through:
• Audit and review all Named Nurse Care Plans
• Onsite 1:1 teaching
• Additional Care Plan for training for Nurses
• Conduct regular reviews
• Supervise and feedback to nurses
• Observe that daily practice reflects the Residents individual Care Plan
• Check Staff knowledge of resident's care plan at handover and meetings

Residents with specific care needs will have a care plan to clearly outline nursing problem, goal and nursing interventions to ensure safe health outcomes.
• Wound care plan have been updated to clearly outline the TVN review,

recommendations to inform wound care management.
• Diabetic Care Plans have been updated to reflect monitoring, parameter and guidelines.

Lift
• Lift cleaning-The Lift on daily cleaning schedule. PIC will check during walkarounds. The cleanliness will be checked through spot checks, audit and supervision, with gaps addressed promptly.
• Cleaning schedules for all high touch areas have been reviewed and updated
• Daily monitoring of cleaning records has been assigned to the head housekeeper

IPC
The PIC and Compliance Team will conduct Environmental IPC audits and feedback to the household team. The PIC will feedback any deficits or risks to the Provider and Clinical operations at the governance meetings.

• The storeroom on the lower ground floor will be renovated to replace the floor covering and suitable casing will conceal the exposed pipework. The storeroom will be part of the cleaning schedule.

• Simulated drills through the new fire exit have been performed using ski sheets and evacuation maps. This Fire exit is part of the Fire training and Fire drills in the nursing home.

• The fire engineer completed a further review of the fire exit on the 3rd June 2026 and this provides assurance that the new fire exit meets regulations and is effective.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

• Residents will have access to services that they are entitled to free of charge.

• Residents' contracts will be updated to reflect residents' charges and fees.

• All Contracts are being amended to remove any reference to physio etc being included in the Schedule 1 Part B – Services Not Covered by Fair Deal Scheme.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• Cleaning schedules for the lift and all high touch areas have been reviewed and updated
• Daily monitoring of cleaning records has been assigned to the head housekeeper
• Environmental hygiene audits will continue to be completed and reviewed through governance meetings.
• The storeroom on the lower ground floor is in the process of being renovated. The renovation work will replace the floor covering and exposed pipework will be concealed by wooden casing. The room will be deep cleaned prior to it being put back into use.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: A simulated drill through the new fire exit has been carried out using ski sheets and evacuation maps.

Our fire engineer carried out a second review of the fire exit on the 3rd June 2026 to provide assurance that the new fire exit meets regulations and is effective.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

• The PIC/CNM will continue to observe medication round, complete spot checks to ensure all multi-dose medicines are being dated with opening date.

• Any variance identified will be discussed with the nurse concerned and followed up through support, supervision and further training where required.

• "As required medication "Each residents' medication Kardex has been reviewed by DON/CNM in consultation with the GP and the Pharmacy to ensure indication of administration. This will continue to be done every 3 months and as needed.

Regulation 5: Individual assessment and care plan	Not Compliant

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

• Diabetes care plan - Residents care plans were updated immediately post inspection to reflect the frequency of blood glucose level monitoring and the parameters that their blood glucose level should be maintained with actions in place if blood glucose levels are out of these parameters.

• Social care plan-A full review of all residents' care plans will be conducted. In person care plan training will be carried out to help support the nursing staff. Each resident is linked to a named nurse; this develops accountability for actions and promotes good quality care. DON/CNM will conduct spot checks to ascertain resident engagement with social activities. Findings will be discussed with activities coordinator

• Wound care plan - Strengthen oversight by PIC/CNM to ensure compliance with best practice. Provide refresher training to staff on wound assessment, wound management and documentation requirements. Pressure and wound care training took place on 10/04/2026 and 19/05/2026.

Regulation 6: Health care	Substantially Compliant

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

• A full review of all residents' care plans is being conducted.

• Diabetes care plan - Residents care plans were updated immediately post inspection to reflect frequency of blood glucose level monitoring and parameters that their blood glucose level should be maintained with actions in place if blood glucose levels are out of these parameters.

• Wound care plan- Strengthen oversight by PIC/CNM to ensure compliance with best practice. Provide refresher training to staff on wound assessment, wound management and documentation requirements. Pressure and wound care training took place on 10/04/2026 and 19/05/2026.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• PIC/CNM will conduct spot checks to ascertain resident engagement with social activities. Findings will be discussed with activities coordinator to ensure that a plan is in place so that all residents are given the opportunity to participate in activities that are of interest to them.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2026
Regulation 24(2)(d)	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 any other service of which the resident may choose to avail but which is not included in the	Substantially Compliant	Yellow	30/06/2026

	Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/06/2026
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	30/06/2026
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the	Substantially Compliant	Yellow	30/06/2026

	appropriate use of the product.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	30/06/2026
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	30/06/2026
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	30/06/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5,	Substantially Compliant	Yellow	30/06/2026

	provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/06/2026