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:	St Colman's Residential Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballinderry Road, Rathdrum, Wicklow
Type of inspection:	Unannounced
Date of inspection:	27 August 2025
Centre ID:	OSV-0000492
Fieldwork ID:	MON-0043851

About the designated centre

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

St. Colman's Residential Care Centre is a community facility providing a variety of services to the elderly population of Wicklow. St. Colman's Residential Care Centre provides residential care, respite and palliative care for a total of 92 residents both male and female, over the age of 18 years. Accommodation is provided on three units, Primrose Place, Clover Meadow and Lavender Vale. Four beds are dedicated for respite admissions and the remainder are long term care. Bedroom accommodation is mostly multi-occupancy three and four-bedded rooms. There are two twin-rooms and four single-bedrooms - two of which are allocated to palliative care. There is a designated smoking area for residents on Primrose Place, Clover Meadow and Lavender Vale.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	80

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	07:00hrs to 15:20hrs	Niamh Moore	Lead
Wednesday 27 August 2025	07:00hrs to 15:20hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Overall, residents enjoyed a good quality of life within St Colman's Residential Care Centre. Inspectors found that residents received a good standard of care from the staff and management team, who knew them well. Residents spoken with generally provided positive feedback regarding their life in the centre, and the food provided. One resident said "I feel treated like royalty".

Inspectors arrived to the centre at 07:00am and following a brief introduction to the nurse in charge, completed a walk around of the premises. St. Colman's Residential Care Centre is located in Rathdrum, Co. Wicklow and registered for 90 residents with 81 onsite, on the day of the inspection. Accommodation is provided in three residential units, Primrose Place has occupancy of 26 residents, Clover Meadow has occupancy for 30 residents and Lavender Vale which had occupancy for 34 residents. There was additional communal space available outside these units such as a chapel, a large communal room, a dining room and a therapy room referred to as a snozelen room, used for relaxation. Overall, the premises was found to be clean, warm and bright. However, wear and tear and poor storage which impacted on fire precautions was observed. Following the walk around, inspectors met with two members of the management team to complete an introductory meeting.

Residents' accommodation was in 13 four-bedded rooms, 10 three-bedded rooms, one twin bedroom and six single bedrooms. Residents had access to en-suite facilities or shared bathrooms. Bedrooms were clean, and inspectors saw that many residents had individualised their bedrooms spaces with their personal belongings including family photographs. Residents spoken with said they were happy with their bedrooms. However, inspectors observed that the configuration and layout of some of the multi-occupancy bedrooms limited a resident's personal space and their rights to privacy and dignity. In addition, while some of the multi-occupancy rooms had the bed numbers reduced, the area had not been reconfigured to enable the residents to benefit from the additional floor space available. This will be further discussed within this report.

From what inspectors observed and from what residents told them, residents were happy with the care and support they received. There was a cheerful and vibrant atmosphere in the centre, and the sense of well being amongst residents was evident. Staff were supportive of residents' needs and were observed to be kind and person-centred in their approach to residents. Staff were seen to actively engage with residents in a meaningful way, chatting with them about their family and hobbies.

There was an activity schedule available which detailed the activities on offer. As inspectors walked through the centre, they noted that many residents were relaxing in communal areas where activities such as music and exercises were taking place, and other residents were reading newspapers or enjoying the company of another resident. There was plenty of friendly conversation and good humoured fun

happening between residents and staff.

On the day of the inspection, residents were provided with a choice of meals which consisted of chicken curry or salmon, with an option of home cooked dessert following this. Inspectors observed the dining experience at lunch time in all units and saw that the meals provided were well-presented and looked nutritious. Staff were observed sitting beside residents assisting them with their lunch in an unrushed manner. Catering staff spoken with were also knowledgeable about residents' individual preferences. Feedback from residents regarding the food offered was positive with comments such as "we get breakfast in bed, you can't get any better than this!" "the food is great" and "I am too well fed''.

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

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended), and to follow up on the actions the provider had taken in line with their compliance plan response from the previous inspection of October 2024. Inspectors saw that there was some good management systems and residents were overall happy, however inspectors found that improvements and further management oversight was required to ensure all aspects of the service was in line with the regulations, particularly relating to the quality and safety of the service.

The registered provider of St Colman's Residential Care Centre is the Health Services Executive (HSE). The general manager for older persons' services in Community Healthcare Organisation 6 is the person delegated by the provider with responsibility for senior management oversight of the service. The person in charge directly reported into the general manager. The person in charge was supported in their role by two assistant directors of nursing, clinical nurse managers, nursing staff, healthcare assistants, activity staff, household and catering staff. The designated centre was also supported by administration, medical officers, porters, and allied health professionals. There was some staff vacancies on the day of the inspection which were being covered by agency staff.

There was evidence of some good management systems in place such as meetings, committees and audits.There was an annual review of the quality and safety of care delivered to residents for the year 2024 completed against relevant standards and which evidenced some consultation with residents. A quality improvement plan was devised for 2025 to include improvements such as the development of audits for the electronic care plan system, installation of water dispensers, external outings including shopping trips and training for health and safety representatives. However,

inspectors found that some of the systems in place to monitor, identify and action improvement were not fully effective and are discussed further under Regulation 23: Governance and Management.

There were two persons involved within the designated centre on a voluntary basis. Both volunteers had a vetting disclosure in accordance with the National Vetting Bureau and their roles and responsibilities were clearly set out in writing. However, there were gaps in the supervision arrangements in place as discussed under Regulation 30: Volunteers.

The complaints procedure was on display within a prominent position within the centre, outlining the person in charge as the complaints officer. The complaints log was made available to the inspectors for review and inspectors found that there was a low number of complaints received.

Regulation 21: Records

Following the last inspection, residents' records were now electronic and a nursing record of resident's health, conditions and treatment given were completed on a daily basis as per the requirements of Schedule 3 (4)(c) of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was some good management systems in place, however not all systems in place were effective at ensuring the quality and safety of the service provided to all residents. For example:

- Not all precautions against the risk of fire were taken. For example, there was poor oversight of storage which impacted on fire safety measures. Inspectors observed occasions where fire doors were partially blocked due to the location of chairs and boxes. Further details are outlined under Regulation 28: Fire Precautions.
- While it is acknowledged many parts of the compliance plan from October 2024 were actioned, the refurbishment to all residential areas was not completed, and this also impacted on residents' rights in the multi-occupancy bedrooms.
- Risk management systems were not fully adequate. For example, a known risk did not have a risk assessment completed to outline the controls in place to mitigate this risk. In addition, while a resident had an individual risk assessment completed by management, a copy was not available in the residents healthcare record. This posed a risk that staff were not appropriately guided to implement the control measures identified in the risk

assessment.

Judgment: Substantially compliant

Regulation 30: Volunteers

While inspectors were told there was a person appointed to supervise volunteers, there was no documented evidence of induction or appraisals available for inspectors to review. This was not in line with the registered provider's policy on Volunteers dated January 2025 which stated that volunteer staff would have induction training and regular appraisals completed.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

From a sample review of closed complaints, these were managed effectively. There was one open complaint which was being reviewed in line with the complaints process.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents living in the centre received good quality care. Some improvements were observed and actions were taken to meet the requirements of the compliance plan from the previous inspection. However the care environment, in relation to fire precautions, premises and residents' rights did not meet the requirements of the regulations and further actions concerning individual assessments and care plans were required.

Residents were receiving a person-centred service, from a staff team who knew them well. Staff were seen to be engaging positively with residents throughout the day of inspection, and family members were spending time with their loved ones having a cup of tea, or supporting at mealtimes. Relatives also appeared to know the staff team well.

Residents' care documentation was maintained electronically. Inspectors observed some good examples of care plans that outlined residents' preferences including their likes and dislikes in respect of food and if they required prompting for

scheduled activities available in the centre. However, further improvements were required to ensure that all care plans were set up based on assessed needs and this is discussed under Regulation 5: Individual assessments and care plans.

Details for independent advocacy services were available to residents' and posters with their contact information were displayed throughout the centre. Regular residents meetings were held to gain residents input into the organisation. However, not all residents had their rights to privacy respected, this is further discussed under Regulation 9: Residents' rights.

The provider acted as a pension agent for 27 residents and, all pensions were paid into separate residents bank accounts. Records showed that a ledger was maintained detailing each resident's payments and surplus amounts was available to review. Residents were supported to retain control over their personal property, possessions and finances. While all residents had a lockable drawer within their bed space, not all of these were provided with keys. This is further discussed under Regulation 17: Premises.

Following the last inspection in October 2024, the registered provider had made some improvements to the premises, which included the painting of the Lavender Vale unit. However, this inspection found that progress to upgrade the premises was slow, inspectors observed substantial wear and tear in areas such as corridors, communal spaces and utility areas in the other two units. Further actions in relation to the multi-occupancy rooms and inappropriate storage were required to ensure compliance and are detailed under Regulation 17: Premises.

There was a responding to emergencies policy dated June 2024 which outlined the arrangements in the event of major incidents such as evacuation, flooding and power outages. However, the risk management policy dated April 2025 was not in line with the requirements of the regulations set out in Schedule 5, this is further discussed under Regulation 26: Risk Management.

The registered provider had some good fire safety processes in place. For example, fire safety equipment was provided, fire doors were seen to be in a good state of repair and residents each had updated personal emergency evacuation plans (PEEP). However, not all doors were fire doors and fire safety training was not up-to date for all staff. This and further gaps in compliance are discussed under Regulation 28: Fire Precautions.

Regulation 12: Personal possessions

Residents had access to, and retained control over their personal property, possessions and finances. In particular, residents had adequate space to store and maintain their clothing.

Judgment: Compliant

Regulation 13: End of life

A sample of spirituality and end of life care plans were reviewed with some care plans outlining resident's wishes with regards to the arrangements to be put in place when they reached the end of their life. However, a large majority of these care plans were clinical in nature and did not identify the appropriate care and comfort needs of the resident, for example;

- Care plans were generic and detailed the use of a syringe driver if required and for palliative care review.

This meant that the residents' end of life wishes, including their physical, emotional, social, psychological and spiritual needs were not addressed.

Judgment: Substantially compliant

Regulation 17: Premises

Improvements were required from the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- There was wear and tear seen within the décor of the centre particularly to the Primrose Place and Clover Meadow units. For example, wall paper was peeling and paint work was chipped. This is a repeat finding of the inspection in October 2024.
- While many of the multi-occupancy rooms had the bed numbers reduced, these rooms had not been fully reconfigured to ensure each resident had 7.4m2 of floor space, which area shall include the space occupied by a bed, a chair and personal storage space. For example, one space was seen to contain an air conditioning unit which meant that there was insufficient room for the resident who required a high support chair to sit at their bedside without encroaching on another residents personal space. In addition, one bedspace contained the medication storage for all the occupants of the room, this reduced the available personal space to the resident and meant their wardrobe was not located in their space.
- There was inappropriate storage seen throughout the inspection where linen trolleys were stored in assisted bathrooms.
- While the centre had appropriate sluicing facilities, these posed a safety risk as the doors to many of these rooms were unlocked.
- While all residents had a lockable drawer within their bed space, not all of

these were provided with keys.

Judgment: Not compliant

Regulation 20: Information for residents

The inspectors reviewed the current resident's guide available in the centre and found that it was not updated. The guide did not include terms and conditions relating to residence in the centre, how to access inspection reports, processes for ombudsman and information regarding independent advocacy services.

Judgment: Substantially compliant

Regulation 26: Risk management

While there was a risk management policy in place, it did not fully meet the criteria of the regulations. For example, it did not contain the following:

- The policy referred to incident management, however it did not clearly outline hazard identification and assessment of risks throughout the designated centre.
- The measures and actions in place to control the risks identified.
- The measures and actions in place to control the specified risks of abuse, the unexplained absence of a resident, aggression and violence and infectious diseases.
- Arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not provide adequate means of escape, for example:

- Tables and chairs were placed on both sides of a corridor known as the N11 where bed evacuation would be required in the event of a fire. In addition, inspectors saw that during the lunch-time meals chairs were placed at fire exits, and boxes were stored at a fire exit in a staff room. These obstructions would significantly impact on evacuation in the event of a fire.
- The practice of charging items such as hoists and chair scales on corridors

was placing an increased risk of fire along escape routes.
- Containment measures were still a concern in the N11 corridor as bedroom doors were not fire doors, and therefore would not effectively contain a fire.

These are repeat findings.

The registered provider had not made adequate arrangements for staff to receive suitable training in fire prevention and emergency procedures. For example:

- Staff training in fire procedures was not fully up to date. 11 staff were identified on the training matrix as requiring fire safety training.
- Fire drills were occurring regularly in the centre, however it was identified in one unit fire drills had not occurred since May and this was noted to be a discussion with staff on how to evacuate rather than carrying out the drill.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning required improvement to ensure that the plan of care was developed and personalised based on the result of individual comprehensive assessments and risk assessments. For example;

- Two residents did not have a comprehensive assessment completed on admission and two assessments were not fully completed. Therefore the development of care plans and care of the residents were not suitably assessed.
- One care plan had conflicting information stating a resident was continent of urine, however it also mentioned the resident was incontinent and required continence wear. This did not guide the care of the resident appropriately.
- In two residents records as per the advice of the GP and the care plan the resident's required regular sleep and mood charts. These regular charts were not kept, this meant that staff were unable to identify when there was a change in the residents mood or sleep pattern to ensure that care was delivered appropriately.

Judgment: Not compliant

Regulation 9: Residents' rights

Following up on the compliance plan from the last inspection some actions were addressed for example; there was sufficient electrical sockets at resident's bed space. However further action was required to ensure that residents rights' to privacy were maintained in the multi-occupancy rooms, and these are repeat

findings of the inspection in October 2024. For example;

- Inspectors found that the position of medication storage and air conditioning units within some of the multi-occupancy rooms were placed within a resident's bed space. For example, if the residents privacy curtain was closed and staff required to administer medication to another resident or access this machine, they would need to enter the resident's private bed space and disturb them.

Some residents in some of the multi-occupancy rooms did not have sufficient access to a television.

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 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Colman's Residential Care Centre OSV-0000492

Inspection ID: MON-0043851

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	Substantially Compliant

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

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. Fire Safety & Storage Oversight
• A full review of the storage system was completed on the day of inspection. All furniture and boxes were relocated to ensure clear access is maintained to fire exits and bedroom doors. This was further reinforced with Unit Managers and Staff.
• Residents' comfort chairs are now exclusively stored on one side of the N11 corridor, ensuring no obstruction to fire exits or evacuation routes.
• Signage has been installed to all fire exits advising staff and visitors not to sit or place items next to these areas.
• A system of regular and random audits of evacuation areas has been implemented by management and staff to ensure unobstructed access and compliance with fire safety protocols.

2. Risk Management Systems
• The Risk Management Policy and procedures has been reviewed and updated.
• All resident-related risk assessments are now retained in individual healthcare records to ensure staff are fully informed and guided in implementing appropriate control measures.
• Staff have been briefed on the importance of accessing and applying risk assessments in daily care practices.

3. Refurbishment of Residential Areas
• Refurbishment works are ongoing, with a structured painting schedule in place to address damaged paintwork and maintain a high standard of environment. This is being

carried out in consultation with the maintenance team.
• Refurbishment of multi-occupancy rooms has been completed. This includes removal of medicine cabinets and all temporarily placed air conditioning units from residents' personal spaces, thereby, enhancing privacy and dignity.

Regulation 30: Volunteers	Substantially Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers:
• A formal induction program has now been implemented for all volunteers. This includes orientation on the Centre's policies, safeguarding procedures, and role expectations.
• A system for documented appraisals has been introduced. Appraisals will be conducted at regular intervals to ensure volunteers are supported and their contributions are aligned with the needs of the service and Residents.
• The Activities Coordinator has been designated as the lead for volunteering supervision, support, and governance while volunteers are on site.
• In the absence of the Activities Coordinator, a delegated representative from Nursing Administration will assume responsibility for volunteer oversight to ensure continuity of supervision and adherence to policy.

Regulation 13: End of life	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: End of life:
1. Holistic End of Life Care Programme Implementation
A person-centred holistic end of life care program has recently been completed in collaboration with CARU, a specialist organisation supported by the Palliative Care Hospice. This program focused on best practice in end of life care provision and was delivered by experts in this area.
• A nominated staff representative from each unit has completed this training and now acts as a champion for best practice in end of life care.
• These representatives support staff in ensuring that residents and their families receive compassionate, individualised care during the end of life journey.

2. Staff Education & Quality Improvement Plan
A quality improvement plan has been developed to embed holistic end of life care into daily practice.
• A structured staff education program will commence in November 2025, with dedicated modules on end of life care.
• The service is actively engaging with Hospice and Palliative Care Educational Facilitators to ensure training reflects national standards and best practice.

• Training will focus on integrating physical, emotional, social, psychological, and spiritual needs into each resident's care plan, moving beyond clinical interventions to truly person-centred planning.

All care plans will be reviewed to and updated to reflect this approach, ensuring that residents' wishes and comfort needs are clearly documented and respected.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. Environmental Improvements & Décor
• A new build project is currently underway, with completion expected in 2027, which will enhance the environment available to residents and address concerns relative to current configuration and layout.
• A painting and refurbishment program is in progress. Primrose Place is scheduled for completion by 30th November 2025. Clover Meadow refurbishment has been completed, including all resident rooms.

2. Multi Occupancy Room Configuration
• All medication storage cupboards have been removed from residents' personal spaces.
• Air conditioning units have been removed from all bedrooms to maximize usable space.
• Wardrobes have been repositioned to ensure they are located within each resident's designated personal space.
• The service continues to review room layouts to ensure compliance with the minimum 7.4m2 floor space requirement per Resident, inclusive of bed, chair, and personal storage, and will make further adjustments as needed.

3. Storage Practices
• Linen trolleys are now only present in ensuite areas during personal care delivery. After use and cleaning, they are stored in designated storerooms to prevent inappropriate storage and maintain hygiene standards.

4. Sluice Room Safety
• While sluice rooms are equipped with appropriate facilities, the doors cannot be locked due to their dual function as fire doors. This risk has been documented on the Centre's risk register.
• All hazardous chemicals are securely stored in locked chemical cupboards to mitigate and safety risks.

5. Lockable Personal Space
• All residents are offered the option of a lockable drawer upon admission. Keys are provided where requested, and some residents have chosen not to use them.
• Residents may request a lockable space at any time, and this will be provided promptly to support their privacy and autonomy.

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:

• The Resident's Guide is currently under review and will be updated to reflect the current management structure and governance arrangements.
• Information relating to the terms and conditions of residency within the Centre, will be incorporated into the updated guide to ensure transparency and clarity.
• Clear instructions on how to access HIQA Inspection Reports will be included, with reference to both physical and online access points.
• Contact details for the Office of the Ombudsman will be added to support residents in understanding and accessing complaints procedures.
• Information and contact details for independent advocacy services will be clearly outlined in the guide. These details are also displayed throughout the centre to ensure visibility and accessibility.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

1. Policy Review & Enhancement

• The Risk Management Policy is currently under review and will be updated to include clear procedures for hazard identification and risk assessment across all areas of the Designated Centre.
• The revised policy will detail the measures and actions in place to control identified risks, ensuring a consistent and proactive approach to risk mitigation.

2. Management of Specified Risks

The updated policy will include specific control measures for the four specified risks:
• Abuse: Procedures for prevention, detection and response.
• Unexplained absence of a resident: Protocols for monitoring, reporting, and emergency response.
• Aggression & violence: Strategies for prevention, de-escalation, and staff training.
• Infectious diseases: Infection prevention and control measures, outbreak management, and staff education.

3. Incident Management & Learning

• The policy will outline a structured process for the identification, recording, investigation, and learning from serious incidents or adverse events involving residents.
• This includes mechanisms to ensure that recommendations are implemented, and that learning is shared across the team to prevent re-occurrence.
• The system for auditing and reviewing incidents will be strengthened to support continuous improvement and accountability.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. Means of Escape & Corridor Safety
• A no-storage policy has been implemented for equipment (apart from the comfort chairs on one side as detailed under Regulation 23 Governance and Management) along the N11 corridor, ensuring a clear and safe passage for bed evacuation.
• Random audits or evacuation routes are now conducted by management and the Nurse in Charge, with feedback and action plans developed to address any issues.
• Signage has been placed at all fire exits to remind staff and visitors to keep these areas clear at all times.

2. Equipment Storage & Fire Risk Mitigation
• Charging of equipment such as hoists and chair scales in corridors has ceased. These items are now stored in a designated storeroom, following the removal of shelving and installation of additional sockets by the Maintenance Team.

3. Compartmentation & Fire Door Compliance
• A formal review has been requested from the Fire Officer and Maintenance Team regarding the replacement of non-fire-rated glass bedroom doors on the N11 corridor with certified fire doors to ensure effective fire containment.

4. Staff Training & Fire Drills
• All 11 staff members identified as non-complaint with fire safety training have been notified and scheduled to attend the next training session. Full compliance will be achieved by 31st October 2025.
• The lack of fire drills in one unit since May was due to infection prevention and control (IPC) restrictions. Fire drills have now resumed, with weekly staff engagement sessions in place as per policy.
• All fire drills are now documented and submitted to Nursing Administration, with any learning outcomes or incidents shared across the team to support continuous improvement.

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:

1. Comprehensive Admission Assessments

• All residents undergo a comprehensive pre-admission assessment to support person-centered planning and ensure a smooth transition to the Centre.

• These assessments are used to inform the initial care plan and are reviewed within the first week of admission to ensure accuracy and completeness.

2. Care Plan Accuracy & Consistency

• A review of care plans has been initiated to identify and correct any potentially conflicting or unclear information, such as discrepancies in continence status.

3. Monitoring & Implementation of Clinical Advice

• Where GPs advise specific monitoring (e.g. sleep and behavioral), these are now integrated into the Residents' care plan and tracked through the EpicCare system.

• Staff have been reminded of the importance of documenting these observations consistently to support times interventions and appropriate care delivery.

4. Education & Quality Improvement

• A quality improvement plan is in place to enhance the standard of care planning across the Centre.

• A targeted education program for nursing staff will be rolled out in 2025/2026, focusing on person-centered care planning using the EpicCare system.

• Monthly national metrics audits continue, with a rotating selection of care plans reviewed. Feedback is provided to individual nurses and managers, with action plans developed where improvements are needed.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. Protection of Personal Space

• All medication storage units have been removed from Residents' personal bed spaces. This ensures that staff administering medication to other Residents do not enter or disturb another Resident's dedicated private space.

• All air conditioning units have been removed from bedrooms to prevent encroachment on personal space and to support a more private and comfortable environment.

2. Enhancing Resident Access to Television

• All residents in multi-occupancy rooms are being consulted individually regarding their preferences for television access.

• A plan is in place to provide individual television services to bed areas, including upgrades to screen sizes, ensuring equitable access to entertainment and personal choice.

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 13(1)(a)	Where a resident is approaching the end of his or her life, the person in charge shall ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned are provided.	Substantially Compliant	Yellow	31/12/2025
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	Orange	30/11/2025
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include how to access any inspection reports	Substantially Compliant	Yellow	31/10/2025

	on the centre.			
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Substantially Compliant	Yellow	30/11/2025
Regulation 20(2)(f)	A guide prepared under paragraph (a) shall include information regarding independent advocacy services.	Substantially Compliant	Yellow	30/11/2025
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	30/11/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2025
Regulation 26(1)(c)(vi)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control infectious diseases.	Substantially Compliant	Yellow	31/10/2025

Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	31/10/2025
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/10/2025
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	31/10/2025
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	31/10/2025
Regulation 26(1)(c)(ii)	The registered provider shall	Substantially Compliant	Yellow	31/10/2025

	ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.			
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Substantially Compliant	Yellow	31/10/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/10/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting	Substantially Compliant	Yellow	31/10/2025

	equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2025
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre receive supervision and support.	Substantially Compliant	Yellow	31/10/2025
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).	Substantially Compliant	Yellow	31/10/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive	Not Compliant	Orange	30/09/2025

	assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to radio, television, newspapers, internet and other media.	Substantially Compliant	Yellow	31/10/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/10/2025