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 Martha's Nursing Home
Name of provider:	St Martha’s Nursing Home Ltd
Address of centre:	Glenswilly House, Cappauniac, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	06 August 2026
Centre ID:	OSV-0005284
Fieldwork ID:	MON-0050348

About the designated centre

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

St Martha's Nursing Home is set at the foot of the Galtee mountains. It is located four miles from the town of Cahir and five miles from the town of Bansha on the Glen of Aherlow road. The centre is registered to accommodate 26 residents. It is a two-storey building with lift and stairs access to the first floor. Bedroom accommodation comprises single and twin bedrooms. Fifteen of the twenty bedrooms have en-suite shower and toilet facilities and there are toilet and bathroom facilities adjacent to the remaining five bedrooms. Communal accommodation comprises a conservatory, two lounge areas, dining area and a visitors' room. There is an enclosed sensory courtyard with seating and an external mature garden with seating and walkways. The centre provides full-time nursing care to male and female residents requiring respite and long-term nursing care whose care needs can be met by St Martha's, including people who have been assessed as maximum dependency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 6 August 2026	09:05hrs to 16:45hrs	Sinead Corbett	Lead

What residents told us and what inspectors observed

This inspection was a one day unannounced inspection conducted by one inspector of social services to monitor compliance with the regulations and to follow up on the compliance plan issued by the registered provider following the previous inspection on 23 January 2026. To gain insight into the residents' experiences in the centre the inspector spoke to residents, visitors, staff and spent time observing the environment and reviewing documentation. This inspection found insufficient oversight of fire safety issues, requiring immediate action of the day of the inspection, this is discussed in further detail in the report.

Overall, based on the observations of the inspector and discussions with residents, residents appeared to be happy living in the centre. The inspector spoke with many residents and spoke with 5 in more depth. Residents were complimentary about the staff and care in the centre, for example the inspector was told that staff were 'very good' and 'treat you like their own' and that the centre was 'homely'. Residents complimented the food and said that they have a choice. Some residents could not verbally communicate their needs, they appeared comfortable and content. Staff were observed to interact in a kind manner with residents and were attentive to their needs, residents said that staff responded to their requests for assistance quickly.

The inspector arrived to the centre in the morning and conducted a walkaround of the centre, followed by an introductory meeting with the person in charge. The registered provider was also present in the centre from mid morning. St. Martha's Nursing Home is a two storey designated centre situated in a rural setting in Co. Tipperary. Residents could choose to sit in the day room at the front of the building, with views to the garden or they could choose to sit in the open plan day room and dining room area. Residents also had access to a quiet room on the ground floor. On the morning of the inspection, some residents were resting in bed and others were observed sitting together watching television in the open plan day rooms and residents were also seen to use the quiet room.

The premises appeared clean and was warm and bright. Signage for communal rooms was displayed and corridors were decorated with photographs of residents. Handrails on corridors and in bathrooms supported residents to mobilise as independently as possible. A passenger lift supported residents to move between floors. Bedrooms appeared comfortable and were personalised with resident's own belongings. Residents were complimentary about their bedrooms. Bedrooms had storage for residents to keep their own personal belongings. New furniture had been purchased for some bedrooms since the previous inspection. Curtains in twin rooms afforded residents with privacy, although the privacy in shared bathrooms required review, this is discussed further under Regulation 9: Residents' rights. Residents could access a secure well maintained garden from the open plan day room and

dining room. Seating in the garden provided residents with a choice to sit outdoors and enjoy the garden.

Residents were complimentary about the home cooked food in the centre. Residents were observed having their main meal in the dining room area. One resident was observed having their main meal in their bedroom and they told the inspector this was their choice. The food appeared appetising and nutritious and residents were given a choice of two main courses. Residents told the inspector that they are offered a choice of two main courses, however, if they did not like what was on the menu they could request something else. The dining experience was relaxed with adequate staff in attendance to support residents requiring assistance.

The social activities timetable for that day was displayed on a board in the day room, activities listed were exercise, an activity of choice and rosary. The inspector was told that Roman Catholic Mass is held in the centre each fortnight. Residents were observed watching television and going outside for a walk with staff and playing a game in the day room later in the afternoon. The day's newspapers were seen in the centre.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. One visitor, with whom the inspector spoke, gave positive feedback about the centre and the care of their relative.

The centre provided an in-house laundry service to residents, there were no complaints about the laundry service or reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, this inspection identified that while there were governance and management systems in place to oversee the delivery of a safe service, they were not fully robust, for example, governance systems to oversee fire safety precautions were not effective and actions outlined in the compliance plan following the inspection on 23 January 2026 were not all completed in accordance with the timelines specified. An immediate action was issued to the registered provider and a number of other areas relating to fire safety were brought to the attention of the registered provider during the inspection. The registered provider was proactive in addressing these. This is discussed further under Regulation 23: Governance and management and Regulation 28: Fire precautions.

This unannounced inspection also followed up on solicited and unsolicited information received by the Chief Inspector since the inspection in January 2026. Some of this information was substantiated on this inspection.

The registered provider of St. Martha's Nursing Home is St. Martha's Nursing Home Ltd, a limited company with two company directors who work full time in the centre, one of whom is the person in charge. The was a clear reporting structure in the centre. The person in charge was supported in the centre by a team of nurses, care assistants, kitchen and household staff.

The staffing and skill mix on the day of inspection were appropriate to meet the care needs of residents. On the day of the inspection, the person in charge was the only nurse on duty due to staff leave. The inspector was told that a nurse was recently recruited and there were no other staff vacancies. Staff were observed responding to residents' needs in a timely manner. Staff told the inspector that staffing was adequate in the centre.

There was an ongoing schedule of training in the centre across a broad range of topics, for example safeguarding, manual handling, falls prevention, managing responsive behaviours, fire safety and infection control. A review of documents provided to the inspector identified gaps in training compliance in some areas, however, the inspector was told that this was incorrect and figures for the number of staff who completed training in safeguarding, restrictive practices and infection control were submitted following the inspection. This showed a high level of compliance in training in these areas.

There were good local governance systems in place to monitor the effectiveness of care delivered to residents and to identify areas for improvement. Since the previous inspection,the person in charge conducted audits across a number of areas, for example, infection control, protection from abuse, medications, management of responsive behaviours and infection control. The information gathered was used to inform actions to drive quality improvement. While some audits did reflect what was noted by the inspector, for example an audit on infection control completed in June 2026 identified that some furniture required replacing, some audits did not identify issues that were found on the day of the inspection, this is discussed further under Regulation 23: Governance and management. The annual review was completed for 2026 and included an action plan for 2026. The person in charge had investigated a serious incident that occurred in the centre and identified and implemented actions relevant to the findings.

The complaints procedure was displayed throughout the centre and the inspector was told that no complaints were made in 2026. Residents told the inspector that they could raise concerns with any of the staff if they needed to.

Regulation 15: Staffing

The staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

Judgment: Compliant

Regulation 16: Training and staff development

A review of information submitted by the person in charge following the inspection identified a high level of compliance with training in the areas of safeguarding, infection control, and restrictive practices. In addition staff had also completed training relating to fire safety.

Judgment: Compliant

Regulation 23: Governance and management

- There were deficits in the oversight systems of fire precautions, this was evidenced as follows:
    - Many findings regarding fire precautions were repeat findings from the previous inspection and the actions outlined under Regulation 28 in the compliance plan submitted following the last inspection were not completed. These findings are further outlined under Regulation 28: Fire precautions.
    - The compliance plan submitted following the last inspection outlined that a risk assessment was to be carried out to assess the risk of using the plant room to store items that were combustible items. This action was not progressed and during this inspection the plant room was noted to contain storage of solvents and combustible items. Therefore, in the absence of this risk assessment an immediate action was issued to the registered provider to remove combustible items and solvents from the plant room. This was actioned on the day of the inspection.
    - Arrangements to ensure that annual servicing of fire equipment was completed on time were not fully effective, as the service of the emergency lighting was overdue by six months. Confirmation that this was completed was submitted by the provider shortly after the inspection.
- There was no written procedure to direct staff on completing neurological observations after a suspected head injury. This could result in a delay in recognising a resident at risk of clinical deterioration. This is further discussed under Regulation 6: Healthcare.

- Some audits conducted in the centre did not identify the findings on the inspection, for example, an audit on infection control completed in June 2026 did not identify that there were some wound dressings that were out of date prior to the audit.

Judgment: Not compliant

Regulation 34: Complaints procedure

The registered provider ensured that the complaints procedure was accessible and displayed in the centre. A local complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints.

Judgment: Compliant

Quality and safety

Overall, from what residents told the inspector and what the inspector observed, residents were supported to have a good quality of life across many areas, such as care planning, protection, and food and nutrition. Staff and resident interactions were kind and respectful. Residents and visitors that spoke with the inspector were complimentary about the centre and care from the staff. Since the previous inspection, the compliance plan had been progressed in the area of care planning and infection control, resulting in improvements. Notwithstanding this, there were some gaps noted in the areas of managing restrictive practices, healthcare, residents' rights and infection control, these are discussed further under the relevant regulations. Significant deficits in the area of fire safety were noted and are discussed further under Regulation 28: Fire precautions.

Good practice was observed in the area of assessment and care planning. Care plans were updated at a minimum of four monthly intervals and were developed based on a comprehensive assessment. Validated assessment tools were utilised to assess risks regarding falls, malnutrition and pressure ulceration. Residents' medical and health needs were met through a broad range of community-based health and social care services, for example General Practitioner (GP), speech and language therapy, and a local community intervention team. Residents were supported to access national vaccination programmes such as for Covid-19. Where residents required frequent repositioning or safety checks, a sample of records showed these were completed. While observations were completed after residents were suspected

to have sustained a head injury, there were some gaps noted, this is discussed further under Regulation 6: Healthcare.

Residents were offered a choice of home cooked meals, food served to the residents appeared to be well presented. Residents had access to drinks throughout the day. Staff were seen to support residents in a respectful manner at meal times, sitting beside them to provide assistance with eating and drinking if required and asking residents if they would like more food.

Staff that spoke with the inspector were knowledgeable of their role in protecting residents from abuse and in reporting concerns. Residents told the inspector that they felt safe in the centre. The centre had an up to date safeguarding policy which referenced the national HSE policy on safeguarding vulnerable persons at risk of abuse. The centre did not act as a pension agent for any resident and where they held valuables for residents, there was a system in place to manage this. Most residents had access to locked storage in their bedrooms, however, for six residents they did not. The inspector was told that these residents had just received new lockers and there was a plan to add locks to these.

Where restrictive practices were in use, this was recorded in the resident's care plan and consent sought. A sample of observation charts found that checks of bedrails were completed at regular intervals each day. However, the management of restrictive practices did not fully align with the regulations, this is discussed further under Regulation 7: Managing behaviour that is challenging.

Communal areas and bedrooms were observed to be cleaned to a good standard. Household staff were observed cleaning the centre on the day of the inspection and they used cleaning trolleys with separate sections for clean and soiled mop heads and cloths. Staff told the inspector that there was a schedule for cleaning rooms each day and a deep-cleaning schedule for each bedroom. Staff had access to relevant infection, prevention and control training and staff that spoke with the inspector were knowledgeable about infection control practices. The centre had an up to date infection control policy. Notwithstanding this, some areas were identified that were not fully aligned with the national standards. This is set out under Regulation 27: Infection control.

Current annual servicing records for fire extinguishers and the fire alarm panel were available on the day of the inspection. The annual servicing record for the emergency lighting was submitted following inspection. Staff had received training on fire safety in November 2025. Residents had a personal emergency evacuation plan (PEEP) which recorded their awareness of fire evacuation procedures, and assistance, equipment and supervision required. Fire instructions were displayed in the centre. Running man signage and emergency lighting was in place throughout the centre. However, fire safety precautions in the centre did not provide assurance that the risk posed to residents was at the lowest level. The compliance plan submitted by the provider following the last inspection had not been actioned and the findings of concern from the previous inspection were again noted on this inspection. This is further outlined under Regulation 28: Fire precautions.

Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre. For example resident forum meetings were held in the centre and records showed that residents were asked for their input in relation to activities and days out. Roman Catholic Mass is held in the centre every fortnight. Residents had access to newspapers, books, televisions, and radios. The inspector told by residents that they had choices how they wished to spend their day and meals they wished to eat. However, residents' rights to privacy was not fully afforded, this is discussed further under Regulation 9: Residents rights

Regulation 18: Food and nutrition

Residents had access to homemade meals, snacks and drinks throughout the day. There was an adequate number of staff available to support residents at meal times. Residents were supervised and assisted with meals where required to ensure their safety and nutritional needs were met. Residents were complimentary about the food.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed a sample of residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, information was obtained from the discharge service.

Judgment: Compliant

Regulation 27: Infection control

While the provider made improvements in the area of infection control since the last inspection, there were some areas noted that did not fully align with the National Standards for infection prevention and control in community services (2018), for example:

- Some wear and tear on some surfaces of bedroom furniture was noted and therefore could not be sufficiently cleaned to prevent cross contamination.
- Unlabelled and open toiletries such as creams were not disposed of and were stored in a store room.

- Out of date dressings and clinical needles were stored in the treatment room, this was a repeat finding.
- A broken wall tile was noted in the shower room, this could not be sufficiently cleaned to prevent cross contamination.
- There was mixed storage in a store room, for example wheelchairs and pillows were stored in the room with personal protective equipment, this increased the risk of cross contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

- The plant room was used as a storage room for activity items, which were combustible, and a small quantify of paint. The action outlined on the compliance plan following the last inspection was to complete a risk assessment by a competent person to assess the risk of storing combustible items in this area, and this had not been completed. In the absence of a risk assessment by a competent person to assess the suitability of using the plant room to store items which were combustible, an immediate action was issued to the registered provider to remove solvents and combustible items from this room, this was actioned on the day of the inspection.
- Arrangements to ensure that the means of escape were kept clear were not effective, this was evidenced as follows:
    - The access to three fire exit doors in the centre were noted to be impeded for example, the fire exit door adjacent to the main stairs was partially blocked by a table and chairs. These were brought to the attention of the registered provider on the day of the inspection and the exits were promptly cleared.
    - There were two stairs from the first floor, exit signage directed that both could be used as an exit. On the morning of the inspection both stairs were noted to have items causing an obstruction for example, two wheelchairs stored at the top of one of stairs impeded access. These issues were brought to the attention of the registered provider and were rectified promptly on the day of the inspection.
    - A large table with bundles of books was stored underneath and beside the main staircase, the storage of combustible items in this area posed a risk as signage indicated that this area was a fire exit route. These issues were brought to the attention of the registered provider and were addressed on the day of the inspection.
- Arrangements to ensure the safe evacuation of all residents were not sufficently robust, this was evidenced as follows:
    - Not all residents had an appropriate or safe evacuation plan, for example some residents who could not mobilise or transfer without the use of a hoist did not have an appropriate evacuation aid.
    - The method of vertical evacuation was not consistently included in residents' assessed personal emergency evacuation plan. The inspector

was told that while there was a plan to install evacuation chairs and complete vertical evacuation training within two weeks after the inspection, vertical evacuation training had not been completed in the centre in previous 2 years. This did not provide assurance that staff were sufficiently knowledgeable or competent to safety evacuate residents from the first floor. This was a repeat finding.
    - Records of evacuation drills were not sufficiently detailed to demonstrate that the evacuation procedures were fit for purpose.
- A hoist was charging in an upstairs bedroom, this could potentially pose a fire risk in a residents' bedroom.
- Fire containment measures were impacted by deficits to three fire doors; a door stopper held a door open on the ground floor, one cross corridor fire door was noted to have a gap when closed and another cross corridor fire door did not close fully on release, these would not sufficiently contain smoke or fire in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans. Good practice was observed in the area of care planning for residents. Care plans were developed following an assessment of the residents' needs and were detailed sufficiently to direct care. Care plans were updated at a minimum of four monthly intervals to ensure they were reflected the residents' current needs.

Judgment: Compliant

Regulation 6: Health care

There was no written procedure regarding neurological observations, including the frequency and duration of neurological observations following a suspected head injury. This was evidenced as follows: a review of a sample of incident records did not provide assurances that neurological observations were completed consistently in line with a high standard of evidence based nursing care. This could result in a delay in recognising a deterioration in a resident's medical condition following a head injury.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

- A review of a sample of records showed that while the use of restrictive practices were assessed, and monitored each day, a review of a restrictive practice assessment was not completed within the review date outlined.
- Where positional lapbelts were in use for residents who could not remove them, they were not considered to be a form of restraint. This did not fully align with the national policy published by the Department of Health, which outlines that while the use of equipment to promote the safety of a resident may be appropriate in specific circumstances, it may also constitute a physical restraint where it cannot be removed intentionally by the resident and where it restricts freedom of movement.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider has taken appropriate measures to protect residents from abuse, such as:

- The provider had a local policy in place that referenced the national safeguarding policy.
- Staff displayed a good understanding of the types of abuse and who to escalate any concerns to.
- Residents said they felt safe and could raise any issues with staff.
- There was a system in place to ensure residents' belongings were held securely in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' right to privacy was not fully upheld for residents using the shared bathroom on the first floor, this was noted as follows:

- One resident was using the toilet facilities in a shared bathroom and staff present did not close the door in a timely manner to afford the resident privacy.
- While there were locks on both doors of the shared 'jack and jill' bathroom between two twin rooms, one door leading to a bedroom could not be locked from within the bathroom.

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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Martha's Nursing Home OSV-0005284

Inspection ID: MON-0050348

Date of inspection: 06/08/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Combustible items/materials removed from plant room and going forward to ensure that no combustible items/materials are stored there in future. Ensure Emergency lighting certificate issued at 12 month intervals. Written procedure and neurological observation chart now in place. To continue to identify appropriate findings during audits and update audit tool.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Worn bedroom furniture to be replaced. Dispose of unlabelled and open toiletries. Dispose of out of date dressings and clinical needles appropriately Remove and replace broken wall tile. Store items in such a way to prevent cross contamination	

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Combustible items/materials removed from plant room and to ensure that they are not stored there in the future.
Ensure all exit doors and exit routes are kept clear as per daily visual inspection.
Ensure all residents have a safe evacuation plan to suit their needs.
Training for vertical evacuation in September with recently purchased evacuation chair.
Fire safety audits undertaken monthly in line with regulations to ensure residents safety.
Charge hoist in store room not bedroom.
Repairs to fire doors to be undertaken and removal of door stop immediately.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Written procedure and neurological observation chart now in place.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
To continue to review restrictive practices in the required time as per national policy.
As discussed on day of inspection an occupational therapist had done a seating assessment and detailed report was in place and since inspection a further OT assessment was carried out which continued to support that a pelvic positional belt was in place to maintain a stable,aligned and functional seated posture.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Ensure all residents using toilet facilities have privacy. Repair door on Jack and Jill toilet so that both doors can be locked from the inside.	

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 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	14/10/2026
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	01/11/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Not Compliant	Orange	14/10/2026

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	14/10/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	01/10/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/10/2026
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	Not Compliant	Orange	01/10/2026

	and safe placement of residents.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, 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.	Substantially Compliant	Yellow	01/10/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	08/10/2026
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	01/10/2026