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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:	Tralee Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Teile Carraig, Killerisk Road, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	08 October 2025
Centre ID:	OSV-0000566
Fieldwork ID:	MON-0048298

## About the designated centre

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

Tralee Community Nursing Unit is a designated centre located in the urban setting of the town of Tralee. It is registered to accommodate a maximum of 43 residents. It is a single-storey facility set on a large site. Residents' bedroom accommodation is set out in two units, Loher unit with 21 beds and Dinish unit with 22 beds. Each unit is self-contained with a dining room, kitchenette, day room. Bedroom accommodation comprises of single, twin and four bedded rooms. The Rose Café is located at the entrance to the centre has café style seating. The atrium is a large communal space located between the two units with comfortable seating. The quiet visitors room is located between both units. The oratory is situated on the corridor by the main entrance. Tralee Community Nursing Unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	41
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 8 October 2025	09:30hrs to 17:30hrs	Erica Mulvihill	Lead

## What residents told us and what inspectors observed

The overall feedback from residents living in Tralee Community Nursing Unit was that they were generally happy with the care they received and their life in the centre. There was a calm and relaxed atmosphere in the centre and residents were seen moving freely and unrestricted throughout. During the day of the inspection, the inspectors met with many of the 41 residents living in the centre, and spoke with eight in more detail.

On arrival to the centre, the inspector was guided through Infection prevention and control procedures by the reception staff and the clinical nurse manager who was in charge on the day of inspection. The inspector was informed the person in charge was on planned leave on the day of inspection. The inspector was accompanied on a walk around the centre and afterwards had a short introductory meeting with the clinical nurse manager.

Residents spoken with were very complimentary of the care they received and one resident commented that staff cant do enough for you, "im fed and watered and happy out".

Another resident praised the centre overall but did state that they felt staff were busy and there were new staff coming and going particularly in the last few weeks. The resident stated this can affect the atmosphere from time to time but "the regular staff know us so well". Staff were seen to be very respectful to residents and were observed to knock on residents bedroom doors prior to entering to assist them with morning care. Residents who could not communicate their needs appeared comfortable and content on the day of inspection.

The inspector spoke to six visitors throughout the inspection, and most visitors spoken with were very complimentary about the centre and felt their relatives were safe. One visitor who asked to speak with the inspector on the day, wished to state how fantastic the quality of care at the centre is but cited concern regarding the level of reliance on agency staff at present as it is unsettling for their loved one as they do not know them well.

Tralee Community Nursing Unit provides long term care for both male and female residents with a range of dependencies and requirements. The centre is situated in the town of Tralee in County Kerry and is registered to provide care to 43 residents. On the day of the inspection there were 41 residents living in the centre. The centre comprises two wings, Loher which has 21 beds, and Dinish which has 22 beds, each unit has their own day room and dining room for resident use. The centre had an ongoing programme of works to include fire works and re-flooring of resident spaces ongoing at the time of the inspection. The inspector saw that the centre was being upgraded and a sample of rooms where flooring had been completed were observed to be clean, tidy and were appropriately decorated for resident comfort.

Bedroom accommodation in the centre comprised of five four bedded rooms, two twin rooms and 19 single rooms. The majority of residents have access to a shared bathroom with three rooms having en suite facilities. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner throughout the day. Residents had access to secure garden areas, and residents were seen to come and go from this area throughout the day.

Large communal spaces between the two units, Loher and Dinish were available for residents to meet family members if they wished to, one resident had an art space set up for them in the atrium as they enjoyed sitting in this area adjacent to the garden painting and colouring in the morning time. Residents enjoyed sitting in the library area and concourse where the daily activities took place. A robust activities programme was in place and the staff were seen to be assisting residents in the morning to do individual activities as per their preferences. For example, two residents were chatting to each other having their morning cup of tea, one resident was colouring, and three of the male residents were watching TV. Another resident was assisted to use exercise equipment as they liked to do their exercise in the morning time. Residents were observed to be happy and chatty with the activities coordinator and the staff who were looking after them. In the afternoon, a musician came to the centre and played and sang with residents, this was a weekly highlight in the centre according to some residents who spoke with the inspector.

The inspector spent time observing the dining experience for residents in the centre. Some residents throughout the inspection, told the inspector that they were not always satisfied with the provision of meals in the centre, with one resident stating "it is often cold when i get it" and another stating the food in the centre is unappetising at times. In Dinish unit, tables were not set for residents who wished to have their meal in the dining room. There was no condiments provided for residents and when they were served their meal, they were offered salt sachets which were placed on the table next to them. One resident was observed to ask for a beverage to go with their meal as there was no drink provided to them. It was observed that the staff in this unit was for the most part agency staff and it was evident they did not know the residents well and the regular staff were trying to guide them on care requirements of the residents in their care. The ambiance was clinical and did not appear conducive to a pleasant dining experience. In Loher unit, the inspector observed a different more conducive experience for the residents living on this unit. Tables were set and music played in the background. Residents were seen to be supported by staff and had adequate amounts of food and drinks provided to them. The supervision of dining experiences will be discussed further under regulation 23: Governance and Management and regulation 16: Training and Staff development.

Visitors were seen to freely access the centre throughout the day of inspection and some were seen taking their relatives to the nearby coffee shop for a social outing. Residents were also assisted to go to the coffee shop with the rehabilitation assistant on site in the centre. Residents worked on a project of making greeting cards which were sold at reception and monies made were used to fund their coffee shop trips.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

## Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the action taken by the provider, following a site inspection in July 2025 in relation to the provider submitting an application to vary Condition 1 and Condition 3 of the centres' registration. This inspection found that, although action had been taken to improve the quality of the service and the care environment, the oversight of some management systems were not sufficiently robust to ensure compliance with a number of regulations which are set out in this report.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure in place. The person in charge commenced their role in November 2024 and worked full time in the centre. They were supported by a clinical nurse manager and a team of nursing, health care, household, catering and activity staff. Maintenance support to the centre was provided by South West Estates Tralee. The person in charge reports to a General Manager in the HSE, who was available for consultation and support as required. The centre is also supported by centralised departments, such as human resources, fire and estates and practice development.

The person in charge was on planned leave on the day of the inspection and the clinical nurse manager facilitated the inspection.

The provider had been granted a certificate of renewal of registration of the centre which had took effect from June 2024. As part of this process the Chief Inspector assesses the governance and management arrangements of the registered provider. Although evidence of a defined management structure was in place, and the lines of authority and accountability were outlined in the centres statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centres registration. The provider was required to review these arrangements and was afforded until the 31st of October 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named on the centres registration and the restrictive condition remained on the centres registration. This finding is actioned under regulation 23: Governance and Management.

While there were sufficient staff on duty to meet the needs of residents living in the centre and staff had access to appropriate training, there was a high reliance on agency staff on duty during the inspection. This did not promote continuity of care

as some of the staff did not know the residents care needs well and therefore there was a lack of consistency and this may affect quality of care to residents. Well maintained training records were reviewed by the inspector and were found to be up to date with a training schedule evident for future training sessions.

The provider had an audit schedule examining key areas, including medication management, infection prevention and control for example. These audits identified deficits and risks in the service and action plans for improvement were evident. Communication systems were in place between senior management and management within the centre. However, there were limited amounts of internal staff meetings to ensure that there were effective communication systems in place to ensure that all staff were aware of key clinical and operational aspects of the service and were given the opportunity to raise concerns around quality and safety of care and support to residents.

The oversight of accidents and incidents were well managed in the centre and all notifications requiring submission to the office of the Chief Inspector were notified in the required time frames to meet regulatory requirements.

The management of complaints was not sufficiently robust in the centre. Whilst the centre had their complaints policy and procedure on display for resident and families to review, some complaints that were voiced by residents and visitors on the day of the inspection particularly around nutrition had not recorded in the complaints management log. This is actioned under Regulation 34: Complaints Procedure.

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary Condition 1 and Condition 3 of the centres registration has been submitted. However, some of the corrective actions issued to the provider previously in relation to the application had not been carried out at the time of the inspection.

Judgment: Substantially compliant

#### Regulation 14: Persons in charge

The person in charge works full time in post in the designated centre. They had the required experience, skills and qualifications as set out in the regulations.

Judgment: Compliant



## Regulation 15: Staffing

Based on a review of rosters, and taking into account the size and layout of the centre, the inspector found that there was an adequate number of staff to meet the assessed needs of residents living in the centre. Whilst the numbers of staff were adequate, a high reliance on agency staff in the centre posed a risk of lack of consistency of care to residents. This will be actioned under regulation 23: Governance and Management.

Judgment: Compliant

## Regulation 16: Training and staff development

Management systems required action in relation to staff being appropriately supervised as evidenced by:

- there was a lack of supervision of staff who were new to the centre in relation to ensuring consistency of care. On one unit, only three of the centres' regular staff were on duty the rest of the duty roster was covered by agency staff.
- there was a lack of supervision of staff who provided meals to residents in their bedrooms. One resident was observed to call for assistance as they had not been assisted into an optimal position to enable them to eat their meal provided to them.
- there was a lack of supervision of staff of staff at mealtimes to ensure residents in all units of the centre enjoyed a sociable and dignified dining experience.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Management systems were not sufficiently robust and required action to ensure that the service provided was safe, appropriate and consistent, for example:

- The system in place for the supervision of staff was not sufficiently robust pertaining to food and nutrition and a sociable and dignified dining experience as discussed throughout this report.
- There was limited staff meetings taking place in the centre and there were not effective arrangements in place for staff to raise concerns about the quality and safety of care and support provided for residents. This did not

provide opportunities for management to engage and communicate with staff on current concerns within the centre and areas for quality improvement.

- A review of duty rosters found that the centre has a high reliance on agency staff throughout the centre. This did not provide assurances that consistency of care to residents was provided. On the day of the inspection, almost half of the daily staffing complement were agency staff. There was not adequate supervision of staff to ensure continuing care to residents.
- the provider had appointed a full time chef to the centre to carry out meal preparation and cooking of residents food on the premises. However, despite having the staff, food preparation was still being provided by the local hospital as the provider was still awaiting approval for upgrades to the Kitchen. These findings will be actioned under Regulation 18: Food and Nutrition.
- a review of records found that there was a lack of oversight into the management of complaints as detailed under Regulation 34: Complaints procedure.
- the registered provider had not complied with the restrictive condition placed on the centres registration. This condition stated that "The registered provider shall, by the 31st of October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre".

Judgment: Not compliant

#### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. The contracts seen were sufficiently detailed. They included the room number and type of accommodation the resident would occupy and any fees or additional fees to inform the resident on admission to the centre.

Judgment: Compliant

#### Regulation 31: Notification of incidents

A review of the incidents log in the centre indicated that any incidents that required notification to the office of the Chief Inspector had been submitted, as per regulatory requirements. An NF02 (notification for the outbreak of any notifiable disease) had been submitted prior to the inspection within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The system in place for the management of complaints was not sufficiently robust. This is a recurrent finding. Complaints management required action to comply with the requirement of the regulations, as follows:

The inspector found that not all complaints were correctly recorded in the centre including any reviews and outcomes of these. There were limited complaints logged. However, speaking with residents, visitors and staff, it was evident that complaints made by residents and their relatives were not recorded.

As per regulatory requirements, all complaints received are required to be fully and properly recorded and that such records are in addition to and distinct from a residents' individual care plan.

All staff were not aware of the centres complaints policy and procedures in what constitutes a complaint and actions to follow subsequent to the complaint being made as per the centres policy.

Judgment: Not compliant

### Quality and safety

Overall, residents in Tralee Community Nursing Unit were found to be supported to have a good quality of life. There was timely access to health care services and appropriate social involvement. A human rights based approach to care was evident and seen to be promoted and residents spoken with stated they felt safe in the care of the staff of the centre. Staff who were known to residents were knowledgeable of the residents' individual care needs and interactions observed were kind and respectful. Notwithstanding this, action was required by the provider in relation to Regulation 18: Food and Nutrition, Premises and the overall dining experience.

The inspector was assured that residents' health care needs were met to a high standard. There was twice weekly access to general practitioner(GP) services, and records demonstrated that referral systems were in place for residents to access allied health and social care professionals, such as dieticians, occupational therapists and physiotherapy. Independent advocacy services were available to residents if required.

The registered provider had measures in place to safeguard residents from abuse. The provider acted as a pension agent for a number of residents in the centre.

There was a procedure in place for the management of residents' petty cash. There was a policy and a procedure available for safeguarding vulnerable adults and training records identified that all staff had participated in training in adult protection.

Two trained, energetic and enthusiastic personnel were assigned to provide an engaging activity and social engagement programme for residents in the centre which was well received. The activities programme was in place until late in the evening affording the residents activities after their evening meal where they could enjoy activities such as watching mass, live music and enjoying the company of others prior to retiring to their rooms later in the evening as per their preference. The activity roster had had a recent review which led to an earlier conclusion to the activities programme, this roster change was commenced on the same day of the inspection. The provider has agreed to keep this under review to ensure residents continued to access activities into the evening times as this was part of the residents' lived experience in the centre.

Care planning documentation was available for each resident in the centre, as per regulatory requirements. Validated assessment tools were used to assess risks to residents and to inform individualised care plans. Care plans were reviewed and updated four monthly or when there was a change in residents care needs and were adequately detailed to direct care to staff.

The centre was actively promoting a restraint free environment. Evidence of risk assessments, multidisciplinary input and discussion with residents in relation to any restrictive measures was available for the inspector to review.

Residents who required modified and fortified diets were seen to be facilitated, with meals prepared as recommended by dieticians. Residents had mixed feedback in relation to food provided to them, and action was required in relation to the service of meals to residents and choices available. This will be discussed further under Regulation 18: Food and Nutrition.

There had been improvements in the premises, with new flooring being placed in bedrooms and areas which required replacement. On the day of inspection, flooring was ongoing and there is a commitment from the provider that all floor surfaces that required replacement would be carried out as part of this programme of works. Bedrooms that had recently been upgraded were bright and adequately decorated. However, despite these positive findings, other aspects of the premises required attention as discussed further under Regulation 17: Premises.

Ongoing works were being carried on in the centre in relation to fire prevention and safety. Fire door installation works were due to be carried out in the centre and the provider had provided assurances installation dates were confirmed. Fire drills of the largest compartment were supervised by an external fire safety contractor and were occurring regularly to ensure staff knowledge on evacuation was consistently monitored.

## Regulation 12: Personal possessions

Each resident had adequate storage in their bedrooms and were able to maintain control over their clothing and personal possessions. Residents' personal clothing was laundered by an external laundry service and arrangements were in place to ensure their clothing was returned to them following the laundering process.

Judgment: Compliant

## Regulation 17: Premises

While the premises was designed and laid out to meet the number and needs of residents in the centre, some areas required action to conform to matters set out in Schedule 6 as follows:

- Televisions in the four bedded rooms were positioned high over the door frames and could be obstructed by privacy screens in use.
- Resident hand wash sinks were not available in the four bedded rooms as staff informed the inspector these were for clinical handwashing only.
- A hoist was observed in one bedroom to occlude a residents wardrobe as staff had not ensured it was correctly protracted to its default position creating risk of injury.
- Inappropriate storage of equipment in one bathroom restricted access to residents use of this space.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Action was required by the registered provider in relation to food and nutrition as evidenced by the following findings:

- Food was delivered from the local hospital at specific times during the week. This resulted in there being limited choices for residents if they did not like the choices available to them on a given day.
- On the day of inspection, there was no evidence of any home baked produce for residents, therefore action was required to have the available fresh and nutritious food available to residents as per their preferences. This is a previous inspection finding.
- Trays for meal service for residents who preferred to reside in their rooms for mealtimes, were scorched and tarnished from the food heating trolley and needed to be replaced.

- Two residents stated that food presented can be cold when received with two residents stating it can be unappetising at times.

Judgment: Not compliant

### Regulation 27: Infection control

A staff member had assumed the role of Infection Prevention and Control link practitioner and was available to staff for information or training in this area. Education included hand hygiene, PPE (personal protective equipment) and MDRO (multi-drug resistant organisms) awareness.

A recent NF02 notification was submitted in relation to an infection outbreak in the centre. Observations on the day of inspection showed a responsive staff who were aware and were supported to implement the standards for the prevention and control of health care infections. Good infection control techniques, hand washing, PPE usage, were in place to reduce the risk of cross contamination and potential spread of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

Ongoing works in relation to fire prevention and safety were being carried out in the centre. Fire drills of the largest compartment with reduced staffing levels were conducted regularly and a commitment to continuing regular drills was evident to improve staff knowledge on evacuation procedures. Fire doors which required upgrading were planned and dates were confirmed by the provider for installation on the 27th of October, 2025. Staff had undergone Fire safety training as per requirements and all were up to date.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

A sample of care records reviewed were detailed and person centred. They were updated at times of changing requirements of residents or four monthly as required by regulation. Validated assessment tools were used in the centre which informed the residents care planning to direct care requirements to staff.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to multidisciplinary services such as a general practitioner (GP) who attends the centre regularly and as required. The centre also has access to referral to Occupational therapy, speech and language therapy, physiotherapy and dietetics. Residents have access to vaccination programmes and national screening programmes.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff had up to date training in responsive behaviours and were knowledgeable of their roles and responsibilities particular to their role in the management of behaviours. Care plans were detailed and positive behavioural care plans were evident and updated as necessary.

The restrictive practice register was reviewed and evidence of multidisciplinary input by occupational therapy with residents was observed.

Judgment: Compliant

### Regulation 8: Protection

Training in safeguarding vulnerable adults was up to date for all staff. Staff who were spoken to, were knowledgeable of their roles and responsibilities in relation to resident safety and protection from abuse. Arrangements were in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents said that they could choose when to get up, and how to spend their day. They were very happy with the range of activities in place and enjoyed the kindness of staff.

Monthly resident meetings were held and facilitated by the activities staff. Minutes showed lots of discussion points and evidence of resident feedback on the life and running of the centre. Meetings were well attended and residents were empowered to raise any issues they wished to discuss.

Regular coffee outings for residents who were able to attend were organised and the centre had a rehabilitation assistant who enabled some residents who were able, to go on shopping trips and trips out of the centre.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
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	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Tralee Community Nursing Unit OSV-0000566

Inspection ID: MON-0048298

Date of inspection: 08/10/2025

## 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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: In relation to the application to vary Conditions 1 and Condition 3 submitted on 05 06 2025 which would allow Tralee CNU to increase its capacity to 47 residents from the current 43 residents the outstanding risk assessments were submitted on 10 10 2025. Corrective actions requested by HIQA were not carried out at the time as the HSE had requested to register 4 beds and the regulator did not agree that the room could accommodate 4 residents. The HSE being cognisant of budget constraints took the decision to await the outcome of the application in advance of carrying out additional costly changes. The application has since been refused by the regulator and the HSE has accepted this decision. The registered provider has submitted a further application to vary to accommodate 3 beds opening where the outstanding corrective actions have been addressed	
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 and the Clinical Nurse Manager 2 will ensure when there are new staff working in the centre that they work closely with regular staff and are supervised by the Person In Charge and the Clinical Nurse Manager 2. The management are always cognizant of skill mix of the staff per shift.	

During each handover the message in relation with the supervision at meal times is reinforced	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Since Dec 2024, staff meetings were conducted once in 4 months to address the work place concerns. The staff with any individual issues dealt as per the governance structure to the CNM2 –DON. Minutes are available for the reference. Next staff meetings will be scheduled for the Nov 26th 2025.</p> <p>Plan to progress the opening of the onsite kitchen are eminent [planned operational 31 12 2025] with the final budget approval been granted. Works in ensuring the Kitchen is functioning fully as a kitchen are underway</p> <p>Both units now have an enhanced their dining experience to the residents and ensuring the table cloths are used, condiments on the table, staff are aware the importance of presence in the dining room to provide supervision and enhanced the dining experience for the residents</p> <p>Due to required enhanced care packages in Tralee CNU to ensure quality service for all residents it is recognized that the center uses the agency staff regularly. Management strive to ensure the agency staffs are regular and familiar with the setting. Management liaise regularly with the agency to ensure repeat staff returned to Tralee CNU ensuring the familiarity.</p> <p>In relation to the complaints procedure regulation 34 this is answered under the regulations 34.</p> <p>The registered provider has made representations under section 50 Health Act 2007 [as amended] in relation to Regulation 23 Governance and Management that the person who will participate in management of the designated centre is the Person In Charge, and their qualifications have already been submitted to the Chief Inspector pursuant to section (i) b (ii). The person in charge is supported by the Older Persons Services South West Region</p> <p><b><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations</i></b></p>	
Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure:	

The Person In Charge has implemented a Quality Improvement Plan related to the complaints management since 07th of November 2025. Staff have been informed of the importance of completing the complaints log and following up the local complaints as per procedure. In addition to this, any concerns and complaints raised by the family will be included in the daily safety pause.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
It has been reiterated to staff the importance of keeping the hoist in its default position post use. There is a plan to install the hoist handle bar holder to all the four bed rooms to secure the ceiling hoist to prevent the risk of injury. Expected completion will be 31st January 2025.

The staff also informed to importance of storing equipment in the storage space, and avoid storing the equipment in the bathroom. While hand wash sinks are not available in 4 bedded room each room has a specific adjacent toilet with the W.C handwashing and showering facilities

While it is acknowledged that the televisions in 4 bedded rooms are over the door where viewing may be obstructed when privacy screens are in use the registered provider has a number of televisions in communal areas to enhance resident's experience. Residents and their families have access to these televisions at all times also.

***The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations***

Regulation 18: Food and nutrition

Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

The Person In Charge is nearing the completion on plans to open the onsite kitchen in Tralee CNU.

Unfortunately on the day of inspection, there was no provision to provide the home baked products as short term sick has been resulted a shortage in the kitchen. The Person In Charge is ensuring that home baked products are now available for the residents with a record of same being logged to ensure the compliance with this direction.

On review of the trays it is recognized that replacement of same some required this purchase will be prioritized.

Any complaints from the resident in relation with the food will be dealt immediately as arises.

## 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
Registration Regulation 7 (3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Substantially Compliant	Yellow	10/10/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2025
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.	Substantially Compliant	Yellow	31/01/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered	Not Compliant	Orange	31/01/2025

	choice at mealtimes.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	31/01/2025
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/01/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2025
Regulation 23(2)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality	Not Compliant	Yellow	30/11/2025



	and safety of the care and support provided to residents.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	30/11/2025