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:	Newbrook Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	Ballymahon Road, Mullingar, Westmeath
Type of inspection:	Unannounced
Date of inspection:	14 May 2026
Centre ID:	OSV-0005702
Fieldwork ID:	MON-0050543

About the designated centre

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

Newbrook Nursing Home is registered to accommodate 119 residents. It consists of two separate buildings, a single-storey and a two-storey building known as Newbrook One and Newbrook Lodge, respectively. It is located in a residential area, within a few minutes' drive from the town of Mullingar. Both buildings are surrounded by spacious landscaped gardens, and there are secure courtyard garden spaces attached to each building that residents can use safely. One of the courtyards is set out in a traditional shopping streetscape design to provide interest for residents. Residents are accommodated in single and double-occupancy rooms. The centre provides care to residents over the age of 18 who have care needs related to ageing, dementia, intellectual disability, physical disability and acquired brain injury. Care is provided on a long and short-term basis, and residents who require periods of convalescence, palliative care, or rehabilitation are accommodated. The aims of the centre, as described in the statement of purpose, are to provide a high standard of evidence-based care and to ensure that residents live in a comfortable, clean and safe environment that they can consider a "home away from home".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	114

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 14 May 2026	06:30hrs to 14:30hrs	Helena Budzicz	Lead
Thursday 14 May 2026	06:30hrs to 14:30hrs	Sandra Rowland	Support

What residents told us and what inspectors observed

Overall, this inspection found that whilst improvements were noted from the previous inspection, further developments were required in the areas of staffing, training, governance and management, infection control, assessments and care planning, health care, and residents' rights to ensure that residents were supported to live well in the centre.

This was an unannounced inspection carried out over one day to monitor the quality and safety of the service and to follow up on the provider's progress in addressing the significant regulatory non-compliances found on the previous inspections in February and March 2026, as described in the provider's representation letter.

Newbrook Nursing Home consists of two buildings: the Lodge and Newbrook One. This inspection primarily focused on Newbrook One. A walk around of the lodge was conducted during the inspection.

Inspectors arrived at the centre at 06:30 am and they met with the night nurse. Following introductions, a walk around of the centre was conducted. Many residents were sleeping at this time. There were a small number of residents who were up and mobilising around the centre. Interactions between staff and residents were kind and respectful. Staff were observed offering assistance to residents who may require it. Later in the morning, the inspectors met with the person in charge and assistant person in charge and attended the morning handover. Overall improvements were noted in the communication of pertinent information; however, important information relating to the repositioning requirements of residents with skin integrity concerns and residents who had sustained a fall overnight or whose medical condition had changed overnight was not relayed to all staff who may be supporting these residents with their care requirements throughout the day.

Later in the morning, the inspectors met with the person in charge and the assistant person in charge (ADON) and attended the morning handover. Overall improvements were noted in the communication of pertinent information; however, important information relating to the repositioning requirements of residents with skin integrity concerns and residents who had sustained a fall overnight or whose medical condition had changed overnight was not relayed to all staff who may be supporting these residents with their care requirements throughout the day.

Inspectors observed that the centre was generally clean and tidy throughout. However, staff practices relating to the management of soiled linen and the linen trolleys available in the centre had not been addressed following the previous two inspections. This is discussed under Regulation 27: Infection control.

The next two sections of the report, capacity and capability and quality and safety, will describe the provider's levels of compliance with the Health Act 2007 and the

Care and Welfare Regulations 2013 (as amended). The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This inspection found that further provisions were required to ensure that the overall governance and management systems in the centre required strengthening to ensure that residents were safe, received appropriate care to meet their needs and that there were systems in place to effectively monitor the centre and ensure consistent clinical oversight.

The registered provider of Newbrook Nursing Home is Newbrook Nursing Home Unlimited Company, which is registered to accommodate up to 119 residents. This inspection primarily focused on Newbrook One. The person in charge works full-time in the centre and is supported by an assistant director of nursing, clinical nurse managers, staff nurses, healthcare assistants, housekeeping, catering, activities co-ordinators, admin and maintenance. The overall clinical governance of the centre is supported by the clinical operations manager and the practice development officer.

This inspection found that improvements had been implemented following the previous two inspections in the centre in February and March 2026, where significant non-compliance and risk to residents were noted. The registered provider submitted compliance plans on foot of these findings. Following the findings from the inspection in March 2026, the Chief Inspector of Social Services attached a restrictive condition to stop admission in Newbrook One until satisfactory improvement in staffing allocations, care and welfare of residents, and staff practices were achieved.

Staff confirmed that they were not provided with appropriate training, knowledge and time allocation to provide adequate health and social care for residents. In addition, staff informed inspectors that they did not have the required skills or resources to support all residents with activities. In particular, they found they lacked the knowledge on how to support residents who may display responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) with activities.

Supervision arrangements in place did not recognise that residents who required frequent repositioning due to skin integrity concerns were left for extended periods without being repositioned. Inspectors observed that residents who were on a repositioning schedule were not repositioned for extended periods of time throughout the inspection. In addition, when inspectors spoke with staff, they were unsure of the residents' repositioning requirements.

Regulation 15: Staffing

Allocation of staffing resources did not ensure that staff had the appropriate knowledge and skills to support the current residents in the centre.

This is a repeated finding from the previous two inspections.

Judgment: Not compliant

Regulation 16: Training and staff development

Further actions were required to ensure compliance with this regulation. This was evidenced by:

- Supervision arrangements in place did not recognise that residents who required frequent repositioning due to skin integrity concerns were left for extended periods without being repositioned.
- Staff did not have the required knowledge of each resident's repositioning requirements.
- The training commitment submitted in the previous compliance plan had not been achieved. A small number of staff did not have up-to-date training on fire safety, safeguarding and infection prevention and control.

These are repeated findings from the previous two inspections.

Staff informed the inspectors that they required additional training in providing meaningful activities and supporting residents who may display responsive behaviours.

Judgment: Not compliant

Regulation 23: Governance and management

Staff allocation resources remain inadequate, as staff confirmed they were not provided with appropriate training, knowledge and time allocation to provide adequate health and social care for residents. This was also confirmed by the findings of this inspection.

The governance and management systems in place required strengthening to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. This was evidenced by the following:

- Not all of the actions identified in the provider's compliance plans and representation submitted to the Chief Inspector were actioned and implemented within the time frames committed to by the provider.
- The management oversight of residents' individual care needs and care plan documentation was not effective, as discussed under Regulation 5: Assessments and care plans.
- The management systems for the oversight of and staff handover (the structured process of transferring job responsibilities, ongoing projects, and vital institutional knowledge from one employee to another) were inadequate, as staff were not informed about the repositioning needs of some high-dependency residents. As a result, the residents were not repositioned according to their care plans and recommendations from health care professionals. Staff who spoke with the inspectors gave conflicting information about how often the residents should be repositioned.
- The management systems and oversight of nursing care provided to residents remain inadequate, as discussed under Regulation 6: Health care.

Judgment: Not compliant

Quality and safety

Overall improvements had been noted in the quality of care received by residents in the designated centre; however, this inspection found that additional focus was required to ensure all residents had their health and welfare needs addressed entirely.

An activities schedule was available and displayed for residents. This had been revised following the previous two inspections. Overall improvements were noted in the provision of activities for residents. Further developments were required to ensure that all residents were afforded the opportunity to engage in activities that were meaningful to them and met their assessed capacities and capabilities.

Inspectors observed that residents who reminded in their bedrooms due to medical needs, or for bed rest due to skin integrity concerns, were not afforded adequate opportunities for social engagement and activities that were meaningful to them.

Residents with skin integrity concerns who were on a repositioning schedule were observed in the same position for extended periods of time. When inspectors spoke with staff who were allocated to support these residents with repositioning, they were unsure of the residents' repositioning needs. Furthermore, wounds sustained from a fall were not adequately managed in the centre. Nursing records indicated there were no sustained wounds; however, this resident had sustained wounds to their head. This is discussed under Regulation 6: Health care.

Inspectors observed the mealtime experience in the centre; improvements were noted in this area. Inspectors found that the findings from the previous two inspections had been addressed; however, the process for recording food and fluid intake balance required revision as discussed under Regulation 6: Health care.

Inspectors observed that significant improvements had been made under Regulation 29: Medicines and pharmaceutical services since the previous two inspections. The storage had been revised, and additional storage was provided to ensure that medications were stored appropriately. In addition, appropriate medication administration practices were observed during the inspection.

A sample of care plans was reviewed during the inspection. Detailed information relating to some residents' wound care, repositioning requirements, and fluid balance plans was not available to guide staff on the correct procedures and residents' individual needs. This is discussed under Regulation 5: Individual assessment and care planning.

Regulation 27: Infection control

Action was required to ensure the requirements of Regulation 27: Infection control and the National Standards for Infection Prevention and Control in Community Services (2018) were met, as there was no improvement noted in staff practices. For example:

- Staff practices continue to be inadequate, as staff were handling the soiled linen and residents' clothes in their hands without the gloves, holding them against their uniforms. They also went between the bedrooms, residents' care and engage in different tasks without appropriate hand hygiene. These practices posed a risk of cross-contamination between the residents.
- Although management has stated that two linen trolleys for used linen were ordered, they continue to use trolleys with missing lids; linen bags were ripped and overfilled and were left hanging while touching the floor.

This is a repeated finding.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were noted following the findings of the previous two inspections, in that there was appropriate storage of medicine and appropriate medication administration practices.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents' care plans lacked detailed information and knowledge about residents to reflect each resident's individual needs and to support the delivery of appropriate care. For example:

- Wound care plans were not updated according to residents' skin integrity issues, therapeutic interventions and the most recent recommendations received from the tissue viability nurse.
- Care plans for residents who required repositioning contained conflicting information regarding the timing and frequency of repositioning, which is essential to prevent the development of pressure ulcers and to promote healing.

These findings had been repeated in the last two inspections.

- The care plans for residents whose fluid intake balance must be monitored did not include recommended fluid intake data to help staff maintain adequate hydration and prevent dangerous fluid overload.

Judgment: Not compliant

Regulation 6: Health care

Nursing practices in relation to residents' assessment and care documentation, skin integrity issues, and repositioning of residents did not ensure that residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. This finding has been repeated in the last two inspections. For example:

- Inspectors observed that residents with compromised skin integrity and those at high risk of pressure-ulcer development were not repositioned according to recommendations from the tissue viability nurse and the physiotherapist. This finding has been repeated in the last two inspections.
- Residents who experienced recurrent falls and head injuries from these falls were not appropriately monitored and treated. For example, their wounds were not adequately recorded, monitored, and an appropriate dressing was not used. In addition, their progress notes stated no injuries for several days, while the residents had three wounds on the head.

- The food and fluid intake balances for residents did not outline the analyses used to determine whether residents were retaining fluid (overload) or losing too much (dehydration), and to manage their nutritional intake.

Judgment: Not compliant

Regulation 9: Residents' rights

While improvements were noted since the previous inspection, current resources did not ensure that all residents were afforded the opportunity to engage in meaningful activities that met their assessed capacity and capability. This was evidenced by:

- Residents who were in their bedrooms for the day due to medical reasons or skin integrity concerns were not afforded adequate opportunities for engagement.

This is a repeated finding from the previous two inspections.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Newbrook Nursing Home OSV-0005702

Inspection ID: MON-0050543

Date of inspection: 14/05/2026

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 15: Staffing	Not Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
Individual staff competencies have been assessed by the director of nursing. Staff weakness and strength have been identified this has resulted in the reallocation of staff. Staff appraisals are continuous and allow management to provide additional mentorship to staff. Any short comings that have been identified have been discussed with our practice development officer. Practice development officer has provided tailered1-1 training for staff onsite.

The previous activities team has been relocated to set day rooms and provided with more structured timetables to ensure meaningful activities are provided for resident. Activities staff have been provided with a wide range of training to support them carry out activities to meet resident needs.

Two new care managers have been appointed on the floor their responsibility is to supervise care staff focusing on IPC, personal care, diet and nutrition, socialisation and staff communication with residents. Care manager report directly to the ADON/DON daily. Both care manager rotates to ensure supervision 7days a week. This provide CNM with additional support.

A member of the care staff team has been allocated to working in activities daily her focus is on room visits and 1-1 activities such as walks.

The reallocation of staff to activities permits four dayrooms to open daily in the Nursing Home offering a wide variety of activities for residents.
Resident survey has been undertaken. This survey focused on residents' preferences in terms of activities and how they would like their life to look in the nursing home. The resident survey has informed the new activities programme.

A member of staff has been hired to carry out pastoral and social care for all resident who wish to avail of same. She has been also instructed to increase room visits and focus on resident who tend to spend a lot of time in their room. She has been instructed

to prioritise residents who are unwell or nearing end of life.

DON/ADON meet with CNM/Care Manager daily for handover. Daily spot check audits carried out, and findings discuss with all members of staff. All actions identified are addressed immediately to ensure prompt resolution.

All residents holistic care plans have been updated to ensure they reflect the residents' current needs. Care plans have been simplified to ensure that all care staff can read and understand same. All care staff have access to resident care plans on touch care. All staff have been given adequate time to read and familiarise themselves with care plans.

The structure of handovers has been changed to ensure effective communication in place. CNM/DON and ADON attend handovers.
All mandatory training is up to date. If staff do not attend training, they have been removed from the roster until they are up to date. Currently training matrix is up to date. Team meeting are taking place. Audit finding and action are discussed with members of staff. Staff have been made aware of the challenges the nursing home has experienced over the last number of months, and management are continuing to update them on the actions being taken and the progress being made.

Staff training and recruitment is ongoing.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
All mandatory training has been brought up to date.

Activities staff who have received training in providing activities to residents with responsive behaviours are being allocated to the dayrooms.

The daily staff allocation plan has been reviewed with the following changes made:

1. Introduced a CNM hourly round and floor supervision checklist. This is being overseen by the ADON and DON. The "round" covers:
a. Dayrooms and activities.
b. Residents' rooms. Checking call bell access and that the plan for one-to-one interaction or enhanced observation is in place.
c. Review of repositioning schedules. Inspection of pressure areas as appropriate.
d. Review and observe fluid and nutrition intake. Check what residents need assistance and that they are being assisted.
e. Identification and recording of immediate risks including IPC. Allocation of actions to nursing/care staff.

2. Two senior HCAs ("care managers") will supervise day to day care practices of HCAs. They will be responsible for monitoring care standards and addressing incorrect practices immediately. These "care managers" operate under the supervision of the CNMs, ADON and DON.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
We are reorganising the allocation of activities staff to ensure that:

1. Activities staff delivery an activities programme in the dayrooms that allows the residents to engage in activities suitable to meet their assessed needs, capacity and capability.

2. Activities staff are allocated to room visits to engage with residents in activities suitable to meet their assessed needs, capacity and capability.

The daily staff allocation plan has been reviewed with the following changes made:

1. Introduced a CNM hourly round and floor supervision checklist. This is being overseen by the ADON and DON. The "round" covers:
a. Dayrooms and activities.
b. Residents' rooms. Checking call bell access and that the plan for one to one interaction or enhanced observation is in place.
c. Review of repositioning schedules. Inspection of pressure areas as appropriate.
d. Review and observe fluid and nutrition intake. Check what residents need assistance and that they are being assisted.
e. Recording of immediate risks including IPC. Allocation of actions to nursing/care staff.
2. Two of the current activities team, employees A and B, are being allocated to the day rooms for the majority of their time. This will allow the allocation of two HCAs onto the floor to answer call bells and attend to the needs of the residents. Employees C and D will continue to carry out bedroom visits.

3. A temporary activities co-ordinator is being appointed to provide assistance in the co-ordination of activities, room visits and community initiatives. This will be kept under review.

4. Two senior HCAs ("care managers") will supervise day to day care practices of HCAs. They will be responsible for monitoring care standards and addressing incorrect practices immediately. These "care managers" operate under the supervision of the CNMs, ADON and DON.

In relation to overall governance we are:

• Carrying out weekly compliance review meetings with the DON/ADON/CNM.

• Maintaining monthly KPI reviews and discussing at management meetings.

• Introducing an escalation system for overdue actions.

• Implemented a structured morning handover using a high-risk resident communication tool.
• Completing monthly audits of care planning, clinical documentation, repositioning, falls, fluids, activities and infection control etc. An analysis of KPIs including falls is being carried out and appropriate actions taken.

• A clinical director of the Provider is onsite weekly to enhance the overall governance of the Centre.

Regulation 27: Infection control	Substantially Compliant

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

Unsuitable linen trolleys have now been replaced.

The CNM hourly round and floor supervision checklist which has been introduced will identify IPC risks and immediate actions will then be issued. This is being overseen by the ADON and DON.

We will conduct unannounced hand-hygiene and PPE compliance observations as part of the hygiene audit programme. The findings of the IPC audits and identified areas of non-compliance are reviewed in the monthly governance meetings

All staff have received IPC training. Additional IPC training will be provided where required. Non-adherence to IPC practice may result in disciplinary sanctions.

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:
A full review of all care plans has been completed by the DON, ADON and a clinical director of the Provider. The care plans have been updated where insufficient information was available to guide care practices and to support the delivery of appropriate evidence-based care.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
1. We have introduced a CNM hourly round and floor supervision checklist to ensure that the documented care plan is being adhered to. This is being overseen by the ADON and DON. The "round" covers:
a. Dayrooms and activities.
b. Residents' rooms. Checking call bell access and that the plan for one-to-one interaction or enhanced observation is in place.
c. Review of repositioning schedules. Inspection of pressure areas as appropriate.
d. Review and observe fluid and nutrition intake. Check what residents need assistance and that they are being assisted.
e. Recording of immediate risks including IPC. Allocation of actions to nursing/care staff.

2. Two senior HCAs ("care managers") will supervise day to day care practices of HCAs. They will be responsible for monitoring care standards, ensuring that the documented care plan is being adhered to and addressing incorrect practices immediately. These "care managers" operate under the supervision of the CNMs, ADON and DON.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Two of the current activities team, employees A and B, are being allocated to the day rooms for the majority of their time. This will allow the allocation of two HCAs onto the floor to answer call bells and attend to the needs of the residents. Employees C and D will continue to carry out bedroom visits.

A temporary activities co-ordinator is being appointed to provide assistance in the co-ordination of activities, room visits and community initiatives. This will be kept under review.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/09/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/09/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2026
Regulation 23(1)(a)	The registered provider shall	Not Compliant	Orange	30/09/2026

	ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2026
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	30/09/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	30/09/2026
Regulation 5(2)	The person in charge shall arrange a	Not Compliant	Orange	30/09/2026

	comprehensive 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 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/09/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	30/09/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan	Not Compliant	Orange	30/09/2026

	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.			
Regulation 6(2)(b)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the resident agrees to medical treatment recommended by the medical practitioner concerned, the recommended treatment.	Not Compliant	Orange	30/09/2026
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	30/09/2026
Regulation 9(2)(b)	The registered provider shall provide for residents	Not Compliant	Orange	30/09/2026

	opportunities to participate in activities in accordance with their interests and capacities.			
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.	Not Compliant	Orange	30/09/2026