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:	Sacred Heart Hospital Castlebar
Name of provider:	Health Service Executive
Address of centre:	Pontoon Road, Castlebar, Mayo
Type of inspection:	Unannounced
Date of inspection:	08 August 2025
Centre ID:	OSV-0005730
Fieldwork ID:	MON-0047764

About the designated centre

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

Sacred Heart Hospital is a purpose-built facility completed in 2018 that can accommodate 74 residents who require long-term residential care. Care is provided for people with a range of needs: low, medium, high and maximum dependency and people who have dementia or palliative care needs. This centre is a modern two-storey building and is located adjacent to the original Sacred Heart Hospital premises. It is a short drive from shops and business premises in Castlebar. It is comprised of two self-contained units. The Ross unit is located on the ground floor and the Carra unit on the upper floor. There is lift access between floors. There are 35 single rooms and one double room, all with full en-suite facilities, on each floor. The centre has a large safe garden area on the ground floor. This has several access points and was well-cultivated with flowers, trees and shrubs to make it interesting for residents. The philosophy of care as described in the statement of purpose is to use a holistic approach in partnership with residents and their families to meet residents' health and individual needs in a sensitive and caring manner while balancing risk with safety.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

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
Friday 8 August 2025	09:00hrs to 17:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall, the findings from this inspection confirmed that residents were satisfied with the care and services provided. Feedback from residents was positive regarding their quality of life. Residents told the inspector that they felt safe in the centre, were well cared for, and that they enjoyed the food provided. One resident told the inspector " I feel comfortable here, and staff listen to me" while another resident said " this is a great place, staff help me keep in touch with my family". The inspector spoke with visitors attending the centre, and they informed the inspector that the care provided was excellent and that there was regular communication with the centre regarding the health status of their loved ones.

This unannounced inspection was conducted with a focus on adult safeguarding and to review the measures the provider had in place to safeguard residents from all forms of abuse.

Following an introductory meeting with the person in charge and a clinical nurse manager (CNM), the inspector conducted a walkabout of the centre. The Sacred Heart Hospital is a two-storey, purpose-built premises built around a large internal courtyard. The designated centre is located within the Sacred Heart Hospital campus, and comprises of two units, the Ross unit and the Carra unit. At the time of this inspection, there were 61 residents living in the centre.

The inspector observed staff and resident interactions and found that residents were seen to be relaxed and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to various communal areas within the building. While staff attempted to respond promptly to residents' requests for support, some residents had to wait for assistance as call-bells were observed to be activated continuously on the Ross unit. By contrast, the Carra unit did not present with the same level of call bell activity and, overall, appeared to present a calmer environment.

The inspector observed that there was insufficient staff available to provide ongoing supervision for residents in one of the sitting rooms. One member of staff was allocated to provide activity support to residents in the sitting room, and to provide a bingo session in another room at the same time. This meant that five residents were left unsupervised for significant periods of time.

Residents who walked with purpose were supported by staff in a dignified manner, and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents. The provider ensured that additional resources were made available for residents who required more focused support to maintain their safety. Residents were observed to be given time and space to make their views known to staff. These interactions confirmed that residents' views were

listened to and that this collaboration meant that staff were able to respond to residents' requirements in a constructive manner.

Resident bedrooms were tastefully decorated and suitable to meet the needs of the residents. Bedrooms were fitted with overhead tracking to facilitate the use of hoists where required. All rooms reviewed were well-laid out to contain shelving, a lockable cupboard, and a fridge for residents to store their drinks and snacks. Some residents were also provided with a kettle following a risk assessment for their safe use. Residents told the inspector that they were able to personalise their bedrooms as they wished, and some residents had brought in items of furniture from their homes in the community. This helped residents settle into their new environment by having items that they were familiar with when living in the community. Residents also told the inspectors that they were happy with the support provided by the staff team to maintain their room hygiene and their laundry requirements.

Communal facilities were well maintained, corridors were decorated with murals, and pictures of local places of interest that residents would be familiar with. There was a homely feel to the centre, care was taken to decorate communal spaces with ornaments, and comfortable seating. Inspectors found some inappropriate storage in both equipment stores on each unit, and in one bathroom unit, which had the potential to impact on residents' enjoyment of their lived environment. Overall, the centre was clean and maintained for the comfort of the residents.

Residents had unrestricted access to all areas of their home, including access to outside facilities. The communal garden area was well-maintained and well-appointed with flowers, shrubs, and garden furniture. There was adequate seating to cater for the number of residents using this facility. The provider maintained level access throughout the garden area, which facilitated residents using mobility equipment to enjoy this space.

The inspector observed the activities provided for residents on the day. Activities included Bingo, art sessions, music, and a games console called a (Tovertavel) which projected interactive games onto a table. Residents who attended these activities were supported and encouraged to participate by the staff team present. The provider maintained a newsletter that provided residents with information about key events at the centre and planned trips to areas of interest. Residents had recently attended an excursion to Knock Shrine, which residents enjoyed.

Residents were complimentary about the food served in the centre, and confirmed that they were always offered a choice of menu options. Some residents required additional support with their eating and drinking, and observations confirmed this assistance was provided in a supportive and discreet manner, taking into account the individual needs of each resident.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

Capacity and capability

Overall, this is a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. For the most part, there were effective management systems in place which provided oversight to maintain these standards. The management team were, on the whole, proactive in response to issues identified in their monitoring systems with a focus on continual improvement. There were; however, some areas of current practice that required actions to ensure that existing systems identified all areas that required improvement and these issues are described in more detail under Regulation 23: Governance and Management, and Regulation 15: Staffing. In addition, findings under Regulations for Premises and Infection control identified that improvement actions were required; this is discussed in more detail under these regulations and under the Quality and Safety section of this report.

Although this inspection focused on safeguarding, the inspector also followed up on the actions the registered provider had undertaken following the findings from the last inspection in August 2024. Findings confirmed the provider had implemented a number of actions since the last inspection to ensure that the service provided was safe, effective, and suitable for the residents living in the designated centre. Despite these positive actions, there were areas of the service that required more focus to achieve compliance with the regulations. For example, a review of staffing levels to ensure consistency across the service, and oversight of monitoring systems, including sign-off by senior personnel.

The provider of the centre is the Health Service Executive. The director of nursing facilitated this inspection along with a clinical nurse manager. The staff team also comprises an assistant director of nursing and a team of clinical staff, which includes clinical nurse managers and staff nurses. The General Manager for Older Persons' Services for the community health area provided management support and guidance. Additional in-house support is provided by a team of health care assistants, household, catering, administration, and maintenance personnel.

The inspector reviewed a sample of governance and management documentation, including audit records, meeting minutes, and complaint records. The inspector found that there were systems in place to provide oversight and to monitor the quality of care and services provided for the residents. Overall, where improvements were identified, an action plan was developed to address the issues identified. However, a review of these records also found that there were some shortcomings in this process, as not all audits had identified issues found on inspection in relation to staffing resources, storage, and the effective monitoring of infection control. This meant that there was no action plan in place to address these issues, and this impacted on the quality of the service provided to residents. In addition, some monitoring records were not signed off by management; therefore, it was unclear as to the level of oversight and scrutiny provided by the management team.

Records confirmed that staffing levels were consistent with those set out under the statement of purpose. The inspector found that although the dependency needs of the residents across both units were similar, the allocation of care and nursing staff on the ground floor was lower than that on the first floor. Observations on the day confirmed a lack of staffing to provide adequate supervision to residents on the ground floor, as there was only one staff member available to provide supervision in two separate rooms while at the same time supervising a bingo session. There were no staff vacancies on the roster at the time of this inspection. In instances where gaps appeared on the roster, they were filled by existing team members. Records confirmed the provider had accessed an additional resource to provide additional supervision for a resident who displayed responsive behaviours to maintain their own and other residents' safety.

The inspector found that there was effective oversight and provision of mandatory training for staff. Additional training was commissioned by the provider to address concerns relating to the effective management of Multi-Drug Resistant Organism (MDRO), which was identified at the last inspection. Staff spoken with had a good awareness of their defined roles, and told the inspector that management was supportive and accessible on a daily basis. Staff were observed to work co-operatively, and this helped to create a positive and caring environment in which residents told the inspector that they felt valued and well-cared for. Staff confirmed their attendance at safeguarding training and were able to describe the actions they would take to safeguard residents living in the centre.

The provider had completed a comprehensive report on the quality and safety of care for 2024, which also included an improvement plan for 2025. This report provided key information about the performance of the service, and also included residents' feedback regarding their views of the service.

There was a complaints policy in place which met the requirements of Regulation 34. The complaints policy was advertised in prominent locations in the designated centre. A review of records relating to complaints found that one complaint had been received by the provider regarding the quality of nursing care provided to a resident. Records confirmed that the provider had investigated the complaint in line with their policy.

Regulation 15: Staffing

There were insufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that although staff numbers were consistent with those set out in the centre's statement of purpose, the staffing available on one floor of the designated centre was not sufficient to provide ongoing care and supervision with regard to the number and dependency needs of the residents. For example:

- There was insufficient staff available to provide appropriate supervision of residents in the sitting room on the ground floor, as one member of staff was supervising this room and providing activities in another room.
- Care staff were busy answering call-bells, which were ringing out continuously, and meant that residents had to wait to have their support needs attended to.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development, and to support them in delivering effective care, and support to meet the assessed needs of the residents. Staff completed a selection of training as part of the systems to safeguard residents and promote their rights in the centre. The training included safeguarding of residents from abuse, fire safety, manual handling, infection prevention, and control and restrictive practice.

There was a range of additional training available for staff to attend to ensure their clinical practice was up-to-date, which included wound management, medication management, dysphasia, and cardio-pulmonary resuscitation (CPR). While there was a small number of staff who required refresher training, the provider had already arranged for this training shortly after this inspection.

Judgment: Compliant

Regulation 23: Governance and management

The allocation of staff resources across one of the units did not ensure that residents were in receipt of ongoing supervision and support.

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided, and for the most part, these were working effectively. However, some actions were required to ensure all that these systems were sufficient to ensure the services provided are safe, appropriate, and consistent. For example:

- There was no senior staff sign-off to ensure that identified action plans arising from monitoring systems had been fully implemented.
  Infection prevention and control audits had not identified areas of risk in relation to the storage of items on floors, and the volume of clinical and non-clinical items stored in close proximity to each other.

- The practice of charging blood pressure monitors in communal corridors had not been identified as a potential risk.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents, and or their family members, to lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated, and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed complaints in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a good quality of life, which was respectful of their choices. Residents' autonomy was respected, with residents encouraged to live an independent life where their views and aspirations were valued. There was evidence that residents were in receipt of positive health and social care outcomes, and that their assessed needs were being met by the registered provider. Regular consultation between the provider and residents ensured that residents' voices were being heard in this centre.

However, while there had been improvements found on this inspection with regard to Regulation 5: Care planning and Regulation 27: Infection control, further actions were required. In addition, current practices in relation to storage and the charging of medical devices posed a risk to the residents.

A review of care records found them to be of a high standard, and well-maintained by the staff team. Comprehensive care plans were based on validated risk assessment tools. Care plans records confirmed that care interventions were person-centred and reflected the residents' assessed needs, and individual preferences. Care plans were reviewed on a four-monthly basis or earlier should residents care needs require it. In addition, care plans were reviewed in consultation with the residents and, with the resident's consent, their representative, thereby supporting residents in the shared decision-making process about their care.

The inspector reviewed care records in relation to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment), and found that care interventions promoted resident safety but also ensured that residents' rights were promoted and respected. Records reviewed found that behaviour observation charts were being used to gain an understanding of the behaviour. This helped to develop care interventions that identified potential triggers for such behaviours, and for de-escalation techniques to guide staff in delivering safe care. Staff in the centre were seen to have a good relationship with residents who presented with these behaviours, and worked in partnership with residents to ensure their care and support needs were met. There were measures in place to review restrictive practices on a regular basis to ensure that they were appropriate and proportionate.

Care plans were also developed for residents who presented with a communication need. There were records to confirm that residents' preferred communication methods were identified and recorded. In instances where residents required additional support or equipment, referrals were made to community services for this support and recorded in the residents' care notes.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training, and were clear on what may be indicators of abuse and what to do if they were informed of or suspected abuse had occurred.

Safe recruitment practices were in place to protect the residents, including obtaining satisfactory An Garda Siochana (police) vetting disclosures prior to commencing employment. The inspector reviewed a sample of staff personnel files and found that they contained all the information as required by Schedule 2 of the regulations. The provider acted as a pension agent for several residents, and found there were good oversight measures in place, with resident financial records monitored and reconciled effectively. Financial statements were made available for residents, and or their family members. Residents were facilitated to store valuables in the centre, and had access to their valuables and funds seven days a week.

Overall, the premises were well-laid out to meet the needs of the residents. The centre was clean and tidy. Communal rooms were comfortably furnished and nicely decorated. Corridors were long, wide and contained handrails throughout to support residents' mobility. These areas were tastefully furnished and decorated with murals, pictures of local scenes, and images that residents were familiar with. Observations on one unit found that blood pressure monitoring machines were being charged in these corridors. This was pointed out to the staff, who removed them from these areas.

Residents' bedrooms were mostly single occupancy, with two twin-occupancy bedrooms also available. All bedrooms were en-suite with toilet and shower

facilities. Residents had enough storage for their personal possessions, including a lockable storage space if they wished. Bedrooms were personalised with photographs and memorabilia from the resident's home. Residents said that their bedrooms were comfortable and they enjoyed their personal space. Many rooms on the ground floor enjoyed a view of the enclosed garden in the centre. Residents had unhindered access to the internal garden.

There are sufficient communal toilets and bathrooms; however, one of these facilities was being used as a store for chairs in need of repair. In addition, store rooms were cluttered with a mixture of clinical and non-clinical items, which posed a cross-contamination risk to residents and was a repeat finding from previous inspections.

Staff were respectful and courteous towards residents. Residents had facilities for occupation, recreation, and opportunities to participate in activities in accordance with their interests and capacities. Residents were supported to attend events in the local community, as well as attend a day care service co-located on the campus. Residents had the opportunity to be consulted about, and to participate in the organisation of the designated centre through participation in residents' meetings and in the completion of residents' questionnaires. Resident meetings were held every two months, while family forum meetings were held biannually. Residents' privacy and dignity were respected.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely by staff who were aware of their communication needs. A review of records found that the resident's communication needs were regularly assessed, and a person-centred care plan was developed to ensure that appropriate levels of support were in place.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that all parts of the premises were appropriate to the number and needs of residents in accordance with the centre's statement of purpose. For example,

- There was a lack of sufficient storage on both units in the centre. The impact of this is discussed further under Regulation: 27 Infection Control.
- There was inappropriate storage of three chairs and two wheelchairs in the bathroom/shower room on the ground floor. The storage of equipment encroached on residents ability to access this space safely.

Judgment: Substantially compliant

Regulation 27: Infection control

The infection prevention and control processes that were in place did not adequately address risks associated with the transmission of healthcare-associated infections. For example:

- The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system had not been consistently implemented at the time of inspection.
- Storage rooms were cluttered with items stored on the floor of these rooms, preventing them from being appropriately cleaned.
- Storage rooms on both units were found to contain a mixture of clinical and non-clinical items. This increased the risk of cross contamination. For example, Christmas decorations, paper cups, resident mobility equipment, resident slings, and activity supplies were all stored within the same area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed several residents' care records and spoke with a number of residents on the day. Care records confirmed that the person in charge completed a pre-admission assessment for all potential residents to ensure that the centre would be able to meet the person's needs.

All newly admitted residents had a comprehensive assessment of their needs completed when they came to live in the centre. The assessment included potential risks such as skin integrity, falls, personal safety, and the resident's current needs. Nursing staff worked with the resident, and where appropriate, their representative, to develop care plans setting out how the agreed care interventions would meet the resident's assessed needs. Care plans identified residents' self-care abilities and promoted residents' active involvement in their care.

Care plans were reviewed regularly by nursing staff and were updated if the resident's care and support needs changed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector found that residents experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were in receipt of appropriate support to ensure both their and other residents' safety. Care plans provided clear and detailed information on how to provide care and support to these residents. The provider was found to have accessed additional support to maintain resident safety when needed.

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate, and there was good evidence to show that the centre was monitoring restrictive practices on a regular basis.

Records showed that where restraints were used, these were implemented following robust risk assessments, and where alternatives had been trialled prior to their introduction.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse. A review of records relating to one safeguarding incident found that the registered provider ensured that this incident was investigated promptly in line with their safeguarding policy, and that appropriate measures were identified and implemented to protect the residents.

Judgment: Compliant

Regulation 9: Residents' rights

On the whole, residents' rights were respected, and they were encouraged to make individual choices regarding their lives in the centre. Residents' privacy, and dignity was respected in their lived environment, and by staff caring for them in the centre. There were opportunities for residents to be involved in the running of the centre, with residents encouraged and supported where necessary to provide feedback about the quality of the service provided.

There was access to televisions, telephones, and newspapers on a daily basis, while residents who required the assistance of advocacy services were assisted to access

this service. Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Resident's social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings into their local community.

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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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Hospital Castlebar OSV-0005730

Inspection ID: MON-0047764

Date of inspection: 08/08/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • There are 2.15 WTE allocated to activity provision on the Ground Floor Suite. A review of the Activities schedule has been completed, to ensure that in so far as reasonably practicable, that at no stage will the individual who is providing activity provision also be supervising next door. An additional staff member has been allocated to the Ground Floor as a temporary measure to support staff in supervision and to assist in answering call bells, attending to residents in need etc. • These arrangements will be reviewed in 3 months' time to evaluate the effectiveness of the measures.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • All completed audits will be submitted at the monthly Governance Meeting for senior sign off. • Senior Staff in charge of audits have been given feedback of the HIQA Inspection and educated on the importance of effective auditing methods ensuring all risks are well covered through the audits. The monthly sign off and communication of findings relevant teams will ensure the effectiveness of the monitoring systems already in place. • Storage remains an issue, due to the structural layout of the building. A full review of storerooms has been completed and all items which are not required on a regular basis in the Designated Centre have been removed to an external storage area. This will ensure more and appropriate storage spaces within the Centre i.e. Christmas/Halloween decorations. • The practice of charging Blood pressure monitors and any other similar equipment are now being carried out in designated rooms.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Storage remains an issue, due to the structural layout of the building. A full review of storerooms has been completed and all items which are not required on a regular basis in the Designated Centre have been removed to an external storage area. This will ensure more and appropriate storage spaces within the Centre i.e. Christmas/Halloween decorations.
• The three chairs and two wheelchairs in the bathroom/shower room, due for cleaning, have been cleaned and returned, now enabling Residents to access this communal bathroom space safely.
• A review of the current system of cleaning chairs, wheelchairs etc. is being caried out with an aim to create a system to ensure the equipment are cleaned and returned without delay.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• A review of the tagging system has been completed and has now been added to the IPC monthly audit to ensure compliance.
• A full review of storerooms has been completed and any items not urgently required, i.e. Christmas decorations, resident mobility equipment, unused resident slings are-stored in the off-Centre containers. Clinical and non-clinical items are now stored separately.

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.	Substantially Compliant	Yellow	12/08/2025
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	15/08/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	01/10/2025

	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.	Substantially Compliant	Yellow	01/10/2025
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	15/08/2025