

# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

|                            |                                 |
|----------------------------|---------------------------------|
| Name of designated centre: | Cois Abhainn Residential Centre |
| Name of provider:          | Health Service Executive        |
| Address of centre:         | Greencloyne, Youghal,<br>Cork   |
| Type of inspection:        | Unannounced                     |
| Date of inspection:        | 27 August 2025                  |
| Centre ID:                 | OSV-0000583                     |
| Fieldwork ID:              | MON-0047945                     |

## About the designated centre

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

Cois Abhainn Residential Care is a designated centre operated by the Health Service Executive (HSE) and is located within the outskirts of Youghal town with nearby amenities of shops, banks, churches and walkways. It is registered to accommodate a maximum of 26 residents. It is a single storey building configured in a rectangle which encloses a large garden with walkways, shrubberies and flower beds. The enclosed garden can be viewed from many of the bedrooms. Bedroom accommodation comprises single and twin bedrooms, all with wash-hand basins. There are six communal toilet facilities; two twin bedrooms have en suite toilet and wash-hand basins; two twin bedrooms share toilet and wash-hand basin facilities. There are two showers and one bathroom facilities available. Communal areas comprise a day area to the left of reception and the dining area located to the right of main reception; there are two other smaller sitting rooms and an oratory for quiet reflection. Cois Abhainn Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to medium care needs. Long-term care, convalescence, transitional care and respite care is provided.

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

|                                                |    |
|------------------------------------------------|----|
| Number of residents on the date of inspection: | 19 |
|------------------------------------------------|----|

## How we inspect

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

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

| Date                     | Times of Inspection  | Inspector      | Role |
|--------------------------|----------------------|----------------|------|
| Wednesday 27 August 2025 | 09:00hrs to 17:00hrs | Breeda Desmond | Lead |

## What residents told us and what inspectors observed

There were 19 residents residing in Cois Abhainn at the time of inspection. The inspector met with most of the residents during the inspection to gain insight into their experience of living in Cois Abhainn. 16 residents spoken with gave positive feedback and were complimentary about staff, their friendliness and helpfulness; in general, they reported that the quality of food was excellent. Residents said that the variety of activities had improved with additional music sessions and weekly physiotherapy.

Cois Abhainn is a single-storey building laid out in a rectangle which encloses a large garden. There was a smell of fresh painting and the person in charge explained that the centre had been painted in the week prior to the inspection. Other improvements to the premises included re-upholstering some chairs, new curtains and upgrading some flooring; ramp access was upgraded to enable freer movement and remove the risk of falls.

The main entrance is wheelchair accessible and leads to a small enclosed porch with hand hygiene sanitiser. Beyond this was a foyer with comfortable seating by a dresser for residents to sit and enjoy the comings and goings of the centre; the sign-in register is on the dresser for visitors to record their entry.

Directional signage was displayed throughout the building to orientate residents and visitors to the centre. The main fire alarm system, registration certification, suggestion box and complaints procedure, and information regarding consultation with the attending pharmacist, are displayed in the foyer. The governance structure was displayed but this did not reflect the current governance structure in place. There is a large white board with information for residents such as the activities programme, meal times, information on SAGE advocacy, access to the attending pharmacist, and bus times.

From the foyer, the dining area was on the right and the main day room area to the left. Handrails were on both sides of corridors. Call bells were fitted in bedrooms, bathrooms and communal rooms. Emergency call bells were located along corridors and in the garden should residents or staff require urgent attention. The garden was seen to be very well maintained. The garden was the main interest of one resident who loved spending time in the garden and had planted lots of colourful flowers and plants in the raised flower boxes and flower beds. The large bronze deer delivered on the last inspection was now securely fixed on the lawn with an up-shining light as a night-time feature. Residents highlighted the beautiful lilac bush which was a butterfly haven and they pointed out the array of butterflies landing on it.

The dining room was a lovely bright space with views of the main entrance on one side and the garden on the other side. Most residents were in the dining room for breakfast when the inspector started the inspection. They were seen to have choice for breakfast including boiled eggs, a variety of cereals and porridge. Residents

spoken with explained that they liked to get up reasonably early. The menu of the day was displayed and a second menu was a pictorial version, to inform residents of the day's choice.

During the morning the chef was observed to go around to residents explaining the menu choices for their dinner and again in the afternoon for their supper. Snacks and beverages were offered at 11am, 3pm and again at 8:30pm. Tables were seen to be set with glasses, cutlery, napkins and condiments prior to residents coming to the dining room. The dining room was full at dinner time and meals were seen to be served appropriately with people sitting together at tables, served together. Staff chatted with residents during their meal to ensure they were happy with their food. Mealtime was relaxed and was seen to be a very positive social affair where residents met up with their friends and chatted. Some residents chose to have their meal in their bedrooms and this was facilitated. A list of residents, their personal menu choices, dietary requirements (such as diabetic, low salt and gluten free), and relevant textures was discretely displayed in the kitchen for ease of access to kitchen staff to ensure residents received meals in accordance with their preferences. One resident said that they would prefer other menu choices and the person in charge said she would follow this up to ensure the resident had menu choices of their liking.

The main day area was a bright space with similar views as the dining room. There was ample space and comfortable seating and foot rests for residents to enjoy and relax. Residents explained that they come to the day room after breakfast and turn on the radio to listen to mass as it is broadcast from Youghal; they said they could watch it on TV but it could be from anywhere in the country and they prefer to listen to the local one. Other communal space included the small sitting room with flat screen TV, comfortable seating and book shelves with a variety of books. There was a larger sitting room on the back corridor with flat screen TV, comfortable seating, a computer for residents and a specialist magnifying viewing screen to enable residents' with very poor eyesight to read. The oratory for residents to enjoy peace and reflection was also located on the back corridor. Residents reported that the priest attends the centre on a weekly basis to say mass on Thursdays. The hairdressers room was along the corridor to the right and the hairdresser visited the centre on request.

Residents' bedroom accommodation comprised 18 single and four twin rooms. The twin bedrooms had shared facilities of toilet and wash-hand basin; single rooms had a wash-hand basin in their bedrooms. There were two shower rooms and one assisted bathroom with specialist bath available to residents. Toilet facilities were located near communal areas and residents' bedrooms. Bedrooms could accommodate a bedside locker and armchair; bedrooms had large TV's enabling residents to enjoy their programmes in private when they chose. Residents had double wardrobes and cupboards for storage and hanging their clothes; bedrooms were seen to be decorated in accordance with residents' preferences. Profiling and low low beds with specialist pressure relieving mattress were seen in residents' bedrooms. There were privacy screens in twin bedrooms and residents could use

them independently. Appropriate signage was displayed on room doors where oxygen was stored and used.

The schedule of activity for the week was displayed on the notice board by the day room and on the second notice board on the back corridor. Residents spoken with told the inspector of the activities facilitated on a daily basis such as the external activities company visited the centre twice a week on Tuesdays and Fridays; live music was now three times a week – Wednesday mornings, Saturday and Monday afternoons. Designated staff were allocated to activities at other times such as the afternoon of the inspection where a member of staff did meditation with residents; another staff did a quiz and then sat and chatting with residents. Residents explained that the physiotherapist attends weekly and they do an exercise programme with them to help with their mobility and range of movements, and they said they found this very helpful. Overall, residents said they enjoyed the activities that were provided.

Wall-mounted hand sanitisers were available throughout the centre along with advisory signage showing appropriate usage. The centre was visibly clean and tidy; there was a daily cleaning schedule and a deep cleaning schedule as well with additional staff rostered to facilitate this. The laundry room and cleaners' room were seen to be clean and tidy.

Emergency evacuation plans were displayed in the centre and orientated appropriately so they correlated with their relevant position in the building. The area designated as a smoking area was a space outside one of the fire exit doors; there was a fire extinguisher mounted on the wall here; there was a newly mounted call bell on a chair here, however, when this was activated, it only rang for a very short period and then disappeared off the call bell system, so it could not be determined where the location was to provide attention. This area was not a sheltered space to protect residents during inclement weather.

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

## Capacity and capability

This was an unannounced monitoring inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation. Due to ongoing non compliance with Regulation 8 over the course of the last number of inspections conducted, the provider had a restrictive condition attached to the registration of the centre, Condition 4, that required 'By 31 August 2024 the Registered Provider will review their governance and oversight of all safeguarding issues to ensure that they are appropriately addressed and escalated within the organisation'. The provider had applied to remove this condition from their registration, and an

inspection was conducted in January 2025 to inform the application, however, that application was refused due to continued non compliance found on that inspection. Nonetheless, improvement was noted on this inspection regarding oversight of safeguarding and this inspection assessed that progress was made in addressing the non-compliance's that led to the requirement for the restrictive condition. Further monitoring is required to ensure the improvement is sustained and residents continue to be safeguarded.

While there was a governance structure in place for Cois Abhainn, senior manager with responsibility for the centre were not named as persons participating in management on the centre's registration. The provider was required to review these arrangements and a restrictive condition was placed on the centre's registration giving the provider until 31st October 2024 to 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, in relation to any person who participates or will participate in the management of the designated centre. This had not been actioned on the day of this inspection.

The inspector reviewed the actions from the previous inspection and found that the following regulations were addressed: the statement of purpose demonstrated roles and responsibilities of the person in charge, relevant notifications were submitted in a timely manner, complaints were recorded and followed up appropriately, upgrading and refurbishment of the building, improvements regarding records associated with infection prevention and control, records relating to medication administration, some Schedule 5 policies were updated; issues identified regarding other Schedule 5 policies and procedures and the smoking facilities remained outstanding. On this inspection, further action was necessary regarding residents' rights to refuse treatment.

Cois Abhainn Residential Centre is a residential care setting operated by the Health Services Executive (HSE) providing accommodation to low to medium dependency residents. It is registered to accommodate 26 residents. The organisational structure comprises the general manager who is the liaison person between the registered provider and the regulator. The person in charge reports into the director of nursing.

Schedule 5 policies and procedures available on site were examined and these required review to ensure they complied with the specified regulatory requirement. This was a repeat finding and is further detailed under Regulation 4: Policies and procedures. Following review of the incident and accident records, improvement was noted as incidents requiring notification to the Chief Inspector, were submitted in a timely manner. The statement of purpose was updated and accurately reflected the roles and responsibilities of the person in charge along with deputising arrangements, however, it required further amendment to accurately reflect the governance structure for Cois Abhainn. The residents' guide required updating to ensure it complied with regulatory requirements.

## Regulation 14: Persons in charge



The person in charge was full time and had the necessary experience and qualifications as required in the regulations. She positively engaged with the regulator and provided all the requested documentation in a timely manner.

Judgment: Compliant

### Regulation 15: Staffing

On the day of inspection there were 19 low-to-medium dependency residents in Cois Abhainn.

The staff roster for 26 residents comprised:

- person in charge, Monday - Friday
- registered nurses, 8am – 8:15pm x 1, 8 – 6pm x 1
- chef x 1, 8am – 8pm
- administration x 1, 9 – 5
- multi-task attendants 8am – 8pm x 2, 8 – 4 x 1 [MTAs role and responsibilities included personal care delivery, assistance with meals and snacks, and household cleaning duties].

Judgment: Compliant

### Regulation 21: Records

Action was required to ensure records were maintained in line with the regulations as follows:

Schedule 2:

- there was no photographic identification in place in two staff files examined
- there were gaps in the employment histories of two staff files.

Schedule 3:

- information contained within records relating to a resident admitted with a pressure ulcer was conflicting, so the degree of injury could not be determined
- many of the care records examined were not signed or dated in accordance with regulatory and professional guideline requirements.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Senior managers with responsibility for the centre were not named as persons participating in management on the centre's registration. Consequently a restrictive condition was placed on the centre's registration giving the provider until 31st October 2024 to 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. This had not been actioned to date.

A second restrictive condition was applied to the registration, Condition 4, that required 'By 31 August 2024 the Registered Provider will review their governance and oversight of all safeguarding issues to ensure that they are appropriately addressed and escalated within the organisation'. While improvement was noted on this inspection, the regulator will continue to monitor this to ensure the improvement is sustained.

Regarding risk:

- residents did not have access to a safe smoking area. This was a repeat finding.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

While the statement of purpose had been updated to reflect the roles and responsibilities of the person in charge, it required further amendment to reflect:

- the current governance structure for Cois Abhainn.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Following review of specified records, there were no incident, accident and complaints that required notification to the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints log showed improvement in that, issues raised were appropriately documented, followed up by the person in charge to the satisfaction of the complainant and responded to in accordance with regulatory requirements. Minutes of residents' meetings were examined, and there was nothing in these minutes that required action in accordance with their complaints' policy.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Action was required to ensure that Schedule 5 policies and procedures were available as follows:

- while there was policy regarding restraint, it was confined to bed rails and physical restraint and did not include chemical restraint
- the policy relating to the temporary absence of a resident required that assessment and care information was included in the transfer documentation, however, the temporary absence template in the policy did not have the ability to include all residents' wishes and choices so the policy was not fully implemented to assure that the residents' preferences could be respected.

Judgment: Substantially compliant

### Quality and safety

On the day of inspection, the inspector observed there was a relaxed atmosphere and a social model of care was promoted. Care and support given to residents was respectful; staff were kind and were familiar with residents' preferences and choices and facilitated these in a friendly manner.

Residents had access to advocacy and care documentation showed that people were supported to access this service in accordance with their choice; timely referrals were seen as part of residents' care records.. Residents had access to a variety of activities and a named staff was allocated to activities on days when the external activities company was not on site.

Consent was routinely obtained from residents for interventions in line with a rights-based approach to care. The daily narrative to provide updates on the resident's status showed huge insight into resident's individuality and gave good detail on the resident's well-being, their responses to interventions including pain management, supports and care provided. 'Differentiating Characteristics of Delirium, Dementia and Depressions' was available to staff as an easy reference guide in assisting with assessment should a resident exhibit specific presentations. A sample of residents' care plans and assessments were reviewed and in general, these showed a comprehensive overview of the resident and their care needs. End of life care plans reviewed showed improvement in that they had detailed information to inform care should a resident become unwell.

A sample of medication administration records were examined and improvement was noted with these comprehensively maintained in accordance with professional guidelines. Residents had good access to GP services. The GP attended the centre twice a week routinely as well as residents visiting the GP in their surgery in accordance with their preference and choice. Records showed that there were timely referrals to consultant-led services, allied health professionals, and specialist services such as the diabetic retinopathy clinic were facilitated in a timely manner. Medical notes demonstrated that medications were reviewed as part of the review process. The physiotherapist was on site once a week providing exercise programmes and one-to-one care assessments for residents. Nonetheless, issues were identified in care documentation regarding respecting residents' rights to refuse treatment, and staff understanding of residents and their decision-making liberties. This is further discussed under Regulation 9: Residents' rights.

Residents' activities programme showed that residents had access to activities over seven days a week. An external activities company provided activities two days a week, live music had increased to three days a week, the priest said mass on site on a weekly basis and the physiotherapist provided exercise programmes to enable residents maintain their current level of mobility. One of the local shops provided a 'mobile shop' every Thursday where residents could purchase toiletries, confectioneries and treats. A member of staff was assigned to activities on days when the external activities facilitators were not on site. This was observed on inspection and residents gave very positive feedback about the activities available.

The person in charge facilitated residents' meetings and minutes of meetings demonstrated that lots of items were discussed with residents including raising concerns, variety of activities which residents had fed back they would like more live music and a local shop to call, and these requests were facilitated. Minutes showed that residents were also reminded of the option of completing the satisfaction surveys. Residents' notes showed that advocacy services were availed of and the person in charge ensured residents understanding of advocacy as part of residents' meetings.

## Regulation 12: Personal possessions

Residents had access to a minimum of double wardrobes and bedside locker, some residents had an additional single wardrobe with shelving as personal storage for their belongings.

Residents' personal laundry was completed on site, and arrangements were in place for collection and return of bed linen; there was a good supply of bed linen seen in designated linen storage presses in the centre. There were no concerns raised by residents regarding their personal laundry.

Judgment: Compliant

### Regulation 17: Premises

Several improvements were noted in the premises with repainting and decorating throughout. In addition, some chairs were re-upholstered and some curtains replaced. The garden was very well maintained and the life-size deer structure was secured to the ground with an up-light installed to illuminate it at night time. Residents spoken with highlighted several features in the garden that they enjoyed looking at and brought them joy.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents feedback regarding the quality and choice of food was generally very positive. One resident reported that they would prefer alternative choices for their main meal and the person in charge assured that this would be followed up. Meal-time was seen to be a very sociable affair where residents met up with their friends and chatted and lovely banter was observed between them, and with residents and staff.

Judgment: Compliant

### Regulation 20: Information for residents

The residents' guide required updating to reflect the information specified in Regulation 20: Information for residents.

Judgment: Substantially compliant

### Regulation 25: Temporary absence or discharge of residents

Staff spoken with were very knowledgeable regarding transfer letters for occasions where residents were temporarily transferred to another healthcare facility. They ensured that all relevant information was obtained following the resident's return to the centre to be assured that resident would be cared for in accordance with their changed needs.

Judgment: Compliant

### Regulation 28: Fire precautions

Action was required to ensure fire precautions as follows:

- there was no smoking shelter for residents as part of suitable building fabric and services available
- the space designated as a smoking area was outside one of the fire exit doors; there was a fire extinguisher mounted on the wall here; there was a call bell newly mounted on a chair, however, when this was activated, it rang for a very short period and then disappeared off the call bell system so it could not be determined where the location was to provide attention.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Records demonstrated that there was ongoing review of prescriptions along with residents' responses to medication to ensure best outcomes for residents. An antibiotic log was maintained as part of medication records which enabled ease of access to history of treatments for infection along with the type of infection, and the resident's response to treatment.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Improvement was noted regarding residents' assessment and care planning. Residents' notes demonstrated that staff had taken time to get to know residents, their preferences and choices, to enable individualised care. End of life care plans were detailed to enable the resident to be cared for in accordance with their choices.

Judgment: Compliant

## Regulation 6: Health care

Residents had good access to GP services. The GP attended the centre twice a week routinely as well as residents visiting the GP in their surgery in accordance with their preference and choice. Records showed that there were timely referrals to consultant-led services, allied health professionals, and specialist services such as the diabetic retinopathy clinic were facilitated in a timely manner. Medical notes demonstrated that medications were reviewed as part of the review process.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

In general, there was very little restrictions in place in the centre. Doors were unlocked enabling independent access to the outdoors including residents going into town to do their shopping or attend their GP for example.

Judgment: Compliant

## Regulation 8: Protection

A review of residents finances demonstrated a robust system in place to ensure the safety of residents monies. All monies belonging to residents that no longer lived in the centre were returned to the resident or their estate when applicable. Quarterly bank statements were available to residents; some chose to keep them and other had these documents stored as part of the financial documents maintained by the administrator. Any financial transaction was usually co-signed as part of quality assurance.

Judgment: Compliant

## Regulation 9: Residents' rights

Action was required to ensure residents were enabled to exercise choice:

- one resident's care documentation showed that when the resident chose to decline observation such as their blood pressure being recorded, it was deemed a challenging behaviour by a nurse as they recorded it as a challenging behaviour, rather than the resident exercising their right to choose.

Judgment: Substantially compliant



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

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

| Regulation Title                                           | Judgment                |
|------------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                             |                         |
| Regulation 14: Persons in charge                           | Compliant               |
| Regulation 15: Staffing                                    | Compliant               |
| Regulation 21: Records                                     | Substantially compliant |
| Regulation 23: Governance and management                   | Substantially compliant |
| Regulation 3: Statement of purpose                         | Substantially compliant |
| Regulation 31: Notification of incidents                   | Compliant               |
| Regulation 34: Complaints procedure                        | Compliant               |
| Regulation 4: Written policies and procedures              | Substantially compliant |
| <b>Quality and safety</b>                                  |                         |
| Regulation 12: Personal possessions                        | Compliant               |
| Regulation 17: Premises                                    | Compliant               |
| Regulation 18: Food and nutrition                          | Compliant               |
| Regulation 20: Information for residents                   | Substantially compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant               |
| Regulation 28: Fire precautions                            | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services       | 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                            | Substantially compliant |

# Compliance Plan for Cois Abhainn Residential Centre OSV-0000583

Inspection ID: MON-0047945

Date of inspection: 27/08/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

| Regulation Heading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Judgment                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Regulation 21: Records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>Schedule 2: <ul style="list-style-type: none"><li>- The PIC will review all staff files and request photographic ID for those who do not already have it on file.</li><li>- The PIC will review each staff file for gaps in the employment history and will request a written explanation from staff for any gaps identified.</li><li>- The PIC will maintain a pre-employment files checklist and regularly audit staff files to ensure that each file contains a valid photographic ID and a complete employment history.</li></ul> Schedule 3: <ul style="list-style-type: none"><li>- The PIC and nursing team will review the resident's care record to determine the injury details and update the care plan. Nurses will be instructed to assess injuries, document in a consistent and factual manner in the care plan, and maintain a regular care plan audit.</li><li>- Immediate reminder was issued to all staff on the requirement to sign and date every record entry, and this will be reiterated on the daily safety pause. The PIC will be responsible for conducting periodic audits of care records.</li></ul> |                         |
| Regulation 23: Governance and management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>- The person who is participating in the management of the centre is the Person in Charge and their qualifications have already been submitted to the Chief Inspector pursuant to Section 49(1)(b)(ii). The Person in Charge is supported by the Older Persons Services, HSE South West.</li><li>- Regarding governance and oversight of safeguarding issues, the PIC endeavors to</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         |

increase staff awareness in achieving zero tolerance to any safeguarding issues, which will be continuously communicated through the daily safety pause.

**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 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The Statement of Purpose submitted to the regulator on 24/9/25 reflects the governance structure for the centre

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- The Restrictive policy in place does not cover the use of chemical restraints. However, in situations where chemical restraint is required as a last resort, staff are guided by the medication policy in the safe and appropriate use of psychotropic drugs.

The medication policy is regularly updated and easily accessible to the staff.

- For a resident's temporary absence, the Nursing Summary (form 249a) serves as the transfer document. A new checklist has also been created to record the resident's choices and preferences and to help the nursing team confirm that all necessary documents and care information are prepared before the resident leaves the facility.

Regulation 20: Information for residents

Substantially Compliant

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

- The PIC will review and update the existing Resident's Guide to reflect the details of the facility, including services offered, staffing, fees, and the complaint procedure, which will help prospective residents make an informed decision.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Regulation 28: Fire precautions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>- To ensure that residents who smoke have access to a safe and risk-assessed area that respects their rights while maintaining fire safety of the premises, the Estate Fire Safety Officer and Estate Maintenance have identified and risk assessed a designated area for the construction of a smoking shed. This area will be equipped with a fire extinguisher, a call bell connected to the main call bell system that will continuously ring until answered by a staff member, as well as fire-resistant bins and an ashtray</li> <li>- The works are approved and ordered and delivery of the shed is awaited.</li> </ul> |                         |
| Regulation 9: Residents' rights                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>- To enable residents to exercise their right to choice and decline care, staff were reminded to respect and adhere to the residents' autonomy. The staff will identify and document the residents' choice and preferences in their person-centred care plan, and the PIC will ensure that these are reflected in their care.</li> <li>- Regular care plan audits and resident meetings will be conducted to ensure ongoing respect for residents' autonomy.</li> </ul>                                                                                                                                                         |                         |

## 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 20(2)(d) | A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman. | Substantially Compliant | Yellow      | 31/10/2025               |
| Regulation 20(2)(a) | A guide prepared under paragraph (a) shall include a summary of the services and facilities in that designated centre.                                 | Substantially Compliant | Yellow      | 31/10/2025               |
| Regulation 20(2)(b) | A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.                  | Substantially Compliant | Yellow      | 31/10/2025               |
| Regulation 21(1)    | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre                                  | Substantially Compliant | Yellow      | 31/10/2025               |

|                         |                                                                                                                                                                                                                                     |                         |        |            |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                         | and are available for inspection by the Chief Inspector.                                                                                                                                                                            |                         |        |            |
| 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. | Substantially Compliant | Yellow | 31/10/2025 |
| Regulation 23(1)(d)     | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.                                                           | Substantially Compliant | Yellow | 31/10/2025 |
| Regulation 28(1)(a)     | The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.                             | Substantially Compliant | Yellow | 17/11/2025 |
| Regulation 28(1)(c)(ii) | The registered provider shall make adequate arrangements for reviewing fire precautions.                                                                                                                                            | Substantially Compliant | Yellow | 17/11/2025 |

|                    |                                                                                                                                                                                                                                                                              |                         |        |            |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
| Regulation 03(2)   | The registered provider shall review and revise the statement of purpose at intervals of not less than one year.                                                                                                                                                             | Substantially Compliant | Yellow | 17/11/2025 |
| Regulation 04(3)   | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 31/10/2025 |
| Regulation 9(3)(a) | A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.                                                                              | Substantially Compliant | Yellow | 31/10/2025 |