



**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:	The Mac Bride Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	St Marys Crescent, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	05 June 2025
Centre ID:	OSV-0000647
Fieldwork ID:	MON-0044889

About the designated centre

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

The Mac Bride Community Nursing Unit is registered to accommodate 29 residents who require long-term care or short-term respite care. It is operated by the Health Service Executive (HSE). The centre is located in the town of Westport, Co. Mayo and is a short walk from the shops and business premises in the town. The building is a single-storey building, and residents are accommodated in nineteen single rooms and five double rooms. There are two safe outdoor areas that are accessible to residents and these have been cultivated with plants, ornamental features and bird feeders to provide interest for residents. The philosophy of the centre, according to the statement of purpose, is to deliver the very highest quality of care and service in an organised and well-managed environment where decisions are made in conjunction with residents and their carers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
--	----

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 June 2025	09:30hrs to 16:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspector was that they were happy and liked living in The Mac Bride Community Nursing Unit. Residents spoken with were complimentary of the centre and the care they received. Residents informed the inspector that "it's good here", "I'm happy here" and "I get good care". The inspector observed warm, kind, dignified and respectful interactions with residents throughout the inspection, by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

The inspector arrived unannounced at the centre during the morning. This gave the inspector the opportunity to observe and assess the lived experience of residents in the centre. On the arrival, the inspector observed that residents were having breakfast and receiving support and care to start their morning routines. Many residents were up and about, and staff were visibly present throughout the centre. The inspector observed that staff members engaged and interacted with residents in a kind and respectful way, and sought consent in providing care and support. It was evident from these observations that residents were comfortable and relaxed in the presence of staff. Call-bells were responded to in a timely manner.

The Mac Bride Community Nursing unit provides long-term and respite care for both male and female adults with a range of dependencies and needs. The centre is a purpose-built single-storey building situated in Westport, Co Mayo. The centre can accommodate 29 residents in single and double occupancy rooms. There were 21 residents living in the centre on the day of the inspection. Although residents' bedrooms met the minimum size requirements, they were small, and there was limited storage space. Furthermore, some bedrooms could not accommodate a chair beside the bed. Their chair had to be placed in front of residents' wardrobes. This meant that residents could not easily access their belongings without moving the chair or seeking assistance from staff.

The centre was warm and bright throughout and there was a homely atmosphere. Wall-mounted alcohol hand gels were readily available throughout the centre to promote good hand hygiene. Residents were observed in one communal room, and some attended the dining room during mealtimes.

The internal courtyards were freely accessible, and these areas were well-maintained with mature shrubs and planting, accessible pathways and seating options. They contained flower pots, many of which were in full bloom. The entrance to the centre also contained beautiful flower pots, with seasonal flowers which could be enjoyed by residents and visitors alike.

Residents and staff spoke with the inspector and recounted how they recently celebrated the 50th year anniversary of their centre. They described the celebrations

and fun they had on the day, where food and music were provided in a marquee. They also planted a tree to mark their 50th year celebration.

While the centre was pleasantly decorated, generally clean and in good repair, some areas were experiencing wear and tear and required maintenance to ensure residents could enjoy a pleasant living environment. Staff practices and the oversight of cleaning some healthcare equipment required review, as outlined under Regulation 27: Infection control. These items were addressed by staff members on the day of the inspection.

There were plenty of activities and days out scheduled. There was photographic evidence of activities and days out that residents enjoyed throughout the year displayed in the corridors. During the inspection, Mass was celebrated in the main sitting room. The inspector observed residents painting and taking part in various activities throughout the day. Residents and staff read newspapers, sang songs and were observed to be enjoying a relaxed afternoon together.

There was an on-site laundry service where residents' personal clothing was laundered. This area was seen to be clean and tidy, and its layout facilitated the functional separation of the clean and dirty phases of the laundering process. All residents spoken with were satisfied with the laundry service provided.

Residents told the inspector that they felt safe in the centre and all residents who spoke with inspectors stated they would have no hesitation reporting or discussing a concern with any member of staff. The inspector sat and spent time observing residents in the day room and dining room and their engagement with staff.

Residents were very happy with the timing of their meals and the variety of food, snacks and drinks on offer. Residents said they could choose whether to come to the dining room, or have their meals in the privacy of their own room. The inspector observed that residents were offered a choice of lamb or chicken dishes on the day, and dessert also. Staff were seen offering support and encouragement at meal times. The menu was displayed in writing in the dining room. The inspector observed that staff offered drinks throughout the day, such as tea, coffee, water and juice, along with snacks, if required.

The inspector observed a coordinated system, of delivering meals to residents in their rooms, ensuring that they remained hot and appetising during travel. The food provided to residents was nutritious and there was plenty of choices available at each meal, and during the day.

Residents had access to radios, television, telephone and internet services. Internet facilities had been improved and were working well throughout the centre. Arrangements were made for residents to access advocacy services. Residents could receive visitors in the centre's many communal areas, their bedrooms, or in the garden. Roman Catholic Mass was celebrated in the centre weekly.

Residents spoken with were aware of who the management team were. Residents were happy with the length of time it took to have their call bells answered. Residents were satisfied with the food served and the choices given. Residents

voiced that they would not hesitate to make a complaint and felt that appropriate action would be taken.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the registered provider and management team displayed a commitment to the promotion of continuous quality improvement, with the aim of ensuring that the centre was providing a safe and effective service for residents, focusing on person-centred care. Where areas requiring improvement were identified by the inspector, the management team acknowledged the findings and expressed a commitment to improving compliance, in particular with regard to the oversight of staffing, premises, infection control and fire precautions within the centre.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan following the previous inspection in April 2024. The inspector also reviewed and discussed the notifications submitted by the management team and noted that there had been no unsolicited information of concern received, since the last inspection.

The registered provider had progressed with the compliance plan from the April 2024 inspection, and improvements were identified concerning the notification of incidents that the information contained in their statement of purpose.

The Health Service Executive (HSE) is the registered provider for The Mac Bride Community nursing unit. As a national provider providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, accounts, maintenance and information technology. There was a clear governance and management structure in place in the centre, and the management team were supported by a registered provider representative and a manager for older people's services. They visited the centre on a regular basis and a record of these visits was recorded.

The person in charge was supported in their role by a clinical nurse manager. The person in charge also oversaw the work of a team of nurses, health care assistants, administration, maintenance, domestic and catering staff. The person in charge and clinical nurse manager facilitated the inspection. Both the person in charge and the clinical nurse manager worked full-time in the centre. Documents and information requested as part of the inspection process were provided in an organised and

timely manner. Records and documentation were clear and well-presented, organised and supported effective care and management systems in the centre. There was an open, honest and transparent response to any information requested by the inspector.

The inspector found that there were a number of long-term vacancies within the staff team. Records viewed by the inspector showed that nursing, healthcare and catering staff vacancies were covered by agency staff frequently and sometimes on a daily basis. Furthermore, a number of staff were on long-term sick leave, which further depleted the overall staffing resources in the centre. In the absence of agency staff, additional hours were covered by the team. This resource was not sustainable and created daily challenges for management within the centre to cover planned and unplanned leave regularly in the centre.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, such as restrictive practice, infection prevention and control, falls, care planning, and medication management audits. However, audits completed failed to identify some areas for improvement, as found on this inspection.

Records of management and staff meetings showed evidence of actions required from audits completed, which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included key performance indicators, such as staffing, training, fire safety, care planning, and resident feedback. It was evident that the centre was continually striving to identify improvements, and learning was identified in audits completed. However, this inspection found that the oversight of infection prevention and control, such as housekeeping practices, premises and fire precautions, required some improvement.

The annual review for 2024 was available during the inspection. It set out the improvements completed in 2024 and improvement plans for 2025. Residents had been consulted as part of the annual review, and it was apparent that person-centred care was a priority to the service delivered in this centre.

Staff were supported to attend mandatory training such as manual handling, safeguarding vulnerable adults from abuse and infection control. Staff were appropriately supervised in their roles. An induction process for staff was in place.

Accidents and incidents were well-managed and there was a low level of serious incidents occurring in the centre. All incidents were notified to the Chief Inspector as required by the regulations.

A directory of residents was maintained, which contained all of the information as required under Schedule 3 of the regulations.

There was a complaints policy in place to assist residents and their families register a complaint should they have the need to do so. There was a consistently low level of formal complaints within this centre. The records were well maintained and the satisfaction levels of the complainant were recorded.

Regulation 14: Persons in charge
<p>There was a person in charge who met the regulatory requirements. The person in charge was an experienced registered nurse. They worked full-time in the designated centre and were well-known to residents, families and staff. The person in charge facilitated the inspection and demonstrated a good understanding of their regulatory responsibilities.</p>
Judgment: Compliant
Regulation 15: Staffing
<p>There were enough staff with the appropriate knowledge and skills to care for the 21 residents living in the designated centre on the day of the inspection. However, there were a number of staff vacancies that had not been filled and the current staffing levels would not be adequate when the centre returned to full occupancy of 29 residents.</p> <p>There was a significant number of staff vacancies in this centre, including vacant positions and long-term absences. This included five nursing vacancies, six health care assistants, one catering post and a general operative role. Vacant shifts were covered by permanent staff where possible; however, due to the number of vacant posts, there was an over-reliance on agency staff to cover vacant shifts and resource the centre adequately.</p>
Judgment: Not compliant
Regulation 16: Training and staff development
<p>The centre's management was committed to providing ongoing training to staff. The training matrix evidenced full compliance with mandatory training required by the regulations. Staff had received mandatory training in fire safety, people moving and handling, safeguarding residents, resuscitation and infection prevention and control.</p> <p>The person in charge and clinical nurse manager held responsibility for the ongoing supervision of staff. Interactions between staff and residents observed throughout the day were respectful and kind. Staff were knowledgeable in their roles and responsibilities.</p>
Judgment: Compliant

Regulation 19: Directory of residents
<p>An updated directory of residents was maintained in the centre. This included all of the information as set out in Schedule 3 of the regulations, including the dates of admission and discharge and contact details for their nominated representative.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>The provider did not ensure there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example;</p> <ul style="list-style-type: none"> • The provider had failed to appoint staff nurse vacancies, health care assistant vacancies, catering staff vacancies and a general operative vacancy. Although these vacancies were largely covered on a day-to-day basis, the high use of agency staff to cover the gaps in the roster impacted the full utilisation of the 29 registered beds within the centre. This led to a waiting list of residents in the community and acute services, to avail of beds in this centre. It created frequent challenges to resource the centre and did not support a stable and continuous workforce. It also added to the workload of the already depleted staff team and was not a sustainable staffing model. <p>While there were good systems in place to oversee the clinical care of residents, these systems did not fully extend to the oversight of aspects of the premises, infection prevention and control practices and the maintenance of the residents' environment. As a result, some risks to residents were present. Audits had not identified some of these deficits. Issues identified for improvement on this inspection were not captured in the programme of audits. Findings in this regard are detailed under Regulation 17: Premises, Regulation 27: Infection control and Regulation 28: Fire precautions.</p> <p>Issues identified in relation to the premises did not have a schedule of works in place to improve or maintain the upkeep of the centre.</p>
Judgment: Not compliant
Regulation 31: Notification of incidents
<p>Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed</p>

up on a low level of incidents that were notified and found these were managed in accordance with the centre's policies. From a review of incidents recorded in the centre and care planning documentation the inspector was assured that all the required notifications had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with told the inspector that they would not hesitate to make a complaint. They knew the person in charge and the nurse manager in the centre. Residents said they were happy their concerns would be listened to and action taken if required. Feedback from residents was welcomed by the management team. There was a comment box in the reception area. The inspector reviewed the complaints log and found that there were no complaints logged in 2024 or 2025. On the day of inspection, all previous complaints were closed. There was good evidence in the documentation that appropriate actions were taken when a complaint was received.

Judgment: Compliant

Quality and safety

Overall, residents appeared happy living in the centre, and many spoken with said they were happy with the care they received. However, some actions were required to ensure that the service provided in the centre was safe and of a high standard.

Each resident had an assessment of their needs and had a care plan in place. Care plans were person-centred and reflected the resident's preferences and daily routines. They contained all the relevant details regarding each resident, and where there was a change in a resident's condition or treatment, this was recorded accordingly in their notes. All care plans had been reviewed in line with the regulations.

Residents had good access to medical care and were reviewed regularly by their general practitioner (GP). Residents were also provided with access to other health care professionals, in line with their assessed needs. From a review of records, it was evident that residents who required assessment were referred to allied health professionals, such as dietetics, occupational therapy and speech and language therapy. Residents were supported to attend the national screening programmes and avail of annual vaccinations if required. There was also clear evidence that nursing staff followed up on hospital appointments to ensure that residents were

able to attend their appointments. Residents have access to allied healthcare care services, which included Speech and Language Therapists (SALT), Dietitians and Tissue Viability Nurses (TVN), and residents were receiving timely access or appropriate on-site assessments from these services.

The layout of the premises promoted a good quality of life for residents. It was decorated tastefully with appropriate furniture and residents' art work on display in corridors.

The premises were mostly well-maintained with the exception of some walls in bedrooms, doors and skirting boards, which were visibly marked and damaged. Some areas of the centre were in need of decoration and repair. There was no general operative employed in the centre to maintain the upkeep of the premises, and this was evident on the walk around of the centre in multiple areas. Storage was adequate, and supplies were appropriately segregated to avoid the risk of cross-contamination.

Residents enjoyed unrestricted access within the centre and had access to fresh air in a secure garden area. There was appropriate furniture and seating available for residents to be able to enjoy this space.

The food, drinks and snacks provided were nutritious and readily available to residents. Additional portions were offered, and staff were available to assist and provide support for residents at mealtimes. Residents had a choice at mealtimes and were consulted regarding their likes and dislikes. Modified diets were available, and staff were aware of each resident's individual nutritional needs. Residents' weights were recorded regularly, and where there was a risk of malnutrition identified, they were appropriately referred to a dietitian in a timely manner.

Although the centre was clean in the majority, the oversight of infection prevention and control in the centre required improvement. Residents' healthcare equipment was visibly unclean in a number of bedrooms and a storage area. These items were deep cleaned on the day of inspection. The inspector observed commodes which were rusted and in need of repair or replacement. These commodes were removed, and new commodes were ordered on the day of inspection. However, greater oversight and supervision by management in the centre of housekeeping and cleaning practices were required to improve and maintain higher standards and reduce the risk of re-occurrence.

From a fire safety perspective, there were effective systems in place to reduce the risks of fire, provide safe and adequate fire safety equipment and training to staff on the procedures and actions to take in the event of a fire emergency. Although some fire emergency drills had taken place, a fire drill had not been completed in the centre by staff for more than six months. Furthermore, the fire evacuation floor plans did not detail the various compartments within the centre to guide staff in the horizontal evacuation of residents in the event of a fire emergency. These evacuation plans were submitted following inspection and displayed prominently, within the centre.

In-house fire safety checks were logged and up-to-date. Fire doors were maintained and were in good working order. All fire exits were unobstructed and fire fighting equipment had been serviced.

Residents were seen to be moving around the centre in line with their choice about where to spend their time, such as sitting and dining rooms, as well as their own bedrooms. They also had access to well-presented outdoor space. There was a range of activities taking place throughout the day, including some one-to-one support, group games and activities.

Residents' meetings were held twice a year, and relevant issues, such as food and activities, were discussed. Records indicated that issues raised at these meetings were addressed. Observations carried out over the day of inspection, confirmed that staff communicated with residents in a respectful and courteous manner. Staff were observed to knock on residents' doors prior to entry and to explain the purpose of their visit.

Regulation 17: Premises

Some further action was required to ensure the premises conformed to all of the matters set out in Schedule 6. For example:

- Wear and tear was observed to paintwork on doors, door frames and some corridor walls.
- A garden fence to the rear of the premises had fallen down and was in need of repair. The provider had a plan in place to have this repaired.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The provider had made arrangements to meet the dietary needs of residents in the centre. The residents were offered a choice at mealtime and were provided with adequate quantities of food and drinks. The inspector found that there were sufficient numbers of staff available to ensure that residents who required assistance with their food and drink were in receipt of timely support. The food provided was varied, tasty and looked nutritious. Residents' preferences for certain meals had been discussed at their resident meetings and had been considered and accommodated by the chef. Residents could attend their dining room for mealtimes if they required.

Judgment: Compliant

Regulation 27: Infection control

The arrangements in place for the management of cleaning healthcare equipment were not satisfactory. This was evidenced by:

- Crash mats in use in residents bedrooms were visibly unclean.
- Floors in under residents beds were visibly unclean and dusty.
- Commodes in the sluice room were visibly unclean and rusty.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not sufficiently reviewed the centre's fire precautions. For example:

- Fire evacuation plans of the centre on display did not identify the various compartments to be used in the event of a fire emergency.
- Simulated fire drills had not been completed since 26 November 2024, and the details of this fire drill were not available within the centre for review.
- The generator required repair.

Following the inspection, the correct fire evacuation plans, the details of the simulated fire drill and assurances regarding the functionality of the generator were submitted to the Chief Inspector's office.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were reviewed by the inspector and evidenced that all residents were assessed on admission to the centre. Clinical assessment tools were used to assess each resident's dependency level, risk of malnutrition, fall risk, and skin integrity, which was reflected in the residents' care plan. Care plans were clear, detailed and person centred. They included all relevant details to guide staff in providing appropriate clinical nursing care and support. Where residents were seen by allied healthcare professionals, these details were documented in residents' care plans or progress notes.

Residents diagnosed with responsive behaviour had a person-centred care plan in place that was reviewed regularly based on ongoing assessment. Staff were aware

of residents' individual needs and referenced the resident's care plans to guide the care provided for residents.

Care plans were reviewed regularly in consultation with the resident and their family and documented in the resident's records.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical and healthcare, which was evident from reviewing residents' records. A general practitioner (GP) visited the centre when required and was also contactable by phone and email outside of visits. There was good access to specialist health professionals such as geriatricians, psychiatry of older age, speech and language therapy and physiotherapy. The inspector was told that residents also had access to local community services such as chiropody, opticians and dentistry.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider provided facilities and opportunities for residents to engage in occupation and recreation. Residents were supported and encouraged to engage and participate in group and individual activities in accordance with their choice and abilities.

Residents were treated with dignity and respect, and consent to support and provide care was sought by staff before assistance was provided.

Residents had access to independent advocacy services if required and were supported by staff to avail of these services if needed.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Mac Bride Community Nursing Unit OSV-0000647

Inspection ID: MON-0044889

Date of inspection: 04/06/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All vacant posts have the appropriate documentation completed and are processed to be filled. We await approval under the HSE pay and numbers strategy to progress.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The DON and CNM2 regular walkabouts to identify issues that need to be addressed in the unit in respect of maintenance and IPC. We are revising our reporting and action procedures to ensure prompt resolution of deficiencies. The unit had been decorated within the previous 12 months but we accept there are areas which are damaged by beds & wheelchairs. A contractor is being engaged to remedy the defects. Quotes have been sought to replace the rear fence and it is progressing through procurement process All vacant posts have the appropriate documentation completed and are processed to be filled. We await approval under the HSE pay and numbers strategy to progress.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The unit had been decorated within the previous 12 months but we accept there are areas which are damaged by beds & wheelchairs. A contractor is being engaged to remedy the defects.</p> <p>Quotes have been sought to replace the rear fence and it is progressing through procurement process</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The defective commodes have been replaced.</p> <p>We have reviewed cleaning procedures and protocols to ensure thorough cleaning of all areas and equipment.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The compartments on the fire plans have now been colour coded. Maps in the unit have been updated with this information and are on display.</p> <p>A fire drill was carried out as per plan.</p> <p>Two of the indicator gauges on the generator panel are faulty. This does not affect the operation of the generator which is tested weekly. The gauges will be replaced when the service contractor carries out the annual service.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/12/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(2)	The registered provider shall, having regard to	Substantially Compliant	Yellow	30/09/2025

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/06/2025
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	30/06/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for	Substantially Compliant	Yellow	30/06/2025

	<p>staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.</p>			
Regulation 28(1)(e)	<p>The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.</p>	Substantially Compliant	Yellow	30/06/2025