



**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:	Plunkett Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Elphin Street, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0000653
Fieldwork ID:	MON-0049965

About the designated centre

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

The Plunkett Community Nursing Unit is a purpose-built facility that has been operating since 1972. It can accommodate 33 residents who require long-term residential care and two residents who require short-term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In the statement of purpose, the provider states that the aim of the service is to provide residents with the highest possible standard of care delivered with respect, dignity and respecting the right to privacy in a friendly, homely environment to enhance their quality of life. The centre is a single-story building and is located in the town of Boyle, Co. Roscommon. It is close to the shops and the railway station. Bedroom accommodation consists of 15 single rooms and nine double rooms. Communal space includes a large sitting room, a dining area, an oratory and a visitor's room. The centre has two secure garden areas that are available for resident use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 July 2026	09:00hrs to 16:30hrs	Michael Dunne	Lead
Wednesday 8 July 2026	09:00hrs to 16:30hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Residents in this centre were supported to achieve a good quality of life. Evidence indicated that residents were actively involved in decisions about their care and daily lives, including choices relating to activities, meal options, and the manner in which care and support were delivered. Effective communication systems were in place to keep residents informed of key matters within the centre. Notice boards provided accessible information on activities, advocacy services, and the complaints process. In addition, records of resident meetings demonstrated that regular communication and consultation with residents were maintained.

Feedback from residents regarding the management of the centre and the staff team was overwhelmingly positive. Staff were seen interacting with residents in a kind, respectful, and person-centred manner, indicating established and trusting relationships. Residents told inspectors that they were happy with the care and support provided. Over the course of the inspection, inspectors met with several residents living in the centre, and conducted more detailed discussions with 11 residents, in addition to speaking with five visitors.

Shortly after arrival at the designated centre, the inspectors were met by the person in charge, and following a request for documentation to support the inspection process, the inspectors commenced a walk around of the centre where they had the opportunity to meet and chat with residents and staff members. There were 32 residents accommodated at the time of this inspection.

Following the walk around the centre, the inspectors held an introductory meeting with the person in charge, which included a review of the provider's compliance plan arising from the previous inspection held in October 2025. Inspectors also provided feedback on their observations and findings from the walk around the designated centre.

Inspectors observed that the designated centre was clean, bright, warm, and welcoming on the day of inspection. The centre's design and layout supported residents' freedom of movement, with clear and colourful signage directing residents to key communal areas.

The centre was well designed, with spacious communal areas located near the reception area, and furnished with comfortable seating. Residents were observed using these areas throughout the day to relax and socialise. The centre also benefited from two large, secure garden areas; however, seating facilities in one of these gardens were not suitable for residents to use. A smoking room was available for residents who wished to smoke and contained a call-bell and fire safety equipment.

Inspectors observed that residents' bedrooms were personalised with items such as photographs, artwork, blankets, books, and ornaments. The bedrooms were suitably arranged to meet residents' needs, providing adequate space, wardrobe facilities, and storage for personal belongings. Residents also had access to televisions and call bells in their bedrooms.

The inspectors visited the laundry and the two sluicing facilities in the centre, and while the sluicing facilities were well-maintained, the flooring in the laundry room required repair. Inspectors were informed that the flooring was damaged due to a leak from one of the washing machines, which was still under investigation. There was sufficient storage in the centre which ensured that there was appropriate segregation of clinical and non-clinical items. All equipment used to support residents with their care needs was observed to be clean and well-maintained.

Inspectors observed that residents received timely assistance from staff when required. Staffing levels were sufficient to provide appropriate supervision and support within the designated centre. Observations confirmed that staff were knowledgeable about residents' care and support needs, and interactions between staff and residents were consistently positive and respectful. Residents informed the inspector that they felt safe living in the centre and were aware that they could raise any concerns or make a complaint with any member of the staff team.

Residents spoke positively about the home-cooked meals and dining experience in the centre. Daily menus were clearly displayed in dining areas, outlining the meal options available. Inspectors observed a lunchtime service, and found it to be well-managed, calm, relaxed, and sociable, with residents enjoying conversation while dining. Residents confirmed they were offered a choice of main course and dessert. Meals appeared nutritious, well-balanced, and attractively presented. Staff provided assistance discreetly and respectfully where required. Inspectors also observed that refreshments and snacks were available to residents throughout the day. Menu options available on the day included either a roast beef or a salmon meal.

The inspectors observed that interactions between residents and staff were empathetic and respectful. Care staff were observed to ask the resident's permission before commencing care interventions. Residents who presented with communication needs appeared comfortable in the presence of staff. This was confirmed by residents and their visitors who chatted with the inspectors on the day.

Residents who spoke with inspectors were complimentary of the range of activities available within the centre. One resident particularly enjoyed regular outings in the centre's minibus to a nearby café. Throughout the inspection, inspectors observed many residents actively participating in a variety of group activities taking place in the main communal area.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the inspectors found that the designated centre was well-managed for the benefit of the residents who lived there. There were systems in place to ensure that care, and services were safe, and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care, and support were respected. There were, however, some inconsistencies regarding the effectiveness of these systems, in relation to the oversight of the auditing process, and the use of information accessed from these systems. This is discussed in more detail under Regulation: 23 Governance and management and under Regulation 34: Complaints. In addition, inspectors identified opportunities to strengthen service delivery, as detailed in the Quality and Safety section of this report.

This was an unannounced inspection carried out to review compliance with the regulations, and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations arising from the inspection carried out in October 2025. The registered provider for this designated centre is the Health Service Executive (HSE). There is a clearly defined management structure in place that identified the lines of authority, and accountability.

The provider had a range of quality assurance processes in place, including audits, and resident/family questionnaires used to assess the service. These processes were used to identify where improvements were required. Action plans were created, and communicated to the relevant staff team. Overall the audit processes were found to be effective however they were not always identifying areas of practice that required additional focus. These issues are discussed under the relevant regulations in this report.

The Person in Charge was supported in the operational management of the centre by a clinical nurse manager, a team of nursing staff, a part-time physiotherapist, healthcare assistants, and personnel responsible for catering, laundry, and maintenance services. Housekeeping services within the centre were provided by an external contractor

There was sufficient numbers of staff with the appropriate competencies were in place to support residents' assessed care needs. Inspectors noted that staff knew residents well, and responded promptly, and effectively to their needs. A review of the roster showed that staffing arrangements reflected the organisational structure described in the statement of purpose. Any gaps in the roster were covered by regular staff or by agency staff who had an established familiarity with the centre, helping to maintain consistency in care delivery.

A review of training records found that there were effective systems in place for monitoring staff training. Records confirmed that staff had completed mandatory

training in fire safety, safeguarding, and manual handling. Additional training was delivered through a combination of online and face-to-face formats and included infection control, restrictive practices, positive behaviour support, and basic life support. Processes were also in place to support staff induction, probation, and performance appraisal. Staff spoken with during the inspection confirmed that the training received was relevant to their roles and supported them in delivering day-to-day care and support to residents.

The inspectors reviewed a number of resident contracts for the provision of services, and found that they were signed, identified the room that was allocated to the resident and any additional fees that may be charge. There were no fees levied for associated social care provision such as activities.

A complaints policy and procedure, clearly outlining the process for raising a complaint or concern, was in place. Information on how to make a complaint was prominently displayed and readily accessible throughout the centre. A review of the complaints log found that one complaint had been managed in accordance with the provider's policy. While positive changes to practice were identified as a result of the complaint, these improvements had not been recorded in the complaints log. This represented a missed opportunity to effectively document and demonstrate learning arising from complaints.

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were up to date with mandatory training. Infection prevention and control (IPC) training was delivered through a blended approach of online, and face-to-face training. On the day of the inspection staff were attending on-site fire training.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which was available for inspectors to review. The directory was found to contain accurate information which was updated at the appropriate times. The information reviewed contained the information as specified under Schedule 3 of the Regulations.

Judgment: Compliant

Regulation 21: Records

A review of Schedule 2 records found that they met the requirements of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had a contract of insurance in place against injury to residents which had been renewed in May 2026.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The management and oversight of care plans did not identify some weaknesses in the quality of some care records, as they did not provide sufficient detail to guide care intervention.
- The investigation records relating to one complaint did not provide sufficient detail as to how the complaint was managed or identify the lessons learnt from it going forward.
- The oversight of fire doors in the centre had not identified a significant gap under one set of compartment doors found on inspection.
- There was insufficient oversight regarding the maintenance of a resident garden facility.

- Additional oversight and supervision is required regarding staff practices, in the safe management of soiled linen, and in the management of sharps.
- The resident guide did not meet the requirements of the Regulation 20: Information for residents.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of contracts for the provision of services confirmed that residents had a written contract of care in place, that outlined the services to be provided, and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which set out the services that were offered by the centre, and was found to have been updated in July 2026.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out under Schedule 4 of the regulations were notified to the office of the Chief Inspector of Social Services within the required time frames. The inspectors followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There were a small number of complaints received since the last inspection with only one complained logged on the complaints register. Although this complaint had been closed off to the satisfaction of the complainant, there was insufficient

recording of how this complaint was investigated, or on the measures put in place to address the issue to avoid a recurrence.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported to enjoy a good quality of life that respected their wishes and preferences. Their rights and choices were upheld, and they were actively involved in the operation of the service. However, additional focus was required in several areas to ensure the service is safe, effective, and appropriately monitored. The identified issues are outlined in more detail under the relevant regulations relating to premises, care planning, fire safety, resident information, and infection prevention and control (IPC).

For the most part, residents' care plans were person-centred, implemented, evaluated, and reviewed regularly. While residents' needs had been assessed and corresponding care plans developed, some records lacked sufficient detail to effectively guide care interventions. As a result, care approaches may not consistently support residents' assessed needs.

Residents had access to a range of healthcare services, including general practitioner (GP) services, local pharmacy support, and an in-house physiotherapist. Arrangements were in place to facilitate access to health and social care professionals, including dietitians, speech and language therapists, and tissue viability nursing services for wound care support where required.

A clear safeguarding policy was in place, outlining key definitions, staff responsibilities, types of abuse, and reporting procedures for concerns that were disclosed, reported, or observed. The policy included a preliminary screening process to determine whether further information was required, a full investigation was warranted, or there was no evidence of abuse. The management team demonstrated a clear understanding of the actions required in response to safeguarding allegations. Staff were found to have completed relevant safeguarding training, and were knowledgeable about recognising potential indicators of abuse, and responding appropriately to concerns.

The provider maintained a restraint register, and was actively working towards a restraint-free environment. The use of restrictive practices was low, with minimal reliance on chair and bed alarms. Staff and resident interactions observed during the inspection were positive and supportive. The provider maintained effective communication with residents, ensuring they were kept informed of key developments within the centre. Regular resident meetings were held, and included

discussions on resident care, food catering, activities, and infection prevention and control.

While a range of information on services and events was available throughout the centre, a review of the residents' guide found that it did not provide sufficient information about the service. As a result, current and prospective residents may not have timely access to the information needed to make informed decisions about accessing a particular service.

Residents' privacy and dignity were respected, with staff observed knocking before entering bedrooms, and explaining the purpose of their visit. Residents had opportunities to participate in activities that reflected their interests and abilities. Throughout the day, residents were engaged in both organised activities and individual pursuits, either in communal areas or in the privacy of their own rooms. There were no restrictions on visiting at the time of this inspection, residents were observed receiving their visitors either in their own bedrooms or in communal areas.

The design and layout of the premises provided residents with adequate communal and private space, supporting a comfortable and enjoyable living environment. Communal areas were tastefully decorated and arranged to encourage social interaction. The centre, for the most part, was well-maintained, with appropriate arrangements in place for ongoing maintenance. Records confirmed that equipment used in the centre was serviced on a regular basis. The provider had accessed funding through climate action initiatives to improve the building fabric through upgraded insulation, and the replacement of existing windows and doors.

Although the provider was investigating the leak in the laundry room, which impacted on the flooring in this area, the provider did not have a definitive timeframe for when this flooring would be replaced. Residents had access to two secure outdoor garden areas, one of which required seating facilities to be cleaned so that residents could use the area, at the time of this inspection, there were no residents using this facility.

The provider had implemented appropriate fire safety measures to protect residents in the event of a fire emergency. Fire safety records were well maintained and included documentation relating to fire alarm maintenance, servicing certificates, and quarterly checks of emergency lighting and fire extinguishers. Residents' Personal Emergency Evacuation Plans (PEEPs) were regularly reviewed and updated at least every four months, or sooner where mobility needs changed. Records also confirmed that fire drills and simulated evacuations were conducted on a regular basis.

Although there were records maintained to indicate that fire doors were checked on a regular basis, they did not identify a significant gap on one set of fire doors. The provider confirmed that they would liaise with their fire contractors to review this issue.

Hand hygiene facilities were readily available throughout the centre and were consistent with best practice guidance. Alcohol-based hand sanitiser was accessible at points of care, and dedicated clinical hand-wash sinks were available for staff use.

Inspectors observed staff adhering to appropriate hand hygiene procedures, and residents were supported to clean their hands prior to meals, promoting good infection prevention and control practices. In addition, the person in charge had nominated two staff members to the role of IPC link practitioners, a review of records confirmed that both had certificates in place to show completion of the national IPC.

Staff had access to information and resources to support effective IPC practices. Up-to-date IPC guidance was prominently displayed on notice boards, and relevant policies and procedures were available to guide staff in their practice. The centre was observed to be clean, bright, and well maintained throughout, providing a pleasant environment for residents. Notwithstanding the positive findings identified, inspectors found that improvements were required in a small number of areas as outlined under Regulation 27: Infection control.

Records associated with clinical, operational and environmental risks were well maintained and available for review. A review of incidents that occurred in the centre since the last inspection found that these incidents were clearly described, and were followed up in line with the centre's risk policy.

Regulation 11: Visits

Visits by residents' families and friends were encouraged, and the inspectors observed several visitors attending the designated centre during the day. Residents' access to their visitors was unrestricted and there were facilities available for residents to meet their visitors' in private, or in other locations apart from their bedroom.

The inspectors spoke with some visitors who confirmed that they found the service to be well-managed, and that residents were well cared for.

Judgment: Compliant

Regulation 17: Premises

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

- The seating in one of the external gardens was unclean and unsuitable for residents to use. An awning was stained, was unsightly and also required cleaning. Inspectors observed weeds were growing in some areas which detracted from the ambiance of this area.

- The floor in the laundry room was in poor repair, and did not have a smooth surface to enable cleaning.

Judgment: Substantially compliant

Regulation 20: Information for residents

The resident information guide that was made available for residents, and their families did not contain all of the information required under Regulation 20. The current guide was in a leaflet format which did not make the following information available:

- The terms and conditions relating to residence in the designated centre.
- Details regarding the complaints procedure.
- The visiting arrangements that were in place for residents to see their families and friends.
- The arrangements in place for accessing inspection reports

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

A review of documentation found that there was effective communication within, and between services when residents were transferred to, or from the hospital to minimise risk, and to share necessary information.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy, and procedure in place which contained details regarding the identification of risk, the assessment of risk and the measures, and the controls in place to mitigate against known risks. The policy met all the requirements as set out under Regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- Safety-engineered devices were not in use on needles used for giving injections. This omission increased the risk of sharps injuries to staff and was not in line with best practice for the prevention of needle stick injuries.
- Improvements were required in relation to the management of linen to ensure compliance with national infection prevention and control guidance. Inspectors observed instances where soiled linen contained in red soluble bags had been placed within blue laundry bags alongside residents' clothing, rather than being transported in accordance with the providers designated colour-coded laundry process.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were arrangements in place to protect residents in the event of fire which included the maintenance of fire systems, and regular review of fire precautions. However these arrangements in place did not identify the following,

- There were significant gaps found under one set of compartment fire doors which compromised the integrity of these doors to stop the spread of fire, and smoke to adjoining compartments or to the rest of the building.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of care plan records found that residents were appropriately assessed; however, there were some care plans that did not contain the details required to ensure the needs of each resident were met. For example,

- While care plans were in place for residents, inspectors noted that certain information was dispersed across different sections of the documentation rather than being consolidated within one care plan. This meant that a complete overview of some residents' care needs was not always readily available. Inspectors recognised that the centre was undergoing a transition to a new care planning system, and that this was a temporary period of adjustment.

Judgment: Substantially compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to an occupational therapist (OT), physiotherapy, tissue viability and dietitians as required.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training, and were confident that they would be able to use this training to ensure that residents were protected from abuse. A review of Schedule 2 records confirmed that staff had a guard vetting disclosure in place prior to commencing work in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings. Residents had access to radio, newspapers, televisions and advocacy services.

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Plunkett Community Nursing Unit OSV-0000653

Inspection ID: MON-0049965

Date of inspection: 08/07/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Plunkett CNU is currently in transition to a new care plan folder, which has been developed to provide more comprehensive information regarding each resident's person-centered care needs. The unit currently uses the HSE National Template-Point of contact Resolution and Escalation Form for Designated Centre's for Older People when managing and documenting complaints. To address this identified gap, an additional complaints follow-up/lessons learned sheet will be attached to the HSE Template for all relevant complaints going forward. A specialist fire door contractor has been procured to review and complete remedial works on the fire doors within the unit. This process has commenced A maintenance schedule has been developed for the garden facility. Person-in-Charge will provide additional oversight of the garden maintenance. New linen trolleys has been ordered for the unit to improve the segregation and safe management of soiled linen. The trolley will contain three separate bags for bedding, resident's personal clothing and soiled/contaminated linen. The IPC link practitioner and Clinical Nurse Manager will provide oversight and supervision of staff practice to ensure that the new system is being used correctly and consistently. The unit has ordered new safety-engineered needles for use when administering injections. Once received, these devices will replace the current needles used for injection administration, in line with safe sharps management practices.	

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The unit currently uses the HSE National Template-Point of contact Resolution and Escalation Form for Designated Centre's for Older People when managing and documenting complaints. To address this identified gap, an additional complaints follow-up/lessons learned sheet will be attached to the HSE Template for all relevant complaints going forward.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A maintenance schedule has been developed for the garden facility. Person-in-Charge will provide additional oversight of the garden maintenance. The replacement of the existing laundry flooring has been outsourced to an external specialist flooring company. The company will remove the existing flooring and install new, suitable flooring in the laundry area.	
Regulation 20: Information for residents	Not Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The Resident information Guide has been reviewed and updated to ensure that residents and their representatives are provided with clear and accessible information regarding the services and arrangements within the unit.	

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The unit has ordered new safety-engineered needles for use when administering injections. Once received, these devices will replace the current needles used for injection administration, in line with safe sharps management practices. New linen trolleys has been ordered for the unit to improve the segregation and safe management of soiled linen. The trolley will contain three separate bags for bedding, resident's personal clothing and soiled/contaminated linen. The IPC link practitioner and Clinical Nurse Manager will provide oversight and supervision of staff practice to ensure that the new system is being used correctly and consistently	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A specialist fire door contractor has been procured to review and complete remedial works on the fire doors within the unit. This process has commenced	
Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Plunkett CNU is currently in transition to a new care plan folder, which has been developed to provide more comprehensive information regarding each resident's person - centered care needs.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	12/10/2026
Regulation 20(2)(c)	A guide prepared under paragraph (a) shall include how to access any inspection reports on the centre.	Not Compliant	Orange	13/08/2026
Regulation 20(2)(d)	A guide prepared under paragraph (a) shall include the procedure respecting complaints, including external complaints processes such as the Ombudsman.	Not Compliant	Orange	13/08/2026

Regulation 20(2)(e)	A guide prepared under paragraph (a) shall include the arrangements for visits.	Not Compliant	Orange	13/08/2026
Regulation 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Not Compliant	Orange	13/08/2026
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	30/11/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	15/09/2026
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	Substantially Compliant	Yellow	30/11/2026

	suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/11/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	10/08/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in	Substantially Compliant	Yellow	15/09/2026

	accordance with paragraph (2).			
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