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:	Loughshinny Residential Home
Name of provider:	Bartra Opco No. 1 Limited
Address of centre:	Blackland, Ballykea, Loughshinny, Skerries, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	08 July 2025
Centre ID:	OSV-0006616
Fieldwork ID:	MON-0047611

About the designated centre

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

Loughshinny Residential Home is a designated centre registered to provide 24-hour health and social care for up to 126 male and female residents, usually over the age of 65. It provides long-term residential care, convalescence and respite care to people with all dependency levels and varied needs associated with ageing, physical frailty as well as palliative and dementia care. The philosophy of care as described in the statement of purpose is to provide a person-centred, caring and safe alternative for older people and to enable each resident to maintain their independence and thrive while enjoying a more fulfilled and engaged life. The designated centre is a modern two-storey purpose-built nursing home on the edge of the village of Loughshinny in North County Dublin. Accommodation is provided in 124 single and one twin bedroom, each with its own en-suite facilities and decorated to a high specification standard. There is a wide range of communal areas, including dining rooms, sun rooms and lounges available to residents, as well as a hairdresser facility. There are several enclosed, safe, wheelchair accessible gardens available for residents to use during the day. There is ample parking available for visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	122

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
Tuesday 8 July 2025	19:40hrs to 22:20hrs	Aislinn Kenny	Lead
Wednesday 9 July 2025	08:45hrs to 17:45hrs	Aislinn Kenny	Lead
Tuesday 8 July 2025	19:40hrs to 22:20hrs	Laurena Guinan	Support
Wednesday 9 July 2025	08:45hrs to 17:45hrs	Laurena Guinan	Support

What residents told us and what inspectors observed

This was an unannounced inspection that took place over two days. Inspectors met with 20 residents and seven visitors during the inspection to gain insight into their experience of living in Loughshinny Residential Home. The overall feedback from residents and visitors was generally one of satisfaction with the quality of care provided by staff in the centre and residents told inspectors "staff are kind" and "the place is spotless, there's a nice atmosphere". Inspectors spoke with seven visitors on the second day of the inspection, they expressed their satisfaction with the centre and told inspectors that they "were happy with the communication from management" and that "staff are wonderful."

Residents' accommodation in Loughshinny Residential Home is provided over two floors and is divided into four units, Shennick and Colt on the first floor and Saint Patrick's 1 and Saint Patrick's 2 on the ground floor. There are multi-purpose rooms located at the end of each bedroom corridor in each unit and dining facilities are provided also.

On the evening of the inspection there was a quiet and relaxed atmosphere within the centre. Inspectors observed that most residents were relaxing in their bedrooms, watching TV or asleep in bed. Residents who had chosen to stay up were sitting in chairs in a corridor area that links the two bedroom corridors. There were armchairs and a table observed by the nurses stations where some residents were also observed sleeping. This was observed in all units, even though at the end of each bedroom corridor there were multi-purpose rooms designated as communal spaces for residents. On the first evening of the inspection, the inspectors spoke with a group of six residents in Shennick unit. One resident said that they were not aware of using the multi-purpose rooms and they always sat in this area of the centre. Shortly after inspectors' arrival, there was a sing-song with residents initiated by staff which residents enjoyed. Later in the evening residents in Shennick were observed having their tea and biscuits in the dining room. Residents were observed engaging in friendly conversation during the supper time.

On the evening of the inspection, the dining area in Saint Patrick's 1 was observed by inspectors to be closed and not available to residents. Staff working in the unit told inspectors that it was automatically locked after tea-time but could be opened by staff if a resident requested a snack or cup of tea in the evening. This was a repeat observation from the previous inspections. However, inspectors observed that the doors to all the other dining rooms in the centre were accessible. Inspectors were informed by maintenance staff that the automatic lock on the dining room in Saint Patrick's 1 had remained in place following the previous inspection which was an error. By the second day of inspection this was addressed.

There were two healthcare assistants and one nursing staff working in each unit at night. Inspectors observed instances of insufficient supervision in the evening. For example, one resident told inspectors that they had called and were waiting for staff

to assist them. When two staff arrived to assist this resident, another resident who required attention was observed wandering into the bedroom looking for staff. This resident was gently re-directed by staff to the corridor unit however, there was no one supervising this area as the staff nurse was busy with the administration of medicines at that time. This was brought to the attention of the person in charge who came in to support the inspection and they supervised the area until the staff members finished assisting all other residents. Residents were also observed unsupervised on the corridor area of Saint Patrick's 2 while the nurse was doing the medication round and the other staff were attending other residents in their bedrooms.

On the second day of inspection, in Shennick unit a nurse carrying a 'Do not disturb apron' was stopped from administering medication to the residents and diverted to a communal area to supervise residents as the remaining healthcare staff were busy with the provision of morning care during that time. This delayed the completion of the medication round. Nurses spoken with from all the units told inspectors this happened at times. The delays in medication administration were also observed in other units on the second day of inspection.

Inspectors observed the centre to be very clean, and tastefully decorated with pictures and murals. Many of the residents' bedrooms were seen to be personalised with photos, cushions and bedspreads. The corridors were wide and had handrails to facilitate residents to mobilise safely. Each unit had its own dining room and two communal rooms. One of the communal rooms on the Shennick unit had been converted into an oratory, and this was reported to be well used by all residents. Two of the multi-purpose rooms in other units were seen being used on the second day, but inspectors observed that residents mostly used the seating areas of the corridors. Staff informed inspectors that efforts had been made to encourage residents to use the communal rooms, but most preferred to sit along the corridors. Extra seating had been added to the dining room on St Patrick's 1, where a living area had been created, and five residents were watching TV here in the morning.

Activities were observed taking place in the multi-purpose rooms in St Patrick's 1 and St Patrick's 2 on the second day, residents were observed having a sing-along, attending Mass and engaging in group exercises.

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

Capacity and capability

Overall, there were established systems to monitor the quality of care and support provided to residents and the centre's management and staff focused on providing a

quality service to residents and promoting their well being. While clear management and oversight structures were in place, some of these systems required strengthening to ensure sufficient staffing was in place at all times to meet the needs of the residents and achieve regulatory compliance in all areas.

This was an unannounced risk inspection to assess the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025. The inspectors reviewed the registered provider's compliance plan following the inspection of January 2025. While the provider had progressed most of the compliance plan in line with commitments given to the Chief Inspector of Social services, this inspection found some outstanding items and repeat findings as further detailed under Regulation 23: Governance and management. Bartra Opco No1. Limited is the registered provider for Loughshinny Residential Home. This centre is a part of the Bartra Healthcare group which has a number of nursing homes throughout Ireland. On the day-to-day running of the centre, the person in charge is supported by an assistant director of nursing (ADON), a team of clinical nurse managers, nurses, health care assistants, housekeeping, catering, maintenance, and administrative staff. To support the management team there is also a member of senior management, who was also on-site on the second day of the inspection. There were regular management team meetings and minutes of these meetings were available to the inspectors. The management team had conducted clinical and non-clinical audits in the centre. Action plans were in place with clear time-frames set.

Inspectors found that there was limited supervision available for residents in the communal areas, despite residents spending time in an area where staff were seen passing through. This was particularly evident in the evening, during medication rounds, but also at times during the day as further discussed under Regulation 15: Staffing.

Staff had received appropriate training. Where there were gaps identified, the registered provider had a plan in place to address this with upcoming training dates planned.

A review of a sample of complaints received since the previous inspection showed that there had been improved communication in response to the complaints received, and there was evidence of investigations taking place where needed. The registered provider had updated their procedure, and this was on display throughout the designated centre.

Regulation 14: Persons in charge

The person in charge is a registered nurse with experience in the care of older persons in a residential setting. They work full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing resources required review to ensure the number of staff was appropriate at all times having regard to the needs of the residents. Inspectors found that one staff nurse and two health care assistants per unit during the evening did not always provide adequate supervision for residents who were in corridor areas. This was evidenced by;

- In the evening, while two staff members were assisting residents who required assistance of two people, the remaining residents in the unit were not appropriately supervised. In one unit, the inspectors had to call the person in charge to supervise the communal area, while staff were responding to call-bells, providing care or administering medications. One resident said they waited for 20 minutes to be assisted with toileting needs. When two staff members arrived to support the resident, the inspectors observed how another resident who was walking independently around the unit, attempted to enter into the room of the resident being assisted with care. There was nobody else outside to supervise the two remaining residents and redirect this particular resident.
- On the day of inspection, the staff nurse on Shennick was interrupted from their medication round to assist with supervising residents in communal areas. This posed a risk to the safe administration of medication to the residents.
- On the second day of inspection, during the walk around with the person in charge, the inspectors observed eight residents unsupervised for a short period of time in the multi-purpose room on Colt Unit. Three of these residents were in wheelchairs and could not have reached the call-bell to call for assistance. The person in charge responded to this promptly.
- There were activity staff rostered Monday to Friday. However, on a Saturday and Sunday the healthcare staff were nominated to coordinate the external entertainment, while also completing their caring role.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspectors reviewed the schedule of training records and found that the provider had arrangements in place to ensure staff had access to regular and refresher training to ensure their mandatory training was up to date.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service were not fully effective to ensure the service provided to residents was safe, consistent and effectively monitored. For example:

- There was a repeat finding in relation to the closure of the dining room in St Patrick's 1 restricting residents access in the evening to a communal space. This had not been identified by management during their out-of-hours visits.
- Oversight management systems such as medication audits had not identified that medication was not always administered at the prescribed time and within the appropriate timeframes for safe administration of medication. Furthermore, the local medication policy identified that daily medication should be administered within a two hour timeframe from the prescribed times and that nurses should not be disturbed during this time as medication administration is a protected activity. This was not consistently implemented in practice.
- While the registered provider had updated their policy in relation to the management of residents' finances, this policy applied to prospective residents only and no measures such as consultation and/ or consent had been taken in respect of existing residents for whom the registered provider was already a pension-agent.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the notifications of incidents since the last inspection assured the inspectors that all those required to be notified had been notified to the Chief Inspector of Social Services within the required time frame as set out in Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspectors observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the residents in Loughshinny Nursing Home largely enjoyed a good quality of life and were supported by staff who were familiar with their needs and preferences. Improvements in the areas of care planning and medication management were required to further enhance the quality and safety of the service provided.

Inspectors looked at a sample of care plans, and observed that while they were updated four monthly and individualised to the resident, some were seen to contain information that was no longer relevant. This made it difficult to ascertain what the current regime was, and could lead to a resident receiving incorrect treatment. Staff spoken with were familiar with current treatment for residents.

Inspectors saw evidence that residents were appropriately referred to allied health professionals such as TVN and dietitian. A physiotherapist and a general practitioner (GP) both visit twice weekly. Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had detailed care plans, and staff spoken with demonstrated knowledge of how to care for these residents in line with best practice. There was appropriate assessment, consent and review when restrictive practices were in place.

The centre had residents whose first language is not English or who had other communication difficulties. All staff spoken with were aware of potential communication problems for these residents, and care plans were in place. Over the course of the two days, inspectors observed nurses conducting their medication rounds. On one occasion, the nurse had to stop the medication round in order to supervise residents as other staff were busy. This is not in line with best practice, and was not in line with the centre's own policy on medication management. Nurses on all units reported that medication rounds took considerable time, and this was observed by the inspectors as discussed under Regulation 29: Medicines and pharmaceutical services. For residents who required medication twice daily or more, the accepted time frames within which their medication must be administered were breached. This could pose unwanted side effects for the resident.

Staff had completed up-to-date training in prevention, detection and response to abuse. Staff who spoke with the inspectors were knowledgeable regarding the

reporting arrangements in the centre and their responsibility to report any concerns they may have regarding residents' safety.

Residents' rights were upheld in the centre and residents' meetings took place in the centre.

Regulation 10: Communication difficulties

Residents were facilitated to communicate freely and staff were aware to follow resident's communication care plans. Staff were seen to engage with these residents in a patient and appropriate manner. Tools such as communication boards and a translation app were available to facilitate communication.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The provider had a system in place to ensure all relevant information is provided and obtained when treatment is sought elsewhere. Residents who had recently been referred to hospital had the National Transfer Document, as well as Emergency Department (ED) transfer letters if required, on file. Hospital and doctor letters were also sought and retained as necessary. This ensured accurate relay of information between the centre and other healthcare departments.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration was not safe and required review to ensure adherence to best practice guidelines:

- Medication rounds were delayed at times, and on occasions nurses took up to two hours after the prescribed time to complete the drug rounds, meaning the recommended time frame within which medications must be administered in line with best evidence practice was not adhered to. For example, inspectors observed nurses still administering medications after 10 am for medications charted for 8.30 am. This practice was observed to occur in three out of the four units.

- A staff nurse was observed being interrupted and was required to stop medication round to tend to other duties which posed a safety risk. The local policy stated that nurses must not be disturbed during medication administration as this was a protected activity, and this is in line with best practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While care plans had been reviewed four monthly, they had not been appropriately revised and updated when residents' needs changed, resulting in irrelevant information being documented. For example, details of pressure sores that had healed were on current care plans. Dates of historic doctor or Tissue Viability Nurse (TVN) reviews, along with their recommendations, were also on current care plans, posing a risk that the resident would not receive the correct treatment.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a GP and other healthcare professionals as necessary. Residents also have access to occupational therapists, psychiatry of the elderly, and national vaccination and screening programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents had individualised care plans to direct staff in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), and staff had training in this area. Restraint was used in line with national policy.

Judgment: Compliant

Regulation 8: Protection

Staff who spoke with the inspectors were knowledgeable of different kinds of abuse. There were systems in place to safeguard vulnerable adults from abuse and to report any allegations. The provider was acting as a pension agent for seven residents living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. Residents had access to television, radio, daily and weekly newspapers and opportunities for recreation and activities.

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 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Loughshinny Residential Home OSV-0006616

Inspection ID: MON-0047611

Date of inspection: 10/07/2025

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: • Loughshinny Residential Home is fully staffed in line with its Statement of Purpose. There are four nurses on duty per shift, day and night, supported by a fully staffed team of four supernumerary CNMs who provide day and night oversight, while the DON and ADON are supernumerary Monday to Friday. To run the rota, 56 WTE HCAs are required, and all posts are filled, with 20 HCAs by day and 8 by night working 12-hour shifts. This provides an average HCA ratio of 6:1 by day and 16:1 by night per unit, excluding nurses, CNMs, and activity coordinators. Additional staff include two WTE activity coordinators, a senior administrator, reception, catering, and domestic teams—all fully staffed with no vacancies. Planned rotas with on-call arrangements are maintained, and those in charge outside of 8–4 and at weekends are highlighted. An agency staffing policy is in place to cover unforeseen absences. Recruitment and development are supported by detailed policies (Dec 2024), with all HCAs appropriately qualified or experienced, and all nurses trained, registered with An Bord Altranais, and competent to meet residents' needs. Mandatory training is completed during induction and monitored via a training tracker maintained by the Senior Administrator, reviewed regularly by the PIC and HR Manager, and supported by evidence in personal files. Training is delivered through an online platform, in-house programmes, and external providers, with renewals scheduled to ensure compliance. • Medication management and staffing systems at Loughshinny have been strengthened through a series of targeted improvements to address compliance issues relating to administration times, interruptions, and supervision. Protected evening medication rounds are now in place, supported by an additional healthcare assistant rostered from 20:00–21:00 from 1 September 2025 in all units to supervise residents, while the two other care staff are assisting residents, this also allows nurses to administer medications without distraction. Nursing hours have been increased by 30 hours per fortnight from 1 September 2025 and the night nurse now commences duty at 19:30 to ensure safe overlap with day staff until 20:00, supporting both effective handover and earlier commencement of rounds. Additionally, a full review of all residents' medication Kardex will take place between Nurses, GP and Pharmacy by end of September 2025 to	

reviewing administration timings and prescribing. Monthly audits, weekly incident analysis, and random spot checks by the clinical management team ensure timely administration, with findings reported to the Senior Management Team; all incidents are logged, reviewed, and discussed at weekly management report and monthly operations meetings. Medication round timings is monitored monthly via medication system data and incorporated into the audit tool. In addition, staff receive refresher training on different aspects of care through monthly policy discussion at the staff meetings. These strengthened governance structures, enhanced staffing arrangements, and continuous monitoring ensure residents are always supervised, nurses benefit from protected medication rounds, and safe, person-centred care is consistently delivered in full alignment with best practice and regulatory requirements.

• As mentioned above Nurses are supported by three HCAs until 21:00 and two thereafter, with visual checks carried out every 10–15 minutes in corridors and less visible areas to ensure continuous supervision. A plan of action has been developed to address the finding observed during inspection about supervision of residents in Colt. A staff member will be assigned to carry out frequent checks in the day room until the activities commence.

• On weekends, there are external activities are booked, scheduled and planned by Activity Coordinators highlighted on the weekly activity schedule. The CNM on duty continues to coordinate activities with support of clinical team on duty.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• Loughshinny Residential Home has a robust governance and management framework with clearly defined accountability, led by a full-time Person in Charge (PIC) supported by the Assistant Director of Nursing (ADON) and four supernumerary Clinical Nurse Managers (CNMs) who provide oversight and supervision. Regular audits across all care areas are reviewed monthly by the Director of Nursing (DON) and ADON, with action plans developed and implemented to ensure continuous improvement. Weekly, monthly and quarterly governance meetings take place in Loughshinny, such as Staff meetings, Head of Department meetings, Operations meetings, Senior Management Team meetings, Health and Safety meetings, along with monthly KPI meetings tracking and trending clinical KPIs such as falls, incidents, infections and wounds. Staff performance and training are prioritised through induction, competency checks, supervision, appraisals, and a comprehensive training matrix covering mandatory and specialist topics, complemented by access to HSE Land and other resources. Overall, through strong clinical leadership, structured communication, continuous auditing, and comprehensive staff development, governance at Loughshinny ensures residents' needs are consistently identified, monitored, and met in line with best practice and regulatory

requirements.

• On 29th January 2025, door openers were installed on all communal doors, including dining rooms, to ensure residents always have unrestricted access to dining and communal areas. Although the lock control had previously been disabled, a fault subsequently developed which went undetected on St Pat's 1 dining room door; this was rectified on the morning of the second day of inspection, with full access to all dining rooms restored for residents across every unit. To strengthen oversight, the frequency of out-of-hours management visits has been increased, ensuring timely identification and resolution of any issues affecting residents' access to communal facilities. These measures ensure compliance with regulatory requirements, uphold residents' rights, and promote a person-centred environment.

• Medication management systems at Loughshinny have been strengthened through a range of targeted improvements designed to address compliance issues relating to administration times and interruptions. Protected evening medication rounds will be in place from September 1, 2025, supported by an additional healthcare assistant from 20:00 to 21:00 to supervise residents and respond to call bells, allowing nurses to focus on uninterrupted medication administration. Nursing hours will increased by 30 hours per fortnight from 1 September 2025, allowing night nurses to begin rounds earlier with support from day staff until 20:00. Medication trolleys are fully stocked in advance. Pre-round preparation—such as ensuring residents are awake, seated, and ready—further reduces delays, while clear and accurate medication administration records (MARs) minimise errors. Additionally, a full review of all residents' medication Kardex will take place between Nurses, GP and Pharmacy by end of September 2025 to reviewing administration timings and prescribing. Monthly medication audits will be updated to include checks on timings of medication rounds, weekly incident analysis, and random audits by the clinical management team will also ensure timely administration, with findings reported to the Senior Management Team and all incidents logged, reviewed, and discussed at weekly management and monthly operations meetings. The Person in Charge oversees the reporting of all notifiable incidents, while medication round timings is reviewed monthly through medication systems data. As mentioned above, we will now incorporate timing checks into the Medication Audit Tool. These strengthened governance structures, enhanced staffing supports, and continuous monitoring provide assurance that medication administration is safe, efficient, and fully aligned with best practice, ensuring all residents receive timely and appropriate medicines.

• Following a review it is clear that measures such as consultation and/ or consent had been taken in respect of existing residents for whom the registered provider was already a pension-agent, five residents signed the application form themselves which would be evidence of consent that they agreed for Loughshinny to become pension agents, the other two were signed by the residents General Practitioner (GP) as they resident did not have capacity, one of which the Next of Kin requested Loughshinny to become Pension Agent and the other The Social Welfare Department requested Loughshinny to become Pension agents .

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

• At Loughshinny Residential Home, medication management is supported by our electronic administration system, with all long-term medications supplied in pre-packed TOSHO rolls by our community pharmacy and only short-term prescriptions managed outside this system. Medications are securely stored in locked trolleys within the clinical room, refrigerated items are kept in a dedicated medical fridge, and controlled drugs are locked in a cabinet with balances checked and recorded at every shift handover by two nurses. Policies and procedures guide ordering, prescribing, storage, and administration, while all nurses complete HSE Land Medication Management training before employment and annually thereafter. During induction, each nurse undergoes a competency assessment with a CNM, with learning needs promptly addressed, and ongoing training is provided by the pharmacist and GP team on areas including administration, controlled drugs, and storage. Medication errors are reported logged as incidents, and tracked as part of Clinical Governance KPIs, with weekly review by the Chief Risk Compliance and Services Officer and monthly review at senior management meetings by the Registered Provider Representative. The pharmacist conducts quarterly audits on all floors and monthly audits are conducted locally, while six-monthly reviews by the GP, pharmacist, and nurse ensure prescription safety and accuracy, with results documented, actioned, and available for review.

• To further improve the systems in place, Nursing hours have been increased by 30 hours per fortnight from 1 September 2025. Staffing supports have also been enhanced: the night nurse now begins their shift at 19:30, enabling medications to be started earlier with assistance from day staff until 20:00, To further reduce interruptions, a designated staff member is now available during evening medication rounds to supervise residents until 21:00, allowing nurses to focus on medication administration without distraction and the other care staff support the residents with the personal care. This will ensure nurses can complete medication rounds in line with policy. Medication trolleys are fully stocked before each round, and pre-round preparation—such as ensuring residents are awake, seated, and ready—further minimises delays, while clear and up-to-date medication administration records (MARs) help prevent checking errors. Additionally, a full review of all residents' medication Kardex will take place between Nurses, GP and Pharmacy by end of September 2025 to reviewing administration timings and prescribing. Strengthened governance structures, enhanced staffing arrangements, and continuous auditing provide assurance that medication administration is now safe, efficient, and fully aligned with best practice guidelines, directly addressing compliance issues and ensuring residents receive timely and appropriate medicines in line with Regulation 29.

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:

• At Loughshinny Residential Home, each resident's journey begins with a thorough person-centred assessment to ensure their needs can be met, starting with a pre-admission assessment by a senior nurse or the Person in Charge to gather details about health, lifestyle, and preferences, while also offering residents and families the chance to visit and ask questions. On arrival, an admitting nurse conducts an initial screening using recognised tools such as nutrition and mobility assessments to identify immediate risks, followed within 48 hours by a comprehensive assessment developed in collaboration with the resident or their representative, focusing on health, personal strengths, preferences, and wishes. From this, an individualised, person-centred care plan is created straight away, setting realistic goals and addressing medical, social, and emotional needs, with input from the wider healthcare team and families where necessary, ensuring it reflects the resident's personality and values. The plan, which may cover nutrition, mobility, skin care, mental wellbeing, and personal routines, is shared with the full care team so everyone works consistently towards agreed outcomes. Importantly, assessment and planning continue throughout the resident's stay, with staff recording progress daily, updating plans as needed, and conducting formal reviews at least every four months or sooner if circumstances change, always involving residents and families in shaping ongoing care. This continuous cycle of assessment, planning, monitoring, and review ensures care at Loughshinny remains responsive, safe, and genuinely tailored to support each individual's wellbeing and quality of life.

• This been said all residents with wound care plans will undergo a full review by 30 September 2025 to ensure they accurately reflect current needs and treatments, with outdated or irrelevant details removed or archived in line with best practice. Wound care plans will be kept separate from skin care plans, with individual plans for each chronic wound. A designated nurse manager will audit all wound care plans within two weeks to confirm accuracy, and care plans will continue to be updated immediately when a resident's condition changes or routinely every four-months.

• Each resident will continue to have a named nurse responsible for keeping their care plan updated, while monthly audits will continue to be conducted by the Clinical Nurse Manager and reviewed by the Person in Charge. Findings and learning outcomes will be shared at staff meetings and reviewed by senior management to drive continuous improvement.

This action plan ensures all care plans at Loughshinny Residential Home remain accurate, up to date, and reflective of residents' individual 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 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	01/09/2025
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	30/09/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in	Substantially Compliant	Yellow	30/09/2025

	accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2025