



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

Issued by the Chief Inspector

Name of designated centre:	Killarney Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Rock Road, Killarney, Kerry
Type of inspection:	Unannounced
Date of inspection:	26 June 2025
Centre ID:	OSV-0000685
Fieldwork ID:	MON-0047484

About the designated centre

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

Killarney Nursing Home is situated in a leafy suburb of Killarney town, just five minutes from the town centre. It is a purpose built centre that can accommodate a maximum of 56 residents. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. There are 52 single bedrooms with en-suites and two twin bedrooms with en-suites. The communal space includes a large comfortably furnished day room a large dining room and a number of smaller sitting rooms, two further smaller dining rooms and an oratory. Nursing care is provided 24 hours a day, seven days a week and supported by a General Practitioner service. A multidisciplinary team is available to meet resident's additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Thursday 26 June 2025	06:15hrs to 14:45hrs	Ella Ferriter	Lead
Thursday 26 June 2025	06:15hrs to 14:45hrs	Erica Mulvihill	Support

What residents told us and what inspectors observed

This unannounced inspection, was conducted by two inspectors of social services over one day and it commenced early in the morning. During the day, the inspectors met with many of the 53 residents living in the centre and also spoke with staff and visitors to gain an insight, into what it was like to live in Killarney Nursing Home. The inspectors spent time observing daily life in the centre, to understand the residents' lived experiences. The inspectors spoke in detail with ten residents and met with four visitors over the course of the day. Residents, who spoke with the inspectors complemented the "lovely, friendly staff". One resident said that they really enjoyed their days as there was always a great atmosphere in the centre. A couple of residents stated that although the care was good, staff were very busy and there may be times that there was delay with attending to them at night.

On arrival the inspectors walked around the centre, one on each floor, to observe the morning routine for residents and the night staff at this time. Three residents were observed to be up early from bed at 6:30 am and were relaxing in their bedrooms or in communal rooms and they appeared content. Discussions with two of these residents indicated that they chose to get up at this time as they found it difficult to sleep or they had always been an early riser. Staff were knowledgeable about these residents' routines and preferences for care and support. Inspectors noted that there were two staff allocated to each floor. A nurse and a healthcare assistant on the ground floor which accommodated 24 residents and the same complement of staff on the first floor which accommodated 29 residents. From discussions with staff, a review of the dependency levels of these residents and considering the size and layout of the building inspectors found that a further review of staffing was required. This finding is further detailed under Regulation 15; Staffing.

Staff working the night shift were observed over the course of the morning attending to residents' requests for assistance with their care needs and bringing some residents an early breakfast in bed, at their request. The inspectors noted that in some instances bells were ringing, however, staff were not attending to them. When this was discussed it was evident that bells on the ground floor were heard on the first floor and visa versa. Staff informed inspectors that this could be disruptive for residents and can interrupt their sleep. As well as that staff were observed moving away from the tasks they were doing to check who was calling for assistance, however, this may not be on the floor they were working. This internal system required to be addressed and is actioned under Regulation 23.

Killarney Nursing Home is a designated centre for older people situated in the town of Killarney, in County Kerry. It is a three storey facility, two of these floors allocated to residents and the basement housed the centres laundry facilities, staff rooms and storage for the centre. The centre is registered to provide accommodation to 58 residents in 54 single rooms and two twin bedrooms. There was one main entrance into the building, and signage at the front door requesting that all visitors sign in

and ring a bell to access the centre. Beyond this is there was an open reception area with comfortable seating and the administrator greeted and welcomed visitors as they came in. Visitors were seen coming and going from the centre after lunchtime. Visitors spoken with were very positive when asked about the satisfaction with the care their family member received. They stated the staff were very committed and took time to get to know each residents. However, one visitor reported difficulty accessing the centre at the weekends, as it often took prolonged periods of time for staff to answer the door, as they were busy. This finding is actioned under regulation 11; Visits.

The inspectors observed that residents chose what way they would like to spend their day and residents confirmed that their choices were always respected. Some residents were up and about and relaxing in the main sitting room, some were reading the daily newspapers, while others were relaxing in their bedrooms. It was evident that the staff were familiar with the residents' personal preferences and abilities and used the completion of daily tasks as an opportunity to engage in social chat. For example: a staff member who was giving out morning soup chatted to each resident and the cleaning staff were observed to be asking residents about their day and their families. Residents addressed staff by name and appeared comfortable and relaxed in their presence. One resident described staff as "kind and friendly" and another told inspectors they "loved living here". On review of the staff handover record, inspectors noted that there was an emphasis on ensuring all staff knew residents individual preferences. Specifically, beside every residents name was a note on "What Matters?". Personal preferences such as having mass and Radio Kerry available every day, access to good food, valuing being comfortable and being assisted with activities, was documented and conveyed at staff handovers. The inspectors had the opportunity to attend the shift handover and detailed person centred information about each resident was conveyed.

All bedrooms had en-suite and shower facilities, and residents expressed their satisfaction with their bedroom accommodation. Bedrooms were observed to be personalised with items of significance to each residents such as family photographs, ornaments and furniture from home such as chairs. The premises was observed to be clean and comfortable for residents. Residents had access to two enclosed gardens that were appropriately furnished and accessible. Many residents were seen walking out to these gardens during the day on their own or with staff. The centre was observed to be clean and well maintained. Throughout the day however, some staff were observed to use disposable gloves inappropriately, as they did not remove them as recommended and they did not always complete hand hygiene as recommended. This finding is actioned under Regulation 27; Infection Control.

Residents were seen coming and going from activities during the day, and spending quiet time in their rooms if they preferred. Some residents were seen to leave the centre for appointments or independently go to the shops, which was encouraged. There was a large dining room on the ground floor, where a large proportion of residents were observed to be enjoying their breakfast and lunch. Daily newspapers were seen to be delivered at breakfast time to residents who requested them. Resident were very complimentary regarding the quality, choice and variety of food

available in the centre. Residents who required assistance in the dining room were seen to be provided with it in an unhurried and respectful manner. Texture modified diets appeared appetising and wholesome. Some residents chose to remain in their room for meals and this was respected by staff. However, further oversight of residents who required enhanced monitoring of their food intake and assistance of staff in their bedrooms was required, as detailed under Regulation 18; Food and Nutrition.

Residents were seen to enjoy a varied activities programme in the centre in the main sitting room, which was the heart of the home. There were two members of staff allocated to the social programme on the day of this inspection. Residents told inspectors they were happy with the variety of activities available to them and that there was always something to do in the centre to keep them entertained. Staff displayed a thorough knowledge of each resident's preferences for activities and told the inspectors that residents were always asked for suggestions and ideas for new activities and outings. The inspectors saw a group of residents knitting on the day and enjoying an interactive quiz. Musicians attended the centre weekly and residents enjoyed exercise programmes, newspaper readings and quizzes.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced risk inspection by two inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). This inspection was triggered on receipt of unsolicited information submitted to the office of the Chief Inspector in relation to care practices, fire safety, staffing levels and food and nutrition. Inspectors arrived to the centre at 06.15hrs and found that some aspects of the unsolicited information received was partially substantiated. These findings are outlined under the relevant regulations of this report.

The registered provider of Killarney Nursing Home is Mowlam Healthcare Unlimited Company. This company comprises of four directors, who are also involved in the operation of number of other designated centres in the country. The provider employs two senior managers, namely a Director of Care Services and a Healthcare Manager. There are both named as persons participating in management on the centres registration and were directly involved in the operational management of the centre. From a clinical perspective the centre is been managed by a suitably qualified person in charge, who works full time in the centre. They were supported in their role by a clinical nurse manager and a team of registered nurses, healthcare assistants, an administrator, catering, maintenance and household staff. There were clear lines of accountability at individual, team and service levels, so that all staff

working in the service were aware of their role and responsibilities and to whom they were accountable. There had been a change in the management structure as there was no longer a general services manager employed by the provider. The roles and responsibilities associated with this role such as organising training, recruitment, rostering and oversight of maintenance and fire safety had been delegated to other staff within the organisation.

In response to the findings of the previous inspection of February 2025 the provider had increased the staffing compliment of health care assistants and introduced an additional 10am-10pm shift. Discussions with residents, staff and management indicated that this had a positive impact on quality of life for residents as there were now more opportunity for activities in the evening and access to communal rooms. However, findings of this inspection were that a further review of staffing was required, to ensure that there were sufficient staff allocated at night and for weekend cleaning. These findings are further detailed under Regulation 15 and 23 of this report.

Records evidenced that staff were facilitated to attend training in fire safety, safeguarding of vulnerable people, and supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training, with regard to their role and responsibility in recognising and responding to allegations of abuse and safe manual handling of residents.

Communication systems were in place between the registered provider and management within the centre and between management and staff. Governance meetings reviewed matters including infection prevention and control, resident care needs, incidents and complaints. The quality and safety of care was monitored through weekly analysis of key clinical performance indicators such as the incidence of residents' wounds, falls, antibiotic usage and restrictive practices. There was an audit schedule in place to support the management team to identify deficits and risks to residents. This included audits of the quality of care provided to residents, clinical documentation, nutrition, and infection prevention and control. However, findings of this inspection were that the monitoring systems required strengthening to ensure the care delivery to residents was effectively monitored, as actioned under Regulation 23.

An electronic record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31. A record of complaints viewed by inspectors demonstrated that the management of complaints was in line with the requirement of the regulation. Information in complaints was used to improve services for residents.

Regulation 15: Staffing

The allocation of staffing resources in the centre required action evidenced by the following findings:

- There were four staff working in the centre at night, two on each floor to care for 58 residents. However, from discussions with staff, a review of residents dependency levels and considering the size and layout of the centre inspectors were not assured that this ensured timely care could be provided to residents. Coupled with this, the centre also had two compartments with 13 residents in each. A review of simulated evacuations of these compartments was carried out and did not provide assurances that safe evacuation times could be achieved, when staffing levels were at their lowest.
- From a review of the staff rosters and discussions with staff the inspectors found that the household staffing numbers reduced from two staff during the week to one staff member on Sundays. This did not ensure adequate cleaning staff resources were available each day.

Judgment: Not compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. A training matrix was well maintained by the person in charge, to monitor staff attendance at training provided.

Judgment: Compliant

Regulation 23: Governance and management

The following required to be addressed in relation to the governance and management of the service:

- Findings of this inspection were that the designated centre did not have sufficient resources to ensure the safe delivery of care in accordance with the statement of purpose. This is supported by findings outlined in Regulation 15; Staffing.
- The management systems in place to ensure that there was sufficient oversight of food and nutrition and fire safety required action, as evidenced under Regulation 18 and 28.
- The internal call bell systems also required review as it was found that the system was not zoned, therefore, this may cause unnecessary disruption to residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

There were policy and procedures in place for the management of complaints, which was on display in the centre. Inspectors found that there was a comprehensive recording of complaints and complaint logs were maintained electronically by the person in charge. Complaints records reviewed included a written response to the complainants, to advise if a complaint was upheld, the reasons for that decision, any improvements recommended and details of the review process. Complaints were discussed at management meetings and areas for improvement were actioned.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents living in Killarney Nursing Home were receiving a good standard of care and had a good quality of life. Residents' needs were being met through appropriate access to health and social care services and opportunities for social engagement. However, improvements were required with regards to food and nutrition, individual assessment and care planning, communication, visits, infection control and fire precautions. These findings will be detailed under the relevant regulations of this report.

The centre had an electronic resident care record system. Care planning documentation was available for each resident in the centre, as per regulatory requirements. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Care plans reviewed were updated four monthly and some contained detailed information specific to the individual needs of the residents and were sufficiently detailed to direct care. However, some improvements were required in care planning and ensuring that

resident's communication difficulties were supported, which are further detailed under Regulation 5 and 10 of this report.

Inspectors were assured that resident's health care needs were met to a good standard. Residents had access to a wide range of health and social care services. Records viewed evidenced referrals that were sent promptly, if a change in a resident's condition required it. Residents had access to equipment such as pressure relieving devices and manual handling equipment as required. Wound care practices were found to be of a good standard and there was additional expertise available for external consultation if required, to guide and direct staff. Arrangements were in place to support the transition of residents from the designated centre to hospital. Information regarding the resident's health and social care needs were provided to the resident hospital if a transfer was required.

Staff training on infection control was completed yearly in the centre. Inspectors observed that the centre's interior was clean on the day of this inspection and there were adequate cleaning staff working. However, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the resident's request. Menus were developed in consideration of resident's individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements, as detailed in the resident's care plan. However, some areas were identified on this inspection that required to be addressed in relation to the monitoring of dietary intake and oversight of resident's dietary intake. These findings are further detailed under Regulation 18.

Inspectors assessed part of Regulation 28, Fire Precautions on this inspection. As referenced in the first section of this report, inspectors reviewed and discussed with staff fire evacuation strategies of the centres two compartments of 13 residents. Although it was evident that frequent fire drills were taking place in the centre, further assurances were required to ensure staff were suitably trained with respect to evacuation procedures based on the size of compartments, the layout and number of staff working at night. These findings are actioned under Regulation 28.

The provider had ensured that they provided facilities for resident's occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents spoken with said they felt safe in the centre. Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident.

Regulation 10: Communication difficulties

Inspectors found that for a resident with communication difficulties, there were not facilities in place to assist them with their communication needs. They also did not have a care plan to support resident and staff engagement. This is required to facilitate each resident to communicate freely.

Judgment: Substantially compliant

Regulation 11: Visits

Although it was evident that visiting in the centre was not restricted, the arrangements in place for residents to receive visitors at the weekends required to be reviewed. Feedback from visitors was that as there was not a person assigned to reception at this time and doors were locked. Therefore, they often had to wait for prolonged periods for staff to answer the door, which some relatives told the inspectors put them off visiting at the weekends.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors were not assured that there was adequate oversight of food and nutrition, evidenced by the following findings:

- For residents who required assistance with their meals in their bedrooms, inspectors were not assured that there was appropriate oversight, to ensure that their dietary needs were met. This was based on inspectors observing a meal not being eaten by a resident and a staff member documenting that half this meal had been consumed.
- Although some comprehensive care plans were in place to support people with their nutrition needs, the inspectors found that these care plans were not always implemented. Specifically, weekly weights for a resident had not been completed, in line with the residents' individual assessment and care plan. This resident was assessed as high risk of malnutrition.
- A review of food intake records for residents who required enhanced monitoring of their diet found that information in these records did not always contain sufficient detail with regards to the types and amount of food consumed, to ensure this could be effectively monitored.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

Where a resident had been transferred to a hospital, inspectors noted the sharing of relevant information about the resident with the receiving hospital, to support the safe transfer of care.

Judgment: Compliant

Regulation 27: Infection control

Some actions were required to ensure effective infection prevention and control practices within the centre. This was evidenced by the following findings:

- Staff were observed wearing Personal Protective Equipment (PPE), such as gloves inappropriately between care delivery and not all staff performed hand hygiene as per the recommended guidance. These staff practices increased the risk of cross contamination.
- From discussions with staff and observations of staff practices inspectors were not assured that there was always an appropriate understanding of the procedures to be followed if a resident is to be isolated. These are necessary to prevent the spread of infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although fire drills were taking place in the centre weekly, drill records available did not adequately identify or provide assurance that residents could be evacuated in a timely manner, from the largest compartments (13 residents each) when staffing levels were at their lowest. Discussions with staff also indicated that they did not have the required knowledge with regards to the evacuation procedures at night. The provider is required to regularly undertake these drills with all staff to ensure all staff are competent to carry out a full compartmental evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Although some care plans reviewed were person centred and contained detailed information to direct care some actions were required as evidenced by the following findings:

- A resident whose fluid intake required to be monitored and reviewed daily did not have specific detail in their care plan pertaining to the actions to be taken in line with the general practitioner instructions, if the resident's fluid intake was below the required amount.
- A resident requiring frequent repositioning due to the risk of skin breakdown did not have this detailed in their care plan to direct care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had very good access to medical assessment and review by their General Practitioner (GP). A range of allied health professionals were also available to residents such as Physiotherapy weekly, dietitian, chiropody, tissue viability nurse and palliative care upon referral. Records reviewed showed ongoing referral and review by these services for the benefit of the residents.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure any allegations of abuse were addressed and managed appropriately. Staff displayed knowledge of Safeguarding and how to recognise and report abuse. Safeguarding training was up to date for all staff. A staff member who is the safeguarding officer for the centre is available to staff and residents.

Judgment: Compliant

Regulation 9: Residents' rights

Meaningful activities were available to residents in the centre. Residents' questionnaires were reviewed and were very positive overall about the care in the centre and kindness of staff. Residents meeting minutes were reviewed and any concerns identified were actioned and updates given to residents regarding same.

Residents were supported to maintain their links to their family, friends and community. For example, one resident likes to go out of the centre during the day to town and this was encouraged and facilitated. Independent advocacy arrangements were available also at the centre for those who required it.

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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 25: Temporary absence or discharge of residents	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 Killarney Nursing Home OSV-0000685

Inspection ID: MON-0047484

Date of inspection: 26/06/2025

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: • The Healthcare Manager and Person in Charge have reviewed night staffing levels, including residents' needs and evacuation procedures to ensure that staff can meet the residents' assessed care needs in a timely manner at all times. We will recruit additional Healthcare Assistant (HCA) staff to facilitate the rostering of an additional HCA on night duty. This will enable all residents' assessed care needs to be safely and effectively met and that safe evacuation times can always be met in the event of an emergency requiring evacuation of the centre. • The PIC will also ensure that fortnightly fire safety evacuation drills will be conducted in the largest fire compartment, simulating nighttime conditions to ensure that the largest compartments can be evacuated safely within a reasonable time. All residents will be assessed prior to admission to the centre to determine their suitability for placement within the largest fire compartments. • The housekeeping roster has been revised, and we will roster two household staff every day, including Sundays which will ensure that there are adequate staff resources available to provide a consistently high standard of cleaning every day.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Healthcare Manager and Person in Charge (PIC) will review staffing resources and will roster a sufficient number of staff to always ensure the safe delivery of care to residents in line with the Statement of Purpose. • The PIC, with support from the Healthcare Manager, has reviewed the management systems and will implement a quality improvement plan to enhance oversight in key areas including food and nutrition, fire safety, infection control, and care planning.	

- The PIC and Clinical Nurse Manager (CNM) will focus on supervision and clinical oversight and will discuss their observations with staff daily at Safety Pause meetings, and monthly at management review meetings.
- The PIC and CNM will continue to maintain regular oversight of clinical records, daily care practices, and staff documentation to ensure quality and compliance in record-keeping and effective supervision of care delivery standards.
- The Facilities Manager will arrange for the call bell system to be reviewed and will explore whether the system can be appropriately zoned which will reduce the disruption to residents caused by the call bell sounding throughout the entire centre.

Regulation 10: Communication difficulties

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication difficulties:

- The PIC, with the support of the CNM, will identify residents with communication difficulties and assess them to ensure that they have appropriate facilities in place to assist them with their communication needs, and that their care plans include clear communication strategies. These care strategies will also be referenced in handovers and Safety Pause meetings so that staff are all aware of how to support residents using simple and person-centered approaches to support effective communication.
- A Residents' Communication Aid, including visual aids, will be made available for residents as required to support daily interaction by residents with staff and visitors.

Regulation 11: Visits

Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:

- Since the inspection, the PIC has completed a review of accessibility by visitors to the nursing home at weekends and out of office hours. There will be designated staff identified on each shift who will be responsible for responding promptly to the front door which will avoid visitors being kept waiting at the door for prolonged periods.
- Visiting arrangements remain under ongoing review to support a positive experience for all residents and their visitors. The PIC and CNM will engage with residents and their regular visitors to the nursing home to ensure that they are not experiencing delays in gaining entry to the home and that their visit is an enjoyable experience.

Regulation 18: Food and nutrition	Not Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: • Since the inspection, the PIC has introduced a revised food and fluid chart that provides sufficient detail about the type of food, portion size and quantity of the meal consumed (food and fluid). For residents who require monitoring of dietary intake, the revised chart will facilitate clearer documentation about food and fluid consumption. The CNM will oversee the completion of the charts and conduct random spot checks to ensure accuracy. • The PIC and CNM will ensure that residents' weights are recorded in accordance with the frequency indicated on their care plan. Rationale for residents who cannot or who decline to be weighed will be recorded and the MUAC (Mid-Upper Arm Circumference) measurement will be utilized where appropriate. This will be escalated to the PIC and CNM without delay. The PIC will provide clinical oversight of all residents' nutritional needs and will monitor care plans to ensure these are reflective of each resident's individual needs, while also incorporating residents' dietary preferences. • We will enhance the staff supervision and assistance to residents at mealtimes. The CNM and nurses' team will ensure that residents receiving meals in bedrooms are appropriately supported, assisted and supervised to have their meals and that meal intake is recorded accurately and in real time where indicated.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • The PIC will ensure that there is an effective system of Infection Prevention and Control (IPC) and environmental audits in the centre. The lead on IPC will be the CNM, who will receive enhanced IPC education and awareness of the responsibilities of the IPC lead role. The CNM and PIC will ensure that audits accurately reflect findings at the time of checking. Quality Improvement Plans (QIPs) will be developed and implemented to address any deficits identified. Quality Improvement Plans will be reviewed at monthly management meetings to monitor progress and to ensure compliance. • The PIC will schedule refresher training for staff in Infection Prevention and Control and isolation procedures to ensure safe and consistent practice. • The PIC, with the support of the CNM, will continue to monitor daily, the appropriate use of Personal Protective Equipment (PPE) is practiced throughout the Nursing Home. • The PIC will ensure that the management team and the IPC lead nurse actively monitor IPC standards and adherence to IPC protocols in the centre.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The PIC will complete fortnightly night-time simulated fire drills of the largest compartment; all staff will be required to participate and ensure that they are familiar with evacuation procedures, including nighttime evacuation procedures. The drills will be recorded, evaluated, learning outcomes will be identified and corrective actions will be implemented without delay. • The PIC and the CNM will monitor the dependency levels of residents residing in the largest compartment areas and will risk assess new residents prior to admission to determine their suitability for placement within the largest fire compartments to avoid having a majority of high/maximum dependency level residents in these compartments. • The PIC will also arrange refresher fire safety and evacuation training for staff to ensure confidence and competence in evacuation procedures.	
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: • The Person in Charge (PIC) will ensure that all care plans include clear, individualised instructions for residents requiring fluid monitoring or frequent repositioning. • The care plans will be reviewed to ensure they reflect the specific actions to be taken, in line with clinical recommendations.	

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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties is facilitated to communicate freely in accordance with the residents' needs and ability.	Not Compliant	Orange	31/08/2025
Regulation 11(2)	The registered provider shall make arrangements for a resident to receive visitors.	Substantially Compliant	Yellow	31/08/2025
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	30/11/2025

Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Not Compliant	Orange	31/08/2025
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.	Substantially Compliant	Yellow	30/11/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2025
Regulation 27(a)	The registered provider shall ensure that infection	Substantially Compliant	Yellow	30/09/2025

	prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/09/2025
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