



**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:	Tinnypark Nursing Home
Name of provider:	Tinnypark Residential Care Limited
Address of centre:	Derdimus, Callan Road, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	05 March 2025
Centre ID:	OSV-0000707
Fieldwork ID:	MON-0046370

About the designated centre

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

Tinnypark Nursing Home is located approximately 2.5 miles from Kilkenny City, in a scenic rural setting. The nursing home is a large period house which has been extended to provide suitable accommodation for 47 residents. Bedroom accommodation comprises 39 single and four double rooms. All the bedrooms have full en-suite facilities with accessible showers. There are two dining rooms, and three sitting rooms for residents to use. The foyer is also a favourite place for residents and visitors to congregate. The walled garden to the rear provides a secure environment for leisurely strolls and residents also have free access to a number of enclosed patio seating areas. Tinnypark nursing home accommodates both female and male residents aged 18 years and over. The service caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum. The service provides full time nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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 5 March 2025	09:10hrs to 16:15hrs	Aisling Coffey	Lead
Wednesday 5 March 2025	09:10hrs to 16:15hrs	Helen Lindsey	Support
Wednesday 5 March 2025	09:10hrs to 16:15hrs	Laura Meehan	Support

What residents told us and what inspectors observed

The overall feedback from the residents who spoke with the inspectors was that they were happy living in Tinnypark Nursing Home. Residents spoken with were complimentary of the centre and staff that cared for them. One resident informed the inspectors that they "love it here" and enjoy the "great company". Another resident complimented the care and attention provided by staff, telling the inspectors, "they give me everything I want". Due to their clinical diagnosis, some residents could not speak with inspectors or give their views and feedback on the service; however, these residents were observed to be content and comfortable in their surroundings. The inspectors observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management.

Three inspectors of social services carried out this unannounced inspection over one day. The inspectors spoke with residents, staff, and visitors to gain insight into the residents' lived experience in the centre. The inspectors also observed the environment, interactions between residents and staff, and reviewed various documentation.

Tinnypark Nursing Home premises consist of a large period house with an adjoining single-storey ground-floor extension located in a rural setting with extensive grounds. Bedroom accommodation is in the single-storey extension, while most resident communal areas are within the period house. The period house is accessible to residents from the ground-floor extension by stairs and a ramp. The kitchen, staff facilities, and some storage areas are located within the period house on the ground and lower ground floors. Inspectors did not visit the upper floors within the period house, as these are not registered as part of the designated centre. Inspectors were informed that these upper floors contained staff accommodation facilities only.

Regarding outdoor space, residents had access to a walled garden to the rear of the property. A resident was seen strolling this area with a staff member on the inspection day. This area had level paths residents could walk upon while looking out over the adjoining countryside. There were landscaped grounds at the front of the centre. Residents also had access to three enclosed seated courtyard areas within the centre.

There was a designated smoking area for residents who chose to smoke. This area had the required protective equipment, including a recently installed call bell, which allowed residents to summon assistance in an emergency. This smoking area was located within an internal courtyard, outside a resident's bedroom window. Its location meant that smoke may permeate into the resident's bedroom through an open window, and the provider was reviewing this at the time of inspection.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors and sufficient handrails to accommodate residents

with mobility aids. Communal areas included the dayroom, where residents were seen to relax and where activities took place. There were three connected dining areas and the sunroom, where residents were seen to eat their meals. There was also a parlour available for residents to utilise for social activities.

On the inspection day, residents were up and dressed in their preferred attire and appeared well cared for. While some residents chose to relax in their bedrooms, listening to the radio and reading newspapers and books, other residents chose to spend their time in the day room with the activities coordinator. Roman Catholic Mass was broadcast on the television in the morning after breakfast. A Roman Catholic priest visited the centre and blessed the residents with ashes to celebrate Ash Wednesday. Hurling games and commentary were shown on television late in the morning before dinner and early in the afternoon. The provider informed inspectors that they had arranged for a sporting personality to speak with the residents about hurling on the afternoon of the inspection day, but this person was unable to attend.

Residents could receive visitors in the centre within communal areas or in the privacy of their bedrooms. Families and friends were observed visiting their loved ones during the inspection day. A visitor who spoke with the inspectors provided positive feedback concerning the care and attention received by their relative and the communication with them as family members.

Lunchtime at 12:30 pm was observed to be a relaxed experience, with residents eating in the three adjoining dining rooms, sun room, dayroom or in their bedrooms, aligned with their preferences. Meals were freshly prepared onsite in the centre's kitchen. While a menu was displayed in the dining rooms, it did not display all of the current day's options, including the second choice available at tea time. The food served appeared nutritious and appetising. Residents confirmed they had been offered a choice of a main meal, chicken or fish, on the inspection day. Drinks were available for residents at mealtimes and throughout the day. Notwithstanding a pleasant dining experience, inspectors found improvements were required to ensure the dietary needs of residents were effectively and accurately met. This is discussed under Regulation 18: Food and nutrition.

There was an onsite laundry service where residents' personal clothing was laundered. All machines in the laundry were seen to be operating on the inspection day. While the laundry area was noted to be clean and tidy, its layout required review to ensure it supported the functional separation of the clean and dirty phases of the laundering process.

The centre was generally clean on the inspection day, and improvements in environmental hygiene were noted throughout the centre, including in the kitchen, since the last inspection on 20 January 2025. Notwithstanding these improvements, some further areas required attention to ensure a safe environment for residents.

Bedroom accommodation consists of 39 single bedrooms and four twin bedrooms. Each bedroom has en-suite facilities, including a shower, toilet, and wash-hand basin. Bedroom accommodation throughout the centre had a television, call bell,

wardrobe, seating, and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, ornaments, textiles and furniture from home. While the size of the bedroom accommodation was appropriate for resident needs, the provider was required to review the positioning of the beds and the privacy curtains in some twin bedrooms to ensure residents' privacy and dignity.

The inspectors noted an improvement in fire safety since the last inspection, with oxygen seen to be securely stored and hoist batteries no longer charged on bedroom corridors. However, the provider was required to review their arrangements for maintaining means of escape and containing fire.

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

Capacity and capability

This inspection found that, overall, the management systems had strengthened since the last inspection on 20 January 2025. While improvements were seen concerning the provider's oversight of quality assurance, some further actions were required as the provider continued to work towards improved regulatory compliance.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and review the registered provider's urgent compliance plan commitments from the previous inspection. The inspector also followed up on unsolicited information submitted to the Office of the Chief Inspector since the previous inspection related to residents' care, residents' equipment, and environmental hygiene and findings are discussed in this report.

The registered provider had progressed with the urgent compliance plan commitments made in January 2025. These improvements were noted with respect to overall resources, supporting improvement in food and nutrition, environmental hygiene and governance and management. While the provider was committed to driving improvements in all regulations, there was some ongoing work to complete, as set out in this report.

The registered provider of Tinnypark Nursing Home is Tinnypark Residential Care Limited, a company comprised of two directors. One of these directors represented the provider for regulatory matters and was present on the inspection day. The provider's senior management team is comprised of this company director and two persons who participated in the centre's management: a general manager and a quality and assurance lead. Both of these managers were present on the inspection

day also. Within the centre, the person in charge worked full-time and was supported in their management role by a newly appointed clinical nurse manager, a team of registered nurses, healthcare assistants, activity coordinators, chefs, catering, housekeeping, laundry, maintenance and administration staff. A vacant assistant director of nursing position was due to be filled in April 2025.

The inspectors found staffing resources in the centre appropriate to meet the assessed needs of the residents on the inspection day, with housekeeping staff resources seen to be enhanced since the last inspection. This led to observed improvements in environmental hygiene throughout the centre.

The registered provider had strengthened the systems in place to monitor the quality and safety of care since the last inspection. Audits were conducted to identify deficits and risks in the service. Where gaps were identified, time-bound action plans were developed to address these deficits. Operational and staff meetings were seen to occur where quality and safety were the focus. This was evidenced by minutes of both management and staff meetings. Notwithstanding these improved systems, this inspection found that some areas of oversight needed to be more robust to effectively identify deficits and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

While the provider had prepared a written statement of purpose relating to the centre which contained the information as set out in Schedule 1, the statement of purpose required updating to reflect the current organisational structure of the designated centre, which will be referenced under Regulation 3: Statement of purpose.

Staff records were reviewed and found to contain the information required by the regulation. Residents' records were seen to be securely stored, and screening had been put in place to protect against unauthorised access to residents' records held in the nurse's station adjacent to the front door.

Residents had been issued with a contract for the provision of services. While the sample of contracts viewed contained the majority of regulatory requirements, further review and detail were required to ensure full compliance with the regulations, as discussed under Regulation 24: Contract for the provision of services.

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents, it was evident that there was sufficient staff of an appropriate skill mix on duty each day to meet the assessed needs of the residents. There were two registered nurses in the centre at night.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files reviewed by the inspectors contained all the necessary information as required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, the references and qualifications necessary. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records.

Records were seen to be stored in a safe and accessible manner in the centre.

Judgment: Compliant

Regulation 23: Governance and management

While the management systems in the centre had been enhanced since the January 2025 inspection and improvements had been achieved, some further actions were required to ensure the service provided was safe, appropriate, consistent, and effectively monitored, for example:

- Oversight arrangements concerning individual assessment and care planning required continued robust attention, as evidenced by the findings under Regulation 5.
- The provider's assurance systems throughout the centre required further strengthening as they had not been fully effective in identifying deficits and risks in food and nutrition, healthcare, residents' rights, infection control and premises as found on this inspection.
- Systems for auditing had not been effective in identifying deficits and risks in the service. Inspectors noted that daily and weekly fire safety checks were being completed but had not identified the risks found on inspection day, including emergency exit doors not being in full working order and means of escape being obstructed.
- While acknowledging the provider's arrangement of a recent audit, management systems in the centre required strengthening to ensure that residents' finances were audited monthly, as outlined in the provider's policy.

While staffing levels were appropriate to meet residents' needs on the inspection day, the staff resources available were not in line with those set out in the statement of purpose against which the provider was registered to operate. The inspectors were informed of a number of vacancies across nursing, catering, housekeeping, and laundry positions in the centre, for which the provider was in the

process of recruiting. A number of designated positions were also vacant, such as the residents' liaison.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract for the provision of services agreed with the centre's registered provider. While the sample of contracts viewed contained the majority of regulatory requirements, further review and detail were required to ensure full compliance with the regulations, for example:

- Some contracts did not specify the resident's bedroom number and room occupancy.
- The proprietor had not signed some contracts.
- One contract was missing certain pages, including the pages outlining the fees to be charged for services received.
- One contract specified that the resident was being funded under two separate schemes, the nursing home support scheme and transitional care funding arrangements.
- Correspondence regarding an amendment to an additional service charge sent to residents was not filed with the contracts.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

While the provider had prepared a written statement of purpose relating to the centre which contained the information set out in Schedule 1, the statement of purpose required updating to reflect the current organisational structure of the designated centre.

Judgment: Substantially compliant

Quality and safety

The inspectors found improvements to the standard of care provided to residents since the previous inspection. Inspectors continued to observe kind and compassionate staff treating residents with dignity and respect. However, ongoing

action was required concerning individual assessment and care planning. Other areas also requiring improvement included healthcare, fire safety, residents' rights, food and nutrition, premises and infection control.

The centre's design and layout were appropriate to the number and needs of the residents accommodated. Multiple comfortable and pleasant communal areas were available for residents and visitors to enjoy internally and externally. The provider was progressing with a plan to paint the centre and address areas of wear and tear. Further improvements were also required regarding storage practices as discussed under Regulation 17: Premises.

Residents were complimentary of the food, snacks and drinks available. Food was prepared and cooked onsite in the centre's kitchen. Choice was offered at all mealtimes, and adequate quantities of food were provided during the day. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discrete, respectful assistance at mealtimes. However, improvements were required to ensure that the dietary needs of residents were effectively and accurately met. This is discussed under Regulation 18: Food and nutrition.

The provider had enhanced processes to manage and oversee infection prevention and control practices within the centre since the last inspection. Improvements in environmental hygiene were seen throughout the centre. The provider was seen to be managing a case of bacterial infection in line with national guidance published by the Department of Health. However, continued oversight and actions were required to comply with the regulations and ensure residents had a safe, clean living environment, as discussed under Regulation 27: Infection control.

The provider had made improvements concerning fire precautions. Hoist batteries were not charging on bedroom corridors and oxygen cylinders were seen to be securely stored in the nurses station. While there were some good practices observed, some further actions were required to ensure the safety of residents in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

The person in charge had arrangements for assessing residents before admission into the centre. The inspectors saw that validated risk assessment tools were used to assess residents' needs. While some improvements in individual assessment and care planning were noted since the last inspection, robust action continued to be required to ensure each resident was comprehensively assessed on an ongoing basis and had a sufficiently detailed person-centred care plan to guide staff in meeting their needs. These matters will be outlined under Regulation 5: Individual assessment and care plan.

Residents had access to medical, mental health, specialist nursing and various allied health services, such as physiotherapy, dietitian and occupational therapy services within the centre. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit. However, the inspector found that some action was required to ensure all residents received a

high standard of evidence-based nursing care. This will be discussed under Regulation 6: Healthcare.

The inspector found that many aspects of residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. The provider was pursuing arrangements to enhance resident privacy in their bedrooms and reinstating residents' meetings. Residents had been consulted about the organisation of the designated centre by completing residents' questionnaires. The centre celebrated monthly religious services in-house and had daily religious services shown on television in the dayroom. Residents could communicate freely, having access to telephones and internet services throughout the centre. Residents had access to advocacy services. There was an activities programme available within the centre, and an activities coordinator was rostered each day. Notwithstanding these positive aspects, the provider was required to review the location of the beds and the privacy curtains in some twin bedrooms to ensure residents' privacy and dignity. These matters are outlined under Regulation 9: Residents' rights.

Regulation 12: Personal possessions

There were arrangements to support residents in accessing and retaining control over their personal property, possessions, and finances. Residents' clothes were laundered in the centre. Residents had adequate space to store and maintain their clothing and possessions within their bedrooms, including access to locked storage facilities. Residents who spoke with the inspectors stated they were satisfied with the space in their bedrooms and the storage facilities. While the provider did not act as a pension agent for any residents, the provider held small quantities of money for safekeeping for some residents at their request. The provider had a transparent system where all lodgements and withdrawals of residents' personal funds were accounted for on the provider's electronic record management system.

While the provider was recording lodgements and withdrawals of residents' personal monies and had arranged a recent audit of resident finances, the provider was required to audit balances on a monthly basis in line with the centre's policies. This is discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, storage arrangements required further attention, as there were examples of inappropriate storage of equipment. For example, in one store room, the layout arrangements meant that items such as residents' mattresses were

inaccessible to staff due to other furniture and equipment blocking access. These mattresses were also being stacked above staff shoulder height, which may pose a risk to health and safety.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

A resident was not receiving the diet recommended by a healthcare professional, for example:

- Inspectors found discrepancies between the resident's nutritional care plan, dietitian recommendations and records guiding catering staff in relation to the food texture prescribed for a resident.
- The resident was at high risk of malnutrition and was prescribed a high-protein diet by a dietitian seven weeks prior to the inspection. However, records held by catering staff in relation to the resident's nutritional needs did not reference the high-protein diet requirement.

Judgment: Substantially compliant

Regulation 27: Infection control

While the provider had enhanced processes to manage and oversee infection control, further action to minimise the risk of transmitting a healthcare-associated infection was needed, for example:

- The layout of the laundry required review to support the functional separation of the clean and dirty phases of the laundering process, as clean clothing was seen drying in the designated dirty area.
- Some parts of the environment had not been cleaned to an acceptable standard. For example, stagnant water was observed in a jug in the laundry area and the cleaning trolleys were visibly unclean. Effective cleaning and decontamination are compromised if cleaning equipment is contaminated.
- A number of storerooms throughout the centre had objects and boxes stored directly on the floor, which would impact the ability to clean the area effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While improvements were noted in fire precautions, some further actions were required to manage risk and protect residents and staff in the event of fire.

The arrangements for maintaining means of escape required review, for example:

- The inspectors found the fire exit in store room 6 on the lower ground floor was partially blocked due to the volume of furniture in the store room. There were 18 armchairs, seven dining chairs and several footstools. This furniture was partially obstructing this designated fire exit.
- Seven wheelchairs and several zimmer frames were stored in the corridor outside the hoist storage area. This practice could impact these corridors being used as means of escape in an emergency. Escape routes must be kept free of obstruction and inappropriate storage. This was a repeat finding from the January 2025 inspection.
- Two emergency exit doors were found not to be in full working order on the inspection day, and immediate assurance was sought and obtained from the provider that staff could operate these doors. The provider was required to provide confirmation when these two emergency exit doors were returned to full working order.
- The emergency exit from the sunroom led to steps which were undergoing maintenance at the time of inspection. There were also railings at the end of the steps to prevent access while the works were underway. While a ramp was available as required, these works at the emergency exit had not been noted in the provider's daily and weekly checks of escape routes.

Arrangements to contain fire required improvement as a number of doors were found to be held open by means other than appropriate hold-open devices, meaning these doors would not close in the event of the fire alarm activating, compromising their function to contain the spread of smoke and fire in the event of an emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of four residents' records. Some improvements in individual assessment and care planning were noted since the last inspection. The provider outlined a staff training plan to comply with regulations and enhance care planning practices. Notwithstanding the progress underway, robust action continued to be required to ensure each resident was comprehensively assessed on an ongoing basis and had a sufficiently detailed person-centred care plan to guide staff in meeting their needs.

The inspectors found examples of insufficient clinical assessment and monitoring of weight loss, for example:

- Gaps were noted in the frequency of malnutrition risk assessments and weight records for residents at risk of malnutrition.
- Additionally, on one occasion, it was noted that the malnutrition risk assessment tool was incorrectly scored, underestimating the resident's risk factors.

Some residents with assessed needs did not have a care plan developed to manage these needs, for example:

- A resident consistently assessed to be at high risk of developing a pressure ulcer for the past 10 months before the inspection did not have a pressure ulcer prevention care plan to guide staff in controlling this risk and enhancing the resident's comfort and safety.
- A resident assessed to be at medium risk of malnutrition did not have a nutrition care plan.

Recommendations from health and social care professionals were not always incorporated into care plans to reflect each resident's current needs. For example:

- A nutritional care plan had not been updated to reflect the dietitian recommendation made over seven weeks earlier.

Some of the individual care plans seen had generic pre-populated interventions listed, which had not been actioned, such as referring to a speech and language therapist for a swallow assessment.

Judgment: Not compliant

Regulation 6: Health care

Notwithstanding residents' access to a range of healthcare professionals, some improvement was required to ensure that all residents received a high standard of evidence-based nursing care. For example, a resident with a history of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) was assessed to require safety checks at 30-minute intervals. However, these checks were not completed at the required frequencies. This was a repeat finding from the 20 January 2025 inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to Garda Síochána (police) vetting before commencing employment in the centre. The provider arranged in-house safeguarding staff training the day following the inspection to supplement e-learning training. A safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. From the records seen, it was clear the person in charge had provided a robust and person-centred response when investigating and responding to these allegations. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

While many aspects of residents' rights were upheld in the centre, some improvements were required to ensure residents' privacy and dignity within some twin bedrooms and to ensure residents had the opportunity to participate in activities in accordance with their interests and capacities.

The location of the beds and the privacy curtains in two twin bedrooms required review to ensure residents' privacy and dignity, for example:

- In twin bedroom 26, the bedroom door opened directly into the space screened by the privacy curtains, impacting that resident's space to get dressed or undertake other activities independently or with support. This arrangement also represented a possible risk for the resident of collision with the door.
- In twin bedroom 24, when the privacy curtains were closed, the resident in the inside bed against the wall could not access the window and natural light and had 6.4m² of floorspace to get dressed or undertake other activities independently or with support.

It was also noted from a review of a sample contract of care that an additional weekly fee was being charged to the resident, even if the residents did not avail of the service, for example, group physiotherapy sessions. Evidence of consultation with residents regarding this fee required review.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Tinnypark Nursing Home OSV-0000707

Inspection ID: MON-0046370

Date of inspection: 05/03/2025

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• A new care plan audit tool has been developed and implemented. Monthly audits are being completed, and audits' findings are reviewed during the monthly Governance Meeting.• The assurance system has been reviewed and straightened to ensure timely identification of deficits and risks.• CNM will complete regular checks to ensure that risks have been identified and actioned.• The PIC and Administrator are auditing residents' finances monthly.• An updated Statement of Purpose had been submitted.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none">• All contracts now specify bedroom numbers and occupancy.• All contracts are now signed.• A review of contracts did not identify any missing pages outlining the fees for services.• All contracts of care specify under which scheme the residents are funded.• During the inspection, the General Manager discussed with the inspector that while a sample of physical contracts were provided, all contracts — including fee schedules and any correspondence regarding service charge amendments — were securely stored in soft copy format. In accordance with Regulation 21(6), all records are maintained safely	

and are readily accessible.

- The Registered Provider is satisfied that all current Contracts of Care are in compliance with regulatory requirements.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: A reviewed and updated Statement of Purpose has been submitted to the Authority.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• All storage issues have been addressed and rectified.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: <ul style="list-style-type: none">• A new Diet Information Sheet has been developed and implemented. These are updated post dietician review and a copy is provided to Catering Department.	
Regulation 27: Infection control	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The layout of the laundry has been reviewed. Laundry staff are aware of the requirements to support functional separation of the cleaning and dirty phases of the laundering process. • The cleaning of the Housekeeping trolleys has been included as part of housekeeping cleaning duties and the trolleys are now kept clean. • All objects and boxes which were stored directly on the floor are now properly stored. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Storeroom 6 has been cleared to ensure a safe meaning of escape. • Corridor storage area has been reviewed, and surplus equipment has been removed. • The two fire doors were repaired, and the Provider did provide confirmation of same. • A record sheet is now in place for the emergency exit in the sunroom. • We continue to ensure fire doors are not obstructed. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All care plans and risk assessments have been reviewed and updated to ensure they reflect residents' needs. All care plans and risk assessments are being reviewed/updated quarterly or sooner as per requirements. • All referrals to MDT are discussed at weekly Operation/Clinical Support Meetings and confirmation of updates to careplans/risk assessments is provided. • Careplans are person centred and not generic. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p>	

Where a resident is on increased monitoring/supervision PIC/CNM will ensure that the documentation is being maintained contemporaneously.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- The curtains in Room 24 and Room 26 have been realigned to ensure residents' dignity and privacy.

- At Tinnypark Nursing Home, a Contract of Care is agreed upon and signed at the time of admission for all residents, in accordance with contract law and legislative requirements. This contract outlines the services provided by the nursing home and their associated costs. Some services necessary to meet residents' care needs and ensure regulatory compliance are not covered by the State under the Nursing Home Support Scheme (Fair Deal). To comply with legislative requirements and ensure residents receive care that meets their individual needs and statutory standards, these services are itemized and charged as Additional Service Charges in the Contract of Care.

We continuously seek to improve the services provided under these Additional Services and welcome feedback from the Regulator or any other party that identifies areas for improvement. To support this, we have conducted meetings with both service users and their families to gather information and input to guide service delivery.

While we are committed to improving services, we believe the centre is meeting its contractual obligations, as we have allocated funds and resources to ensure the availability of the listed services for residents. Participation in these services is always at the discretion of the individual residents.

Nonetheless, we have a duty of care to ensure that access to additional services is both supported and available, recognizing that whether a resident chooses to avail of such services is a personal preference that may change at any time. Unfortunately, the associated costs are unavoidable for both the nursing home and the residents, as they are necessary for the safe and effective operation of Tinnypark Nursing Home.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

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	20/05/2025
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	Substantially Compliant	Yellow	31/05/2025

	plan of the resident concerned.			
Regulation 23(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	31/07/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	10/07/2025

Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	10/07/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2025
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	31/05/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated	Substantially Compliant	Yellow	04/06/2025

	centre concerned and containing the information set out in Schedule 1.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/06/2025
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.	Not Compliant	Orange	30/06/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional	Substantially Compliant	Yellow	31/07/2025

	guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	14/07/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	14/07/2025