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:	Athlunkard House Nursing Home
Name of provider:	Athlunkard Nursing Home Ltd
Address of centre:	Athlunkard, Westbury, Clare
Type of inspection:	Unannounced
Date of inspection:	07 September 2026
Centre ID:	OSV-0000729
Fieldwork ID:	MON-0051494

About the designated centre

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

Athlunkard House is a modern purpose built two-storey purpose nursing home. It can accommodate up to 103 residents. It is located in a residential area in Co. Clare on the outskirts of Limerick city. It is situated close to many amenities including St. Nicholas church and a local shopping centre. Athlunkard house accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, dementia care, physical and intellectual disabilities, palliative care, respite and post-operative care. Bedroom accommodation is provided on both floors in 89 single and seven twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided between floors. There is a variety of communal day spaces provided including a dining room, day room and visitors rooms provided on each floor. Residents also have access to two secure enclosed garden areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83

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
Monday 7 September 2026	19:50hrs to 21:20hrs	Sean Ryan	Lead
Tuesday 8 September 2026	10:00hrs to 17:30hrs	Sean Ryan	Lead
Monday 7 September 2026	19:50hrs to 21:20hrs	Catherine Sweeney	Support
Tuesday 8 September 2026	10:00hrs to 17:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

Overall, residents living in Athlunkard House Nursing Home spoke positively about the staff providing their care and described them as kind, supportive and respectful. While residents identified improvements in some aspects of the service since the previous inspection, concerns remained regarding staffing continuity and timely provision of care and support.

Inspectors arrived unannounced to the centre in the evening and were met by the nurses in charge. Members of the nurse management team subsequently attended the centre and met with inspectors. During the evening, inspectors spent time speaking with residents and staff and observing the care and support provided to residents. Inspectors returned the following day and continued to observe the delivery of care and services, engage with staff and speak with residents in more detail about their experience of living in the centre.

During the evening, inspectors observed the delivery of care on both floors of the centre. On the ground floor, care was observed to be well-organised and the atmosphere was calm, relaxed and unhurried. Residents were spending time in the day room, where staff were present and attentive to their needs. Other residents had retired to their bedrooms and staff were observed regularly checking their care and support needs.

In contrast, care on the first floor was not as well-organised. Inspectors observed approximately 18 residents in the day room for a short period of time without staff present to provide supervision. Staff were observed in the day room later in the evening. Inspector also noted that care staff did not attend the staff handover from day-shift to night-shift as they were assisting residents to bed or supervising residents in the day room. An hour and a half after commencing duty, care staff had not received a handover regarding residents' care needs or significant changes that had occurred during the day, including newly identified health care concerns and the interventions required to support residents. During a walk-through of the residents' accommodation area, inspectors observed that some residents did not have their call bell or drinks within reach.

The following morning, residents were getting up from bed and preparing for the day. Staff were observed providing assistance with their care and support needs. Inspectors observed some poor manual handling practices which were not aligned to best practice guidelines, and therefore posed a risk to residents.

Residents were observed enjoying breakfast in the dining room. There were sufficient staff available to provide assistance, where required. Staff engaged positively with residents through the mealtime and gave assistance in a respectful

manner. The dining experience was observed to be a pleasant, relaxed and supportive of residents' dignity.

Residents described positive relationships with the staff and said that they were treated with kindness, care and respect. However, residents expressed concerns regarding the turnover of staff and the loss of staff who were familiar with their individual needs and routines. Residents stated that this impacted on their sense of familiarity and comfort. Similar concerns were raised by a number of visitors, particularly regarding the continuity of staff and the availability of staff who knew the individual needs of their relatives. Some residents described delays in receiving assistance, including staff response time when they used their call bells, and occasions where staff attending to them were unfamiliar with their care needs.

Residents identified some recent improvements in the service, particularly in relation to food quality, the range of activities available and communication regarding issues raised at resident meetings.

The premises was warm, conformable and appropriately maintained, and the majority of areas were observed to be clean. However, the standard of environmental hygiene within the kitchen was poor, with a number of areas and items of catering equipment observed to be visibly unclean. A number of staff were observed inappropriately using personal protective equipment and not performing appropriate hand-hygiene.

The day rooms provided a lively and sociable environment for residents. Staff engaged positively with residents, and inspectors observed good interaction and conversation throughout the day. Residents participated in a range of activities, including music and singing, and they appeared to enjoy the social interaction and engagement provided.

The following sections of this report detail the findings in relation to the capacity and capability of the registered provider to effectively govern and manage the service, and how these arrangements impact on the quality and safety of care provided to residents.

Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services over an evening and the following day to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also reviewed the registered provider's progress in implementing a compliance plan submitted following the previous inspection in May 2026, and followed up on notifications submitted to the Chief Inspector since the previous inspection.

The previous inspection of this centre in May 2026 had identified a high level of non-compliance, particularly in relation to governance and management, infection prevention and control, and the oversight of residents' care. Non-compliance was identified across all regulations assessed during that inspection. In response to the level of risk identified, an urgent compliance plan was sought from the registered provider. A warning meeting was subsequently held, during which the registered provider was advised that, should the level of non-compliance identified be sustained or continue, the Chief Inspector would take further regulatory action.

The findings of this inspection were that the provider had developed and introduced management systems to strengthen the oversight and monitoring of residents' care and infection prevention and control practices. However, these systems were not yet fully implemented in practice. This inspection found that there continued to be ineffective oversight and supervision across key areas of the service. Consequently, identified risks were not effectively managed and residents did not consistently received care and support, in accordance with their assessed needs.

Athlunkard Nursing Home Limited is the registered provider of Athlunkard House Nursing Home. It is a company consisting of four directors, one of whom represents the registered provider in communication with the Chief Inspector. The designated centre forms part of a wider organisational structure of Emeis, an organisation which operates a number of other designated centres throughout Ireland under different entities. A regional management structure was in place to support the centre. At the time of this inspection, a new regional director had commenced in post and was proposed to be a person participating in the management of the centre. Their role included responsibility for the governance, support and oversight of the service, including supporting the person in charge and providing operational and clinical oversight of the centre.

There had been changes to the management structure within the centre since the previous inspection. A new manager had commenced in the centre and was proposed to take up the role of person in charge. They were supported by an assistant director of nursing and a team of clinical nurse managers. An additional assistant director of nursing post remained vacant and the responsibilities associated with this role were being shared between two clinical nurse managers.

While this management structure was in place, lines of accountability and responsibility were not sufficiently clear. Inspectors were informed that responsibility for the monitoring and oversight of key aspects of the service were delegated to nurse managers. This included infection prevention and control practices, the supervision of direct care provided to residents, residents' nutritional care, and monitoring to ensure the required care interventions were implemented. However, there were inadequate arrangements to ensure that these delegated responsibilities were clearly defined, consistently carried out, and monitored to ensure the effective delivery of the service. As a result, aspects of residents' care and support were not consistently provided in accordance with residents' assessed needs and care plans.

The provider had established a number of management systems to monitor the quality and safety of the service provided to residents, including systems for

monitoring the quality of care, risk management, incident management and safeguarding. While these systems provided a framework for monitoring the service, they were not consistently or effectively implemented in practice. For example, the system for monitoring the quality of care did not identify that required interventions had not been implemented following a deterioration in a resident's health, including interventions relating to the management of pain. In addition, while risk management systems had been strengthened through the use of a risk register, identified control measures were not consistently implemented. This included a control measure requiring that the nurse manager, responsible for supervising care at night, would not be allocated to cover vacant nursing shifts, which had not been adhered to.

Systems for communicating key information regarding residents' care needs were not fully effective. For example, a handover sheet, that was used to communicate residents' priority care and medical needs, had not been updated to reflect changes in residents' assessed care needs. Similarly, while a system had been introduced to communicate residents' nutritional requirements to the catering staff, information available in the kitchen was inaccurate and incomplete and did not consistently reflect residents' dietary requirements. While responsibility for maintaining these records was delegated to nursing staff, and overseen by nurse managers, there was no management system in place to ensure that this monitoring was completed in line with the centre's policy. Consequently, staff did not have access to accurate and up-to-date information about residents' care needs.

There was a complaints management system in place, and complaints reviewed were generally appropriately documented and managed. However, complaints were not appropriately analysed to ensure that the factors contributing to the complaints were identified, and that learning from each complaint could be shared with the staff to inform care delivery and improve the overall quality of the service.

While systems for monitoring staffing resources had improved, oversight remained ineffective. Staffing deficits were not always identified by management, resulting in nurse managers undertaking direct care duties and reducing their capacity to supervise the care. Furthermore, supervision was not fully effective to ensure that staff were appropriately supported and supervised in the delivery of direct care, the maintenance of accurate care records, the implementation of required health care interventions and the supervision of residents. Since the last inspection, the provider had committed to ensuring that staff would be supervised, day and night, to ensure that residents received care in a timely manner. However, on this inspection, inspectors observed a nurse supervisor being allocated to care duties as a result of low staffing levels.

Staff were facilitated to attend training relevant to their roles, including safeguarding and fire safety.

Regulation 15: Staffing

The staffing levels and skill-mix were not appropriate to meet the assessed needs of residents and the requirements of the service. This was evidenced by;

- A vacant health care assistant shift at night resulted in the nurse manager responsible for supervising the service, undertaking direct care duties, which reduced the level of management supervision available.
- The nursing skill-mix on one floor did not provide sufficient familiarity with residents' individual care needs. Nursing staff on duty included staff who were new to the centre and reliant on handover information sheets which inspectors found did not accurately reflect residents' current assessed needs.
- Residents continued to report delays in receiving assistance from staff, including following use of their call bells.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to ensure that they carried out their duties in a manner that protected the care and welfare of residents, met residents' assessed needs, and supported the effective operation of the service. This was evidenced by;

- Inadequate supervision of staff to ensure that residents received an appropriate standard of care and that required interventions were implemented in response to their assessed health care needs, including nutritional care, pain management and wound care.
- Staff engaging in poor manual handling practices when assisting residents, which compromised residents' safety and did not reflect safe moving and handling practices.
- Inadequate supervision of staff to ensure that nursing care records, including daily nursing notes, assessments and care plans, accurately reflected the care provided and residents' current care needs.
- Ineffective supervision of staff to ensure that residents received appropriate supervision and that their safety, comfort and care needs were consistently met, including access to call bells and fluids.
- Ineffective supervision and support arrangements for newly recruited and agency staff to ensure they were sufficiently familiar with residents' individual care needs, and fire safety procedures, and could carry out their duties safely and effectively.

Judgment: Not compliant

Regulation 21: Records

The management of records was not in line with the regulatory requirements. For example;

- Records of specialist treatment and nursing care provided to residents were not accurately or appropriately maintained in line with the requirements of Schedule 3(4)(b). For example, records of repositioning charts for residents at high risk of impaired skin integrity and records of enhanced supervision for residents with complex supervision needs were not maintained in line with residents' care plans.
- Nursing records were not completed in line with the requirements of Schedule 3(4)(c). For example, a review of residents' nursing records found that nursing notes were duplicated from previous entries over a seven day period. This meant that the record was not person-centred, and did not provide assurance that the daily care needs of the residents had been met.
- Records were not maintained securely to protect against unauthorised access. Individual nurses' login credentials were saved on computers within the centre, which could allow another person to access the electronic care record system.

Judgment: Not compliant

Regulation 23: Governance and management

While a management structure was in place, lines of accountability and responsibility were not clear. A compliance plan submitted following the previous inspection identified a number of management systems being implemented, and delegated responsibility to key personnel for their implementation and monitoring; however, these arrangements were not effective in practice. In particular, there was a lack of clarity regarding responsibility for the oversight of communication systems, staff rosters, the comprehensive investigation of incidents and complaints, the supervision and monitoring of the quality of care provided, and the oversight of the catering service.

Management systems were not consistently or effectively implemented and monitored, as evidenced by the following;

- Record management systems were not being effectively monitored to ensure that records were maintained in accordance with the requirements of the regulations.
- Risk management systems were not being effectively implemented. While risks were identified, assessed and control measures documented, these controls were not consistently implemented in practice. For example, identified control measures relating to the supervision of the service were not adhered to, and the risk register did not reflect changes to the management of this risk.

- The registered provider had not ensured the effectiveness of fire training as inspectors found that some staff were not familiar with the procedure in place to evacuate residents to a place of safety in the event of an emergency.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of incidents and accidents occurring in the centre found that those requiring notification had been appropriately notified to the Chief Inspector, in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

While complaints were documented and investigated, investigations were not always sufficiently comprehensive to identify all contributing factors and learning. As a result, complaints relating to certain aspects of the service, continued to be made by residents and their families.

Judgment: Substantially compliant

Quality and safety

Inspectors found that some progress had been made since the last inspection in respect of the quality and safety of care provided to residents, particularly in relation to management of fire safety and infection prevention and control. However, aspects of the quality and safety of care remained impacted by ineffective oversight and supervision, resulting in care not always being delivered in a timely manner or in accordance with residents' assessed needs.

All residents had a care plan in place which was informed by an assessment of their individual care needs. However, care plans were not always developed in a timely manner or sufficiently detailed to identify interventions required to support residents with identified risks, including those at high risk of impaired skin integrity. In addition, care plans were not consistently reviewed following changes in residents'

condition, including changes in weight, to evaluate the effectiveness of the care being provided.

All residents had access to a general practitioner, and there was evidence that residents were referred for medical review, as required or requested. Arrangements were also in place to facilitate access to specialist health care professionals for further assessment. However, a high standard of evidenced-based care was not always evident, particularly in the assessment and management of pain and impaired skin integrity, and in ensuring that appropriate interventions were implemented in response to identified risks and residents' changing health care needs.

In response to findings of the previous inspection, the nutritional care provided to residents was reviewed. Arrangements were in place to monitor residents' nutritional risk, including monthly weight monitoring and nutritional screening. A care pathway was in place for the referral of residents identified as being at risk of malnutrition. However, not all residents received nutritional care and support in accordance with their assessed needs and nutritional care plans.

The protection of residents in the centre was underpinned by policies and procedures that set out the organisation’s approach to safeguarding and protection of residents. However, this inspection found that the provider had not effectively implemented these policies and procedures in relation to the investigation, and to the management of safeguarding concerns.

Measures had been implemented to support effective monitoring and management of an infection outbreak which had commenced in November 2025. There were no symptomatic residents or staff at the time of inspection. A nominated infection prevention and control lead maintained oversight of residents affected by the outbreak and ensured that appropriate monitoring, testing and isolation precautions were implemented, as required. Staff had received infection prevention and control training and demonstrated an awareness of residents' infection status and the measures required to minimise the risk of cross-contamination. However, inspectors observed inappropriate use of personal protective equipment, and not all areas of the centre were maintained to an appropriate standard of cleanliness. This was particularly evidence within the catering areas, where oversight of environmental hygiene was not effective.

Fire safety arrangements were reviewed during the inspection. Daily, weekly and monthly checks of fire safety systems were in place, including checks of the fire alarm, fire detection and emergency lighting systems. Works outlined in the provider's previous compliance plan to address deficits in emergency lighting and fire doors remained in progress. However, some new and temporary staff did not demonstrate adequate knowledge of emergency and evacuation procedures to be followed in the event of a fire emergency. Inspectors also noted space between the floor and the door that could have an impact on the effectiveness of the door to contain smoke and fire.

The registered provider had implemented measures to address previously identified premises issues, including storage arrangements, the layout and function of rooms, and adaptations to windows to support a safe environment for residents.

Residents' rights were generally supported within the centre. Residents had opportunities to participate in actives, with a more inclusive programme available to meet residents; interests and abilities. Residents meetings were held, and provided residents with opportunities to express their views and participate in decisions regarding the organisation and delivery of the service. Residents felt that this aspect of the service had improved, particularly in relation to communication about issues they raised and the measures being taken to address them.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 17: Premises

The premises met the requirements of Schedule 6 of the regulations and were designed and laid out to meet the needs of the residents living in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Food and nutrition was not always delivered to residents in line with regulatory requirements.

Residents' dietary needs were not consistently met, as prescribed by health care professionals. Some residents were prescribed therapeutic diets tailored to their specific medical conditions such as renal diets. This information was not known to all staff preparing resident meals, or to the staff providing nutritional care to the residents.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not fully meet the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example;

- A poor standard of hygiene and overall cleanliness was identified in the kitchen. Catering equipment, food storage and ancillary storage areas, and floors were visibly unclean. Notwithstanding these findings, the cleaning checklist for that day had been completed to indicate that all areas of the kitchen had been cleaned.
- Inappropriate use of personal protective equipment (PPE) was observed by some staff during this inspection. This reduced the effectiveness of infection prevention and control measures.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following findings demonstrated non-compliance in the fire safety arrangements within the centre:

- Staff responsible for the evacuation of residents in the event of a fire or emergency had not all received suitable training in fire prevention, emergency procedures and evacuation practices. Some staff had not participated in a fire drill and were not familiar with the procedures to be followed in the event of a fire, which other staff provided inconsistent accounts of the evacuation procedure.
- While remedial works had been completed to a number of fire doors to support their effective function in the event of a fire, a number of fire doors continued to have gaps which could compromise their effectiveness in containing smoke and fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not in line with the requirements of the regulations. For example;

- A review of resident records found that some residents did not have a comprehensive assessment of their needs completed. For example, some residents did not have a robust assessment of their skin integrity completed. As a result, the resident's care plan could not be developed to reflect the specific care needs of the resident. In addition, records found that residents were not consistently assessed for their levels of pain. As a result, pain was not always managed in line with professional guidelines. This was a repeated finding on this inspection.
- Care plans were not always reviewed and updated when a resident's condition changed, and were not always updated to incorporate the recommendations of health care professionals following assessment. This included the care plans for residents who had impaired skin integrity, or residents who required monitoring following a change in medical treatment and pain management to manage their health care needs.
- Care plans for residents who had experienced infection during an infection outbreak were not reviewed and updated following resolution of the infection. As a result, care plans continued to identify residents as having an active infection and did not accurately reflect their current health status or care needs.

Judgment: Not compliant

Regulation 6: Health care

Residents were not always provided with appropriate health care, including evidenced-based nursing care, in line with professional guidance. For example, Residents with wounds did not always receive timely care in line with professional guidance. Residents with impaired skin integrity did not always have the supports in place to address their needs.

Judgment: Substantially compliant

Regulation 8: Protection

Arrangements in place to ensure the protection of all residents was not robust.

Inspectors found that some incidents of allegation of abuse and safeguarding concerns were not fully investigated. For example, the provider had been made aware of several care incidents indicative of potential safeguarding issues. However, these incidents were not comprehensively investigated in accordance with the centre's safeguarding policies and associated procedures. In particular,

investigations did not adequately consider all potential contributing factors, including staffing resources, staff training and supervision arrangements.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents told inspectors that they were supported to exercise choice in their daily routines, including when they got up and went to bed, and how and when their personal care needs were supported.

Residents had opportunities to participate in a range of activities and could choose which activities they wished to attend. Residents reported that the activities programme had improved and provided a variety of opportunities that reflected their interests and preferences. Activities were available throughout the week.

Residents reported improved communication regarding issues they raised and the measures being taken in response to their feedback. Information regarding independent advocacy services was available to residents.

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	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Athlunkard House Nursing Home OSV-0000729

Inspection ID: MON-0051494

Date of inspection: 08/09/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We are currently onboarding new staff members and we have defined a robust risk assessment and escalation process to ensure adequate control measures are in place for staff shortages. The risk assessment is complete and recruitment is ongoing. Onboarding to be completed by the 30th of November 2026. Allocations are being reviewed daily to ensure appropriate allocation of nursing staff and that the correct skill mix of nurses is appropriate and proportionate to each unit, considering the care needs and staff familiarity with residents- complete and ongoing All staff receive a robust induction by a CNM/ADON and will be supervised following induction to ensure competence and to ensure resident needs are being met and that staff are familiar with fore safety procedures. Handover information sheets are now being reviewed daily by the ADON to ensure accuracy of information- complete and on-going Additional call bell audits have been introduced for day and night shifts. The audits measure response times and ensure care is being delivered promptly by staff- complete and ongoing. 8 additional call bell display units have been installed and 8 new pagers for the call bell system are now in place to improve the communication of the call bell system- complete A trend analysis of incidents and complaints in relation to call bells has been completed and enhanced training with all staff is being completed by the 23rd of October 2026 – this training is being completed by the Regional Director.	
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

A training day has been devised and will be delivered by the Regional Director by 23rd October 2026 for all clinical staff. Training will include improving supervision of staff, professional accountability including delegation of duties and documentation of care delivered, risk management and escalation in relation to resident care needs including assessment and care planning for nutritional care, pain management, moving and handling and wound care.

From 12th October 2026, daily manual handling audits have been introduced to ensure safe practices. These will be completed by the management team and including our in-house manual handling instructor. Any issues identified will be escalated to the Person in Charge and a robust action plan will be implemented and monitored to ensure practice improves.

The group manual handling instructor is booked to visit the home by 30th November 2026 to review the above process and ensure control measures are effective to reduce or eliminate identified risks.

Comprehensive assessment and care planning training will be delivered to all clinical staff by the 23rd of October 2026 this training includes the importance of supervision, how to supervise and how to evidence supervision.
Allocations are being reviewed daily to ensure appropriate allocation of nursing staff and that the correct skill mix of nurses is appropriate and proportionate to each unit, considering the care needs and staff familiarity with residents- complete and ongoing
All staff receive a robust induction by a CNM/ADON and will be supervised following induction to ensure competence and to ensure resident needs are being met and that staff are familiar with fire safety procedures. Handover information sheets are now being reviewed daily by the ADON to ensure accuracy of information- complete and on-going.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
A training day has been devised and will be delivered by the Regional Director by 23rd October 2026 for all clinical staff. Training will include improving supervision of staff, professional accountability including delegation of duties and appropriate and accurate documentation of care delivered, risk management and escalation in relation to resident care needs including assessment and care planning for nutritional care, pain management, moving and handling and wound care.

From 12th October 2026, resident notes will be audited on a weekly basis and any new

issues identified will be actioned at the time of audit.

From 12th October 2026, no passwords will be saved on computers to reduce the risk of unauthorized access to records.

Regulation 23: Governance and management	Not Compliant

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

A training day has been devised and will be delivered by the Regional Director by 23rd October 2026 for all clinical staff. Training will include improving supervision of staff, professional accountability including delegation of duties and appropriate and accurate documentation of care delivered, risk management and escalation in relation to resident care needs including assessment and care planning for nutritional care, pain management, moving and handling and wound care.

A review of records held within the centre has been completed to ensure they are maintained in line with the requirement of the regulations, this includes all record management systems- complete

Duplication of notes has been included in the training day, this will be audited on a weekly basis and any new issues identified will be actioned at the time of audit. Completed and on-going.

By 23rd October 2026, all managers in the centres will have received training on the management, escalation and review of the risk register. Management of risk and mitigation of risk has also been discussed at the clinical training day, including risks relating to supervision of staff, staffing levels and changes in management team. Additional training is being delivered by our external fire trainer to the centre's management team to ensure robust fire drills are carried out with staff to improve competency in this area. From 1st November 2026, fire drills will take place every 2 weeks for 2 months to enhance staff competency. Training will be delivered by the 29th of October 2026.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Investigation training, trending and analysis of incidents, complaints and risks is being completed for the management team. This will include identifying sufficiently robust control measures to reduce the risk of incidents recurring. Complaints and incidents leading to safeguarding issues are being discussed and education will be provided on trends in the home for all staff. This training will completed by the 23rd of October 2026.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
A review of all dietary needs is taking place using an MDT approach with dietician and GP. All care plans and food profiles will be updated, communicated and supervised on a daily basis by the management team. This review will be completed by the 31st of October 2026 and monitoring by the clinical management team will be on-going to ensure any changes in care are addressed in a timely manner.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The culinary team have been onsite in the nursing home daily to ensure an improvement in the cleanliness and ensuring accurate paperwork. New chefs are onboarding to support with the management of the kitchen and these chefs will receive induction by the culinary team to ensure high standards are maintained. Onboarding is planned to be completed by the 31st of October 2026.
From 12th October 2026, increased daily supervision on the units is taking place by the management team to ensure appropriate use of PPE, this will be documented on the daily walkaround, enhanced education will be discussed daily at safety pause meetings with all staff.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
An external fire trainer is booked to complete fire training for staff on the 21st and 29th of October 2026. As part of this training he will also complete enhanced training with the management team on completing fire drills with staff and improving knowledge in the area.

From 1st November 2026, the management team will then complete fire drills on a 2 weekly basis to ensure full competence in the area.

An audit of all fire doors has taken place and remedial works will be completed by 31st December 2026.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Assessment and care planning training, including the triangulation of care is currently being delivered with all clinical staff, this will then be monitored through monthly care plan audits, supervision on the floor and governance checks and review at governance meetings. This training will be completed by the 23rd of October 2026. Specific attention will be given in training to ensuring staff can adequately assess skin integrity, resident pain and also update care plans following an outbreak.

From 12th October 2026, audits will monitor and triangulate to ensure care plans are updated appropriately and in a timely manner when resident condition changes and/or when a recommendation is made by the MDT. The PIC will review audits weekly to ensure that actions identified to improve care planning and assessment are implemented and effective. The Regional Director will provide monthly oversight at the governance meeting.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

Assessment and care planning training including the triangulation of care is currently being delivered with all clinical staff, this will then be monitored through monthly care plan audits, supervision on the floor and governance checks and review at governance meetings. This training will be completed by the 23rd of October by the Regional Director and audit and supervision will be ongoing.

A review of skin integrity has been completed and we are working closely with our TVN, all assessments and care plans have been updated to guide the care required- complete and ongoing.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection: Investigation training, trending and analysis of incidents, complaints and risks is being completed for the management team. This will include identifying sufficiently robust control measures to reduce the risk of incidents recurring. Complaints and incidents leading to safeguarding issues are being discussed and education will be provided on trends in the home for all staff. This training will completed by the 23rd of October 2026.

The National safeguarding team has conducted 1:1 education with the management team to ensure that identified incidents are screened, investigated and actioned appropriately- complete.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/11/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/10/2026
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,	Substantially Compliant	Yellow	31/10/2026

	based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/10/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	31/10/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	31/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	31/10/2026

	effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/10/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	15/11/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	30/11/2026

	that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/10/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social	Not Compliant	Orange	31/10/2026

	care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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.	Substantially Compliant	Yellow	31/10/2026
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	31/10/2026
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	Substantially Compliant	Yellow	31/10/2026

	high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/10/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	31/10/2026