



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

Issued by the Chief Inspector

Name of designated centre:	The Cottage Nursing Home
Name of provider:	Tipperary Healthcare Limited
Address of centre:	70 Irishtown, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0004587
Fieldwork ID:	MON-0048866

About the designated centre

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

The Cottage Nursing Home is located within the urban setting of the town of Clonmel, Co. Tipperary. The original building, historically, was the Cottage hospital and this has undergone significant refurbishment. It is a two-storey facility with a lift and stairs access to the upstairs. The centre is registered to accommodate 25 residents. Residents' accommodation comprises single and double occupancy bedrooms with hand-wash facilities; assisted shower bathrooms are available throughout the centre; day room and dining areas are located on both floors. The Cottage Nursing Home provides 24 hour nursing care to male and female residents whose dependency needs range from low to maximum with varying care needs including care of people with a diagnosis of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 November 2025	10:20hrs to 18:40hrs	Catherine Furey	Lead
Thursday 20 November 2025	10:20hrs to 18:40hrs	Sinead Corbett	Support

What residents told us and what inspectors observed

Overall, the feedback from residents and visitors was that the centre was a nice place to live. The inspectors spent time speaking with residents, observing the environment and activity in the centre and reviewing documentation. Inspectors observed staff interacting with residents in a kind and respectful manner. Inspectors spoke to six residents who gave positive feedback about the staff who cared for and supported them, describing them as "very kind", "knowledgeable" and "helpful". One resident told inspectors that they were happy living in the centre and they liked the proximity to the town centre. Another said "I always wanted to come here, and now I am glad I did".

The building is a two-story Georgian style building located on a busy road in the centre of Clonmel town. There is no designated car parking facilities for the centre, however paid parking is available nearby. Access to the centre is through a front door, controlled by keypad access and video doorbell. On arrival to the centre mid-morning, the inspectors were welcomed by the person in charge. Following a brief introductory meeting the inspectors conducted a walk-around of the premises.

There are two communal spaces in the centre, a dayroom/dining room on the ground floor, which appeared clean and spacious, and a day room on the first floor. There is stairway and lift access between the ground and first floor. Residents can access a split level outdoor space and a smoking shelter from the day room on the ground floor. The bedrooms and communal areas were observed to be clean, however, in some areas inspectors observed a build-up of grime in corners of the flooring, for example on a ramp on the ground floor.

Bedroom accommodation comprised of single and twin occupancy rooms. Bedrooms had sufficient storage for personal belongings and lockable safes for residents to secure personal items. Call bells were noted in each bedroom and bathroom. Privacy curtains were present in double bedrooms. However, inspectors observed one twin room which did not provide sufficient privacy or access to the residents' sink as there was just one privacy curtain which tightly enclosed one bed space. Inspectors observed that there was not always adequate or comfortable seating in each bedroom, for example, in a twin occupancy room there was one arm chair and an office-type chair. Inspectors observed that decorative upgrades and minor repairs were required in some areas of the centre, for example, scuff marks on skirting boards and bed frames, a broken window sill in a bedroom, and a broken radiator cover in a bedroom.

Inspectors also observed inappropriate storage of items in the centre, for example a walking aid was seen behind a washing machine in the laundry room and a bed table and chair were stored outdoors. Inspectors also observed that some areas

were cluttered, for example the external storage area and the equipment room on the first floor, preventing appropriate cleaning of these areas.

Residents that spoke with the inspectors were very satisfied with the quantity and quality of the food provided in the centre. Residents told inspectors that they have a choice of food at mealtimes. On the day of the inspection, inspectors observed that most residents received their dinner in the dayroom/dining room on the ground floor. Inspectors observed that there was a choice of two main course offered and the food appeared wholesome and appetising. Residents said that the chef would always accommodate them with special requests and that their food was delicious. Inspectors observed that there were an adequate number of staff to assist residents and staff were observed to respectfully support residents that required assistance. One six-seater dining room table seated four residents at dinnertime. Other residents sat at smaller round tables, with one other resident using a bedside table. Inspectors observed that the round tables were too high for some residents to eat comfortably at. Staff agreed to review this to ensure all residents were comfortable when dining. Many residents were observed to be finished their dinner at 12:50pm. Inspectors were told that tea and biscuits are offered to residents two hours after dinner and tea time commences at 6:00pm. Residents told inspectors that they were satisfied with the timings of the meals.

The inspectors observed that there were two communal spaces in the centre to accommodate visits. While there is no designated visitor's room, an area of the first floor day room has been sectioned off area with screens to provide some privacy for residents and their visitors. Visitors were seen to come and go on the day of the inspection. A resident told an inspector that their visitors were always welcomed and that they could choose if they wished to receive visitors. A visitor spoke with an inspector and gave positive feedback about the centre and the staff.

Inspectors observed a number of residents participating in various activities such as memory games and art in the day room on the ground floor; this was facilitated by activity staff. The room provided sufficient space for activities and there was a television in the room. One resident said that could either watch television in the dayroom or in their bedroom. A range of activities was planned out for the week and these were on display in the main areas of the centre. One resident told inspectors that they chose to sit in the upstairs day room during the morning as it was quieter. Photographs of residents enjoying a Halloween party and other celebrations in the centre were displayed on the walls and this provided a nice homely feel to the communal areas. Wi-Fi was available throughout for residents' use. Information on advocacy services was displayed in the reception area.

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

Overall there were good local systems in place to support the delivery of quality care to residents. Nonetheless, the registered provider was required to take action to provide additional oversight of some aspects of resident care including weight monitoring, and additional oversight of premises-related issues including fire safety precautions, and infection prevention and control, to ensure best-possible outcomes for residents.

This was a one-day unannounced inspection and the purpose was to monitor compliance with the regulations. The centre is registered to accommodate 25 residents and on the day of inspection, there was 24 residents living in the centre. The previous inspection was a thematic restrictive practice inspection and was conducted in January 2025. The findings of that inspection identified that while the registered provider was substantially compliant when assessed against the National Standards, improvements to reduce the number of restrictive practices would increase the quality of care of residents. Since that inspection, there has been a marked reduction in the number of restrictive practices in use. This is as a result of the efforts of the staff and the registered provider to identify alternatives and reduce their restrictive practices.

The registered provider of The Cottage Nursing Home is Tipperary Healthcare Limited. There are two company directors, who are engaged in the operational oversight of the centre. The person in charge reports directly to a company director. The director was present in the centre for part of the inspection. The provider is also involved in the running of another designated centre, and there was good systems of shared learning between the management of each centre. There were regular, documented governance meetings where all aspects of the service delivery were discussed.

The centre was implementing a schedule of audits on important topics, such as falls, medication management, weight monitoring, infection prevention and control, and complaints. Despite this good practice, the audit findings did not always identify areas for learning and improvement and did not correlate with some of the findings on inspection. For example, an infection prevention and control audit completed in September 2025 identified that they laundry room was clearly separated into clean and dirty areas; this was not evidenced on the inspection. Additionally, an environmental audit completed in September 2025 did not identify the areas of clutter observed by inspectors.

The person in charge was supported in the daily delivery of care by an assistant director of nursing, who deputises for the person in charge for periods of absence, and a team of staff nurses and healthcare assistants. Further support was provided by domestic, kitchen, activity and administration staff. The person in charge informed inspectors that there were existing vacancies in the nursing and activity staffing cohort. Planned rosters evidenced that these roles were backfilled with

existing staff members, and the vacant posts were due to be filled in the coming weeks. Inspectors observed that there were an adequate number of staff on duty to meet the assessed needs of the residents on the day of the inspection. However, action is required to ensure that staffing levels equate to the whole time equivalent (WTE) requirements as outlined by the registered provider in the centre's statement of purpose.

Staff have access to appropriate training and staff told inspectors that they found the induction period and support from senior colleagues to be satisfactory. Inspectors were told that mandatory training is now included in the induction for all new staff. Inspectors were told that, in October 2025 the frequency of refresher training for online fire safety, safeguarding and infection prevention and control changed from three yearly to annual training. A review of the training matrix identified that the majority of the staff have completed this training within the last three years, however, action is required to ensure that staff have completed the training within the centre's newly established timeline of one year, and this is discussed further under Regulation 16: Training and staff development. It was also noted that household staff are not identified as requiring training on responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), this requires further review by the provider to ensure that all staff in the centre have the necessary skills and training to appropriately care for residents presenting in this manner.

Records were generally well-maintained in the centre and available for inspectors to review. Residents' personal and clinical details include care plans, assessments and records of treatments given were maintained safely in an electronic format. Staff files, required some minor reviews to ensure all of the documents required under the regulations were maintained for each staff member.

Regulation 15: Staffing

The registered provider ensured that there was an adequate number of staff, with an appropriate skill mix, to meet the individual and collectively assessed needs of the residents. A review of the staffing roster showed that there was always one registered nurse on duty in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Action is required to ensure that all staff are up to date with training relevant to their specific roles. A review of the staff training records identified the following gaps:

- 22 out of 41 staff had not completed safeguarding training within the past year
- 15 out of 41 staff had not completed training on managing responsive behaviors, including ten household staff, as it was deemed not to be applicable to their role
- 22 out of 41 staff had not completed training in infection prevention and control within the last year and four had not completed this important training within the previous three years.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed a sample of five staff records. The following information as required by Schedule 2 of the regulations was not in place:

- One staff record did not have a reference from their most recent employer
- One staff record did not include a copy of their relevant qualification.

Inspectors noted that two staff commenced induction prior to the date their Garda Síochána (police) vetting disclosure was received. This system required review to ensure that recruitment practices are strengthened.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d), were not sufficiently robust. This was evidenced by the following:

- The oversight arrangements in place for the review of incidents required strengthening. For example, the incident records identified that a significant number of residents had sustained unexplained bruising. While these incidents were individually reviewed, it did not trigger a wider review to determine if there are any trends or patterns that require improvement.
- While there was a regular schedule of audits in place, the findings of the audits did not correlate with the observations of the inspectors on the day of the inspection. For example, environmental audits conducted in January and

September 2025 highlighted good practice, contrary to the findings outlined in the report under Regulation 17: Premises

- There were inadequate systems of oversight in place to monitor and respond to issues of concern found by the inspector in relation to poor infection control procedures. This is discussed further under Regulation 27: Infection control

The WTE of staff as outlined in the centre's statement of purpose did not accurately reflect the current staffing levels. This was discussed with the provider on the day who stated that the published statement of purpose was a miscalculation and that there had been no reduction to the actual number of staff working in the centre, across all departments. This was confirmed by staff who spoke with the inspectors. A further review of the statement of purpose is required.

The person in charge had not completed an annual review of the quality of care delivered to residents in 2024, which is a regulatory requirement. This is important as a targeted quality improvement plan is derived from this review.

Judgment: Not compliant

Quality and safety

Observations and discussions with residents, visitors and staff indicated that overall there was a human rights-based approach to care in The Cottage Nursing Home. Residents told inspectors that they had access to a range of activities for social engagement. Staff and residents also confirmed that social outings were encouraged and facilitated. A review of the premises was required to ensure that all areas were maintained and cleaned appropriately, to ensure a comfortable and safe environment for residents.

Overall, the centre was laid out to meet the needs of the residents and provided comfortable communal and private accommodation. Storage within the centre required review to ensure that equipment, for example hoists, was relocated to dedicated areas, and not taking up space in residents' communal areas or bedrooms. Inspectors observed inappropriate storage of items in the laundry, such as a walking aid. The laundry appeared cluttered with several blankets stacked on a chair and more blankets, towels and clothing on a shelf. The laundry area was not segregated into areas for clean linen and soiled linen.

There was an appropriate number of cleaning staff on duty, and they were provided with the necessary equipment to ensure that the centre was effectively decontaminated and cleaned. Nonetheless, there were some inconsistencies in how different areas of the centre were cleaned. Some areas, for example the dining room and the majority of residents' bedrooms were seen to be clean, however high-risk rooms such as the sluice rooms were not cleaned to an appropriate standard,

which posed a risk of cross infection. Storage of items including equipment used to clean other areas of the centre was inappropriate and presented infection-control risks. This, and other findings of concern are detailed under Regulation 27: Infection control.

Overall, good procedures were in place for the maintenance of fire safety equipment such as the emergency lighting, and records provided evidence of daily and weekly checks of means of escape and firefighting equipment. Nonetheless, the provider had not taken sufficient action to ensure that a fire could be effectively contained. The areas for improvement in relation to fire safety are outlined under Regulation 28: Fire precautions.

Residents had access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, and speech and language therapy, as required. Residents had access to a mobile X-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to local dental and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these. Despite the best effort of the management team, residents were unable to access the services of an occupational therapist through the General Medical Services (GMS) scheme. The inspectors were provided with correspondence from the local occupational therapy services to the centre which detailed this. The centre provided access to a private occupational therapist and there were currently no residents waiting to avail of the service. The recording of residents' weight loss required improvement to ensure that records were accurately maintained, and that referrals for specialist intervention by a dietitian were made in a timely manner.

Inspectors reviewed a sample of care plans and validated assessment tools. These were observed to be generally person-centred and were able to guide care for the medical and nursing needs of residents. Validated risk assessment tools were used to identify specific clinical risks, such as risk of falls and pressure ulceration. Records showed that assessments were regularly updated in line with residents' changing needs, for example following a fall.

There were detailed behaviour support plans in place to guide the small number of residents who displayed responsive behaviours. These plans were designed to minimise the use of restrictive interventions and to promote a restraint-free environment. Staff were familiar with each resident's individual requirements. Since the previous inspection, the management team had completed a quality improvement initiative on the use of restraints such as bedrails and wander alarms. This had resulted in the reduction in their use. Records identified that when restrictive devices were used, that there was evidence of consultation with the resident and a signed consent form. Where necessary and appropriate, residents had access to alternatives to restrictive devices, for example, using alarm mats instead of having bed rails raised.

Regulation 11: Visits

The registered provider has a written visitor policy that includes the arrangements for normal visiting access and access during an outbreak of a communicable disease. The inspectors observed visits being facilitated throughout the inspection.

Judgment: Compliant

Regulation 17: Premises

Aspects of the premises did not conform to the matters set out in Schedule 6 of the regulations as follows;

- There was insufficient storage space in the centre as evidenced by equipments such as hoists being stored in residents' bedrooms. Additionally, an excessive number of items, such as wheelchairs, mattresses and hoists stored in the equipment room on the first floor, this impeded access to the room.
- Two twin occupancy bedrooms required a review of their layout, as the area for each resident did not allow space for a bed, chair and personal storage space.
- External areas of the centre were untidy in parts, for example with discarded items of furniture outside the premises, such as a bedside table and chair. The untidy areas could be viewed from some residents' bedrooms.
- Some of the furniture and fixtures require review to ensure they are in a good state of repair and can be cleaned effectively, for example flooring in several rooms, bed frames, skirting and window boards, and commodes.
- Bedrooms could be enhanced by the provision of more comfortable seating for each resident.

Judgment: Substantially compliant

Regulation 27: Infection control

Some actions were required in order to ensure procedures are consistent with the National standards for Infection Prevention Control in community services (2018). For example:

Hand hygiene practices were not always completed in line with evidence based practice. For example;

- There was a limited number of dedicated clinical hand wash sinks in the centre. The sinks in the resident's rooms and en-suite bathrooms were dual purpose, used by residents and staff.

- Staff told the inspector that used wash-water was emptied down residents sinks after personal hygiene activities. This practice increased the risk of environmental contamination and cross infection and was further compounded by staff using the same sink for hand hygiene
- Wall-mounted hand sanitiser, face masks and gloves were out-of-date. This could compromise effective hand hygiene procedures.

The organisation of some areas of the premises did not promote good infection control practices. For example;

- The laundry did not allow for the functional separation of clean and dirty items. Both soiled and clean items were stored alongside each other, in addition to staff items such as coats and bags.
- Sluicing facilities required review. Both sluice rooms were not cleaned to an appropriately high level. Inspectors observed cobwebs and dust in both rooms. The racking for cleaned equipment did not allow for bottles to be inverted to dry, and a number of bottles and wash bowls were observed to have residual water remaining in them.
- Residents personal hygiene products and denture containers were stored on sinks in a large number of bedrooms, which exposed them to a risk of cross contamination
- Storage rooms were cluttered and there was no system to determine what equipment was clean and ready for use, and what was for storage or to be discarded.
- In the absence of dedicated janitorial room, cleaning staff were required to use the sluice room to prepare their cleaning trolleys. One cleaning trolley was visibly dirty. Effective cleaning and decontamination is compromised if cleaning equipment is unclean.

There had been three separate outbreaks of notifiable diseases during 2025. There was no documented outbreak reviews completed following these outbreaks, with the aim of identifying what worked well, and what further improvements may be required to manage these types of outbreaks in the future.

Judgment: Not compliant

Regulation 28: Fire precautions

There was limited oversight of some aspects of fire safety and fire containment which could impact on the safety of residents in the event of a fire. For example;

- Inspectors observed an important cross-corridor fire door located near the open stairwell, which had an unacceptable gap at the foot of the door. This meant that smoke would not be effectively contained in this area. This was brought to the attention of the provider on the day who sought to address the issue.

- An externally-located storage shed was used by staff as a smoking area. The shed contained a mix of items including a large stock of PPE, incontinence wear and maintenance equipment. A plug-in heater was located in the area where staff smoked. There was no risk assessment in place to mitigate the many risks posed in this area. There was no fire-fighting equipment in the area.
- The boiler room contained items including old furniture and boxes. These were required to be removed as they posed an unnecessary risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident care plans were seen to be detailed and person-centred, and were informed by an assessment of clinical, personal and social needs using a range of validated assessment tools. Comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs.

Care plans were formally reviewed at intervals not exceeding four months. Where there had been changes to the residents' care needs, reviews were completed to evidence the most up to date information.

Judgment: Compliant

Regulation 6: Health care

In three of records reviewed by the inspector, the validated assessment tool to measure risk of malnutrition was incorrectly calculated on numerous occasions, incorrectly underestimating the level of risk present. If completed correctly, the result of the assessment directed the assessor to refer the resident to a dietitian. This had not been completed and the residents continued to lose weight. This is a missed opportunity to gain additional professional expertise.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There were five of the 24 current residents using bedrails. A restraint register was maintained in the centre, in line with regulatory requirements, and there was

evidence that restraints were checked frequently when in use. A small number of residents in the centre displayed responsive behaviours. These residents each had a care plan which identified their individual requirements to manage these behaviours and to minimise them recurring.

Not all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage responsive behaviour. This is addressed under Regulation 16: Training and staff development.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for The Cottage Nursing Home OSV-0004587

Inspection ID: MON-0048866

Date of inspection: 20/11/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Complex behavior training has now been assigned to all staff members. The timeframe of the online training Safeguarding of vulnerable adults and Infection Control has been modified from 3 yearly to every year recently. A notification has been sent to all staff members to complete their due / overdue online training as soon as possible; otherwise, individual meetings will be scheduled if staff have any concerns regarding completing their mandatory training, they will receive support if required.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A management meeting discussed the issues and the administrator was instructed to review all records. It was emphasised that staff members cannot start until all documentation has been received. This has also been documented in the revised recruitment process	

Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An Incidents report audit has been developed to determine the risk factors, patterns and the areas that require improvements, as well as the ongoing individual incidents report review. Following the inspection, an MDT meeting was scheduled and as part of the action plan environmental checks will be carried out every three months and any findings will be recorded in the maintenance book and in the service delivery plan. Following the inspection, a quality improvement plan has been completed and submitted and this will be completed yearly going forward. An IPC Link Practitioner was appointed within our facility and the infection control audits and practice will be reviewed to comply with the IPC guidelines.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The equipment room on the first floor will be reconfigured and unused equipment has been removed to ensure the equipment room is accessible and there is enough space to store all necessary equipment on first floor. Storage space on the ground floor is very limited. We will review all available space and formulate a plan to utilize unused space at differing times during the day. Comfortable seating has now been provided for all residents' bedrooms and new bed rail dividers will be ordered to ensure each resident has enough space for a bed, a comfortable chair and locker to store personal items. The maintenance staff cleared all external area of discarded items and general cleaning out the outside area was done. An environmental check was performed and all identified areas requiring improvement will be recorded in service delivery plan as these will gradually be repaired/ replaced to ensure they are in a good state of repair.	

Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: The limited space available seriously constricts the addition of new hand washing stations. With this in mind we will carry out a survey of the building to identify possible areas for the installation of more hand washing sinks. Remedial work will then be carried out. Space for a dedicated mop sink for cleaning purposes will be prioritized to ensure no cross contamination. All out of date PPE equipment has been replaced and a PPE audit will be implemented to ensure expiry date is checked regularly and new PPE delivered is used by rotation. The laundry room will be reconfigured to segregate into an area for clean linen and soiled linen. More shelves were installed for clean lines area and unnecessary items were removed from the laundry. Staff have been instructed to use the staff room for coats and bags. The sluice room cleaning schedule was reviewed and enhanced cleaning will be done every fortnight in both sluice rooms, as well as daily cleaning to comply with IPC standards. The rack for clean equipment which did not allow for bottles to be inverted to dry, was removed and staff have been advised to store commode pots and bottles back to the residents' room once removed from bedpan washer to keep the sluice room tidy and avoid cross contamination. All staff have been advised to store the personal hygiene products into each resident toiletries box and new shelves will be installed above each sink to store the denture containers. The cleaning schedule for the storage room will be reviewed to ensure the storage room is kept tidy and organized. The cleaning schedule for the cleaning supplies cupboard and cleaning trolley was reviewed and enhanced cleaning of this area will be done every fortnight as well as the daily cleaning to ensure all equipment is clean. An outbreak review was implemented and will be completed when closing any outbreaks in the future with the purpose of identifying what worked well and the areas that require improvement.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Contractors will remove the existing double doors and replace with a door and a half that gives adequate width and complies with all fire requirements including smoke seals. The contractor shall also carry out a review of all fire doors in the premises to ensure compliance and if required apply fixes. The boiler room was cleared of all stored items immediately after the inspection and the storage shed will be reconfigured, new shelves will be installed for PPE storage, the plug-in radiator has been discarded and the staff have been reminded of our policy regarding the smoking being prohibited indoors. Staff are not permitted to gather in storage areas. Appropriate fire equipment will be installed in storage areas. All staff were reminded of smoking designated area outside dayroom available for residents and staff. Appropriate fire equipment will be installed in smoking areas.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Immediately after the inspection the assessment tool was replaced with a more complex one and the risk of malnutrition assessment was completed for all residents again using the new assessment tool immediately after the inspection, evidence of this submitted by the established date and this assessment will be reviewed monthly to identify any opportunity when the residents require dietitian referrals.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2025
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	30/06/2026
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.	Substantially Compliant	Yellow	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management	Not Compliant	Orange	31/12/2025

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Not Compliant	Orange	31/12/2025
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.	Not Compliant	Orange	31/03/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting	Substantially Compliant	Yellow	30/09/2026

	equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/09/2026
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/12/2026