

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

## Issued by the Chief Inspector

Name of designated centre:	Thomond Lodge Nursing Home
Name of provider:	Thomond Care Services Limited
Address of centre:	Thomond Hall, Ballymahon, Longford
Type of inspection:	Unannounced
Date of inspection:	22 August 2025
Centre ID:	OSV-0000109
Fieldwork ID:	MON-0047210

## About the designated centre

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

The designated centre provides 24-hour nursing care to 48 residents, male and female, who require long-term and short-term care (assessment, rehabilitation, convalescence and respite). The centre is purpose-built, providing single en-suite bedroom facilities and a variety of communal spaces. The philosophy of care is to provide a high standard of care and welfare in a living environment that maintains residents' independence and wellbeing.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	46
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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
Friday 22 August 2025	08:55hrs to 16:45hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall, this inspection found that most residents were content with living in the designated centre, with the exception of one resident who told the inspector that they would prefer to be living in their own home environment in the community. This resident said they had now accepted that, due to their increased health needs, living alone was no longer a safe option for them.

This unannounced inspection was completed over one day and focused on reviewing the measures the registered provider had in place to safeguard residents from abuse, to promote their rights and empower them to protect themselves from harm and exercise choice and control over their lives.

The inspector observed that staff knew the residents' preferences and routines well and their interactions with residents were courteous, kind and person-centred. Residents said that they felt safe and were comfortable living in the centre. The inspector observed that while the service provided and residents' care was, for the most part, organised around residents' individual preferences and choices, improvements were necessary to ensure there was sufficient staff available to respond to residents' needs for assistance without delay in the sitting room.

On arrival, the inspector was met by the clinical nurse manager (CNM), who was deputising for the person in charge on the day. The inspector completed a walk around the centre and found that a number of residents were waking up and preparing to get up either by themselves or with the assistance of staff, while other residents continued sleeping. Two residents were already up and were sitting in the sitting room. Both residents told the inspector that they liked to get up early and that getting up early in the mornings was their usual routine before coming to live in the centre.

Thomond Lodge Nursing Home is located a short distance off the main shopping street in the town of Ballymahon, Co Longford. The centre is a single storey, purpose-built premises. Residents' bedroom accommodation is provided in 48 single-occupancy bedrooms, each with full en-suite facilities. There were a number of communal rooms available for the residents' use, including a sitting room, a dining room and a library room. Additional seating was available in the reception area close to the nurses' station and in a central lobby area where the corridors to the residents' bedrooms converged. A number of the male residents preferred to chat and watch sports programmes together on the large-screen television while resting in the comfort chairs in the central lobby area, rather than participating in the scheduled social activities taking place in the main sitting room. Staff respected their choice and ensured they were comfortable, and they had coffee tables by their chairs for their refreshments.

The centre's environment, including residents' bedrooms and communal areas, was well maintained, visibly clean, bright, homely, warm and comfortable. Residents told

the inspector that they liked their bedrooms and they were comfortable in them. The inspector observed that the layout of the residents' bedrooms met their needs. The inspector observed that residents' bedrooms were bright and had sufficient circulation space, comfortable seating and all residents had adequate storage space to meet their needs. A full-length mirror was fitted on the front of each resident's wardrobe for their convenience. The decor in each resident's bedroom was varied, and many of the residents had personalised their bedrooms. Residents had shelf space to display their family photographs and other personal items. Residents' lockers were within close proximity to their beds to support them to easily access their possessions when they were in bed.

The inspector observed that residents were comfortable in the company of staff, and staff knew residents well, as evidenced in their conversations and their laughter together. The residents' social activities programme was coordinated by a social activity coordinator who ensured that residents were supported and facilitated to continue to enjoy a variety of meaningful social activities in line with preferences and capacities. Staff were observed to check on residents who stayed in their bedrooms and residents who sat in the lobby area each time they passed by. While the residents who spent time in the lobby area liked to watch the 'comings and goings' in the centre, they also had opportunities to participate in one-to-one meaningful social activities that were facilitated each afternoon by an additional member of staff. Three residents were supported to continue to attend the local day services they attended prior to coming into live in the centre.

Residents told the inspector that they were provided with a 'great' service in Thomond Lodge Nursing Home. Residents said that they felt safe and secure in the centre. One resident said that living in the nursing home meant they 'could sleep without any worries' as they lived alone and were nervous at night living in their home in the community. Other residents' comments to the inspector included 'I really am so happy here', 'the staff here are like an extension of my own family', 'there's always something of interest going on', 'staff here are the best in the world' and 'I especially love our cat'. The inspector observed that a playful and much-loved cat, named Sixpence by the residents, wandered around among the residents and played with the legs of their chairs, which brought a smile to many of the residents' faces.

Some residents enjoyed outings with their families, whilst other residents went on outings into the local community, organised as part of the social activity programme in the centre. The inspector observed that the doors from a number of access points to the garden were open so that residents could access the garden as they wished. This enclosed garden was beautifully landscaped and wrapped around the centre premises. Each door into the garden gave residents a different garden landscape with the various arranged block colour-themed flower beds, shrubs and trees. Outdoor seating and winding safe pathways were provided to optimise residents' safety and enjoyment of the outdoors.

The inspector observed that staff were mostly attentive to residents' needs, and the lively atmosphere in the sitting room suited most residents as they were observed to be enjoying participating in the social activities facilitated by the activities

coordinator. However, the inspector observed that in the absence of adequate staff being available in the sitting room, the activity coordinator, who was busy facilitating residents' social activities, had to leave the 12 residents in the sitting room alone while they went to get staff to assist one resident who had asked to go to the toilet seven times. The activity coordinator was also trying to support a resident in the sitting room with an assessed high risk of falls, who was at immediate risk of slipping from their chair. As a result of not enough staff being available to assist residents in the sitting room, the residents' social activities were being frequently interrupted, and residents' needs were not being appropriately responded to. Furthermore, a second sitting room (Library room) was not used by residents and all the residents' coordinated social activities were facilitated in the main sitting room. The main sitting room was observed to be overcrowded at times during the day and especially during a live music activity facilitated by a local musician in the afternoon.

Residents told the inspector that they would speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and focused on adult safeguarding and the measures the provider had in place to safeguard residents from all forms of abuse in the designated centre. Although the management and staff demonstrated a commitment to providing a person-centred service to residents, and residents enjoyed a good quality of life in the centre, this inspection found that residents' safety was not assured and that they were not appropriately safeguarded from the risk of harm and abuse at all times.

The registered provider for Thomond Lodge Nursing Home is Thomond Care Services Limited. The company's chairperson represents the provider entity. There was an established and clearly defined management structure, which included the centre's person in charge and a clinical nurse manager (CNM), each of whom worked in the centre on a full-time basis. The person in charge was further supported by a team of nurses, health care assistants, activity, catering, domestic and maintenance staff. A general manager supported the provider and local management team with the centre's operations.

The provider had a range of quality assurance systems in place, including auditing and resident and family feedback surveys to monitor and oversee residents' safeguarding and ensure that residents' rights were upheld within the centre. In addition, the provider had a risk register and a system for recording, monitoring, and managing incidents and related risks. However, this inspection found that improvements were necessary in the provider's oversight and management to ensure residents were effectively safeguarded from risk of harm and abuse at all times. This finding is discussed further under Regulation 23: Governance and management.

On a day-to-day basis, processes were in place to assess the necessary staffing numbers and skill levels to meet residents' needs and, to ensure that they were appropriately safeguarded from risk of harm. However, this inspection found that these processes were not effective and, as there was not enough staff available, residents' safeguarding needs were not effectively met and their safety was compromised.

Staff had access to a range of training programmes to support them in their respective roles. The provider was in the process of rolling out a programme to educate staff on residents' rights and restrictive practices.

The registered provider had supported staff with safeguarding residents from risk of abuse and promoting their rights by facilitating them to attend relevant training and development opportunities. All staff had completed training on identifying, preventing, and reporting abuse. Although, there were a number of residents living in the centre who were predisposed to experiencing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), the provider had not ensured that 13 staff had received necessary training to provide them with knowledge and skills to support and effectively safeguard these and, other residents who were being negatively impacted by the behaviours.

The provider had systems in place to ensure all new staff who joined the service were adequately inducted, and staff working in the centre had completed satisfactory An Garda Síochána (police) vetting disclosures. A review of a sample of four staff employment files gave assurances that staff recruitment processes considered residents' safeguarding needs.

The provider had arrangements for recording accidents and incidents involving residents in the centre, but a number of safeguarding incidents involving residents were not appropriately notified to the office of the Chief Inspector of Social Services as required by the regulations.

## Regulation 15: Staffing



While the number and skill-mix of staff were regularly reviewed, the number of staff available on the day of the inspection did not ensure that there was adequate staff available to respond to residents' needs whilst maintaining their safety and promoting their rights. This was evidenced by the following findings:

- Adequate numbers of staff were not available to assist a resident in the sitting room despite their repeated requests to go to the toilet.
- Staff were not available to ensure the safety needs of a resident at immediate risk of slipping from their chair in the sitting room. In the absence of other staff availability, the activity coordinator had to interrupt residents' social activities to care for this resident and mitigate their risk of falling.
- There was no staff other than the activity coordinator, who remained with residents in the sitting room to respond to their needs without delay at all times. Furthermore, the inspector observed that residents with an assessed risk of falling were alone in the sitting room in the early morning before the activity coordinator came on duty.

Judgment: Not compliant

## Regulation 16: Training and staff development

The provider had not ensured that staff were appropriately supervised and skilled according to their roles to ensure that residents' needs were met at all times. This was evidenced by the following finding;

- Staff did not remain with residents in the communal areas, and as a result, they were not available to respond to their needs for assistance in a timely manner. This finding posed a risk to residents' safety.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The registered provider did not ensure that there were adequate staffing resources provided to ensure adequate staff allocation in the centre and effective care delivery to meet residents' needs in accordance with the designated centre's statement of purpose (SOP).

The provider's oversight and management systems to identify, manage and respond to risk and ensure residents' safety were not adequate. This was evidenced by the following findings:

- Residents were not appropriately safeguarded from the risk of abuse, and to ensure that safeguarding issues were identified and effectively managed.

- Not all staff were facilitated to attend training to ensure they had the necessary knowledge and skills to support and care for residents with responsive behaviours.
- Not all safeguarding incidents were reported and investigated according to the centre's policy.
- Effective oversight systems were not in place to ensure that safeguarding incidents were notified to the office of the Chief Inspector of Social Services according to the regulatory requirements.

Judgment: Not compliant

## Regulation 31: Notification of incidents

During the inspection, the inspector identified, on reviewing the documentation and nursing records, that notifiable alleged peer-to-peer safeguarding incidents had occurred; however, the office of the Chief Inspector of Social Services had not received the appropriate notifications. The provider was required to conduct a full review of all incidents and retrospectively submit these notifications.

Judgment: Not compliant

## Quality and safety

Overall, this inspection found that the provider aimed to provide a service to residents that fosters the FREDA principles (internationally recognised framework of five human rights concepts used in health and social care) of fairness, respect, equality, dignity, and autonomy and to ensure residents' safety and protection from harm and abuse. However, this inspection found that the service did not ensure residents were effectively safeguarded and that actions were necessary to ensure that responsive behaviours experienced by some residents, which impacted on their and other residents' safety and rights, were recognised, appropriately responded to and effectively managed. This finding did not provide assurances that the provider had taken all reasonable measures to protect residents from risk of harm and abuse.

The provider had measures in place to safeguard residents from abuse, but these measures had not ensured all residents were protected from instances of abuse. While the provider had ensured that all staff had attended safeguarding training and had a safeguarding policy in place to guide staff, these measures were not sufficient to ensure that responsive behaviours that had caused and continued to pose a risk of harm were managed in a way that protected residents, visitors and staff from harm. Furthermore, the provider had not ensured that all staff were facilitated to attend training on managing responsive behaviours. While records were being

maintained that detailed episodes of residents' responsive behaviours that were directed at other residents, these incidents were not being recognised, reported and managed as safeguarding risks and effective measures were not put in place to manage these risks. As a result, these safeguarding incidents occurred. The inspector's findings are discussed under Regulation 7: Managing behaviour that is challenging and Regulation 8: Protection.

Residents' communication needs were individually assessed, and where residents needed additional support, person-centred care plans were in place, which also considered their social care needs to ensure their participation and inclusion. Communication tools and equipment were made available to them that were tailored to their individual needs.

Residents' care needs were regularly assessed, and their care plans were mostly detailed with person-centred information that clearly informed their care and safety needs as they preferred. However, not all residents who were predisposed to experiencing responsive behaviours had sufficiently detailed behaviour support care plans developed to inform the triggers to their behaviours to inform staff regarding the supports residents needed to prevent their occurrence and, when they occurred, clear, effective person-centred strategies to de-escalate the behaviours.

Residents' records and their feedback to the inspector confirmed that residents had timely access to their general practitioners (GPs), specialist medical and nursing services, including psychiatry of older age, community palliative care and health and social care professionals as necessary.

Residents' quality of life in the centre was promoted with a meaningful and varied social activity programme, and additional staffing resources were made available to ensure the social needs of residents who did not attend the social activities facilitated in the sitting room were met.

It was evident that the provider had considered residents' safeguarding by ensuring the premises were suitable for the number of residents and their needs, and in accordance with the centre's statement of purpose. Each resident had a single-occupancy bedroom that met their needs and had full en-suite facilities. A variety of communal rooms and convenient communal facilities were available, including a safe and therapeutic outdoor garden. All areas of the residents' accommodation were accessible as the residents wished.

## Regulation 10: Communication difficulties

Each resident's communication needs were regularly assessed, and a person-centred care plan was developed to guide staff on the supports each resident needed to communicate effectively. Signage, assistive equipment, and tools were available to support residents in meeting their communication needs. Staff ensured that individual residents, including residents whose native language was not English, had person-centred communication tools developed for them and that assistive

communication equipment to support their needs was in use and kept within their easy reach to ensure their communication needs were effectively met at all times.

Judgment: Compliant

## Regulation 12: Personal possessions

Each resident was provided with adequate storage space for their belongings and could access and maintain control of their personal possessions and clothing in their wardrobes and in bedside lockers by their bedsides. Additional storage was provided for individual residents in their bedrooms to ensure they could store their possessions safely and as they wished.

Residents' clothing was laundered in the designated centre's laundry as necessary, and residents' clothing was returned to them without any reported delays.

Judgment: Compliant

## Regulation 26: Risk management

The provider ensured that a centre-specific risk management policy was available to staff; however, this policy did not adequately support staff in promoting residents' safety and safeguarding them from the risk of harm, as the information in the policy did not reference arrangements for identifying, recording, investigating, and learning from safeguarding incidents.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a number of residents' care documentation and found the following:

- Behavioural support care plans developed for residents experiencing responsive behaviours that impacted on other residents' safety and comfort were not sufficiently detailed to guide staff on managing these residents' behaviours. For example, the triggers to two residents' behaviours, although known, and the most effective person-centred de-escalation strategies were not adequately detailed in these residents' behaviour support care plans. Therefore, guidance was not available for staff to ensure these residents' dignity was preserved by supporting them to prevent the behaviours

occurring, and where they occurred, to effectively de-escalate these behaviours and to ensure their and other residents were appropriately safeguarded from harm.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

While the provider ensured that all staff attended up-to-date safeguarding training, two staff nurses, seven care staff and all cleaning staff had not attended dementia and behaviour support training. As there was a number of residents who experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and, were involved in incidents that impacted on other residents' safety, this finding did not ensure that all staff had the appropriate skills and knowledge to effectively safeguard residents and mitigate risk of harm to them.

Judgment: Not compliant

### Regulation 8: Protection

The provider did not take all reasonable measures to protect residents, as evidenced by the following findings:

- The inspector noted that several peer-to-peer safeguarding incidents were not recognised and managed as safeguarding incidents and were not appropriately reported and investigated in the centre.
- The measures and actions put in place to safeguard the residents involved in a number of peer-to-peer safeguarding incidents did not provide sufficient assurances that all reasonable precautions had been taken to prevent recurrence. For example, safeguarding plans were not developed to ensure risks to residents' safety were identified, managed and effectively mitigated.

Judgment: Not compliant

### Regulation 9: Residents' rights

Residents' rights were respected, and they were encouraged to make individual choices regarding their lives in the centre. Residents' privacy and dignity were

respected in their lived environment and by staff caring for them in the centre. Staff ensured that residents had the necessary information to inform their personal choices and positive risk taking.

Resident's social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings and to integrate with their local community.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were sought, with the support of their representatives. This feedback was valued and utilised by the service to enhance residents' experiences and improve their lived environment. Residents had access to televisions, telephones and newspapers and were informed about and supported to avail of advocacy services, in consultation with them and as they wished.

Judgment: Compliant

### Regulation 17: Premises

The provider ensured that the premises were appropriate to the number and needs of the residents and were in accordance with Schedule 6 of the regulations and in line with the centre's purpose.

The layout of the centre and the outdoor area promoted residents' rights, safety, positive risk-taking and quality of life.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Compliant

# Compliance Plan for Thomond Lodge Nursing Home OSV-0000109

Inspection ID: MON-0047210

Date of inspection: 22/08/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> <li>• A full-time, dedicated Activity Coordinator is in place, whose sole responsibility is the planning, coordination, and delivery of the activity programme.</li> </ul> <p>With the extra person rostered this will allow more focused attention on activities to enhance the residents' social engagement in activities without disruption.</p> <ul style="list-style-type: none"> <li>• The coordinator plans and delivers meaningful, person-centred activities program every day.</li> <li>• Each resident has a person-centred Recreational and Social Care plan, outlining choices about which activities they participate in and how they like to spend their time, promoting their independence and autonomy.</li> </ul> <p>. We are also introducing a new 8.30- 13.30 shift to provide supervision for staff in the communal areas and provide assistance to the activities co-ordinator in attending to residents, allowing an uninterrupted activities programme.</p> <ul style="list-style-type: none"> <li>• In addition to the existing 16:00hrs–22:00hrs shift, we are introducing a 17:00hrs–22:00hrs shift which will focuses on resident supervision, The staff member assigned to this role is responsible for ensuring the prompt response to call bells, and additional supervision to residents.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p>	

. We are also introducing a new 8.30- 13.30 shift to provide supervision of residents in the communal areas and provide assistance to residents.

- In addition to the existing 16:00hrs–22:00hrs shift, we are introducing a 17:00hrs–22:00hrs shift which will focus on resident supervision, The staff member assigned to this role is responsible for ensuring the prompt response to call bells, and additional supervision to residents.

. 2 Full days of in-house training in Safeguarding and Behaviours that Challenge to include residents' rights to positive risk taking and risk management have been scheduled for October and November to take in all staff. Additional training will be scheduled as required on an ongoing basis.

. Appraisals shall be carried out to assess staff's knowledge and understanding of safeguarding, positive risk taking, risk management and the appropriate skills and knowledge to effectively safeguard residents and mitigate risk of harm to them.

. This will be monitored by means of regular audits.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

. Management can assure the Chief Inspector that we are aware that under HIQA's statutory notification guidance (updated May 2025) that all incidents of alleged or confirmed abuse are notifiable under an NF06 notification and shall be reported to all relevant authorities in a timely manner.

. Nurses have access to the Hiqa portal for timely notification. Any incidents of alleged or confirmed abuse or behaviours that challenge are now discussed at daily handover and at management meetings. All staff are aware that along with documenting any safeguarding issues they must be communicated with management daily to ensure timely notification.

. All incidents of alleged or confirmed abuse shall be managed to ensure that residents are safeguarded at all times.

Management are ensuring that all staff are given access to training in Behaviours that Challenge with 2 full days of in-house training scheduled for October and November. Training requirements will be monitored and reviewed and further training scheduled as required on an ongoing basis.

. All notifications will be submitted in a timely manner and monitored, reviewed and investigated by management.

. This will be included in our audits programme quarterly and all learning outcomes will be shared with all staff and these will be discussed at management meetings. This information will also be included in our annual review.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

. Management can assure the Chief Inspector that we are aware that under HIQA's statutory notification guidance (updated May 2025) that all incidents of alleged or confirmed abuse are notifiable under an NF06 notification and shall be reported to all relevant authorities in a timely manner .

.Timely submissions of all notifications have been discussed with nursing staff. Management will ensure effective oversight of all notifications and incidents.

.A review of all incidents is being carried out and is being retrospectively notified to HIQA, The Safeguarding team and any other relevant authorities.

.All staff have been educated on the guidance on managing notifiable events in designated centres (updated May 2025)where an NF06 is required for all incidents of alleged or confirmed abuse of any resident.

They are aware that all incidents of alleged or confirmed abuse must be notified to relevant authorities within 2 working days. (HIQA, Safeguarding Team and Gardai where necessary).

Regulation 26: Risk management

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:

. Our risk management policy has been comprehensively reviewed and updated to include arrangements for identifying, recording, investigating and learning from safeguarding incidents. This will support staff in promoting resident's safety and safeguarding them from risk of harm.

. Safeguarding is a top priority and we are dedicated to continuously improving our policies to ensure the highest standard of care and protection to our residents.

. We acknowledge that safeguarding is one of the most important responsibilities in a designated centre and we protect our residents to live in a harm free environment whilst promoting their human rights and giving them choice over their own lives.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> <li>. Behaviour support care plans have been updated and reviewed to ensure they include clearly documented known behaviour triggers and personalised, effective de-escalation strategies to include adequate behaviour support care plans for residents who display behaviours that challenge to guide staff effectively and preserve the dignity and safety of residents and safety of staff and visitors.</li> <li>. Reviews will include input from multidisciplinary team members, including clinical, behavioural and care staff as well as family as appropriate.</li> <li>. We are committed to ensuring all care plans are living documents that provide clear, guidance for staff which support the dignity and well-being of our resident's and maintain a safe and respectful environment for all.</li> </ul>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> <li>• Resident records will now include: <ul style="list-style-type: none"> <li>- Detailed records of responsive behaviours and any associated risks to others.</li> <li>- Formal Safeguarding plans in place for all residents involved in Peer to Peer abuse (all parties involved in the incident of abuse)</li> </ul> </li> <li>. Comprehensive admission assessments are carried out on all residents prior to admission to clearly identify the needs of all residents and the centres ability to meet them at the point of admission.</li> <li>. Through time and cognitive decline behaviours can become challenged. These are constantly being observed and timely referrals to psychiatry of older life and other multi disciplinaries will be made.</li> <li>. We strive to ensure the increasing needs of all residents are met to ensure their safety.</li> <li>. When behaviours become too challenging for us to meet their needs a more suitable setting may be required and will be arranged with the input from ourselves, family and the multi-disciplinary team.</li> </ul> <p>Proactive strategies for managing and de escalating these behaviours shall be put in place for any incidents of alleged or confirmed abuse, however when these strategies are proving not effective, and the behaviours continue and escalate an assessment of</p>	

whether the centre can continue to meet the resident's needs will be made.

- Timely referrals to Psychiatry of Later Life when needed;
- The Action Plan will include the involvement of the MDT and the residents' family.
- Staff shall be provided with the appropriate skills and knowledge to effectively safeguard everybody, but also not impacting solely on the person exhibiting the behaviours that challenge through two full days of in-house training in Safeguarding and Behaviours that Challenge to include resident's rights to positive risk taking and risk management which have been scheduled for October and November to take in all staff. Additional training will be scheduled as required on an ongoing basis.

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- . Accidents and Incidents are reviewed daily and prompt and appropriate action will be taken when safeguarding issues are identified. –
- . Refer promptly to appropriate agencies when safeguarding concerns arise. –
- . Monitor and review needs regularly to ensure our care remains safe and effective. –
- . Early consultation with families when safeguarding issues arise.
- . This will include all incidents of concern, will be investigated relating to abuse or potential abuse.
- . All incidents will be used as a learning tool and performance will be measured by regular audits.
- . All concerns will be acted upon promptly and acted upon.
- . All staff will be appropriately trained in Behaviours that Challenge and Safeguarding. We have already completed one full day of Behaviours that Challenge and Safeguarding training in October with a second day scheduled for November and this will be ongoing to ensure all staff receive annual training.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	06/10/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/09/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	19/11/2025

Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	19/11/2025
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Substantially Compliant	Yellow	26/09/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	08/10/2025
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	26/09/2025
Regulation 7(1)	The person in charge shall	Not Compliant	Orange	19/11/2025

	ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	26/09/2025
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	19/11/2025