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:	Nazareth House, Dublin
Name of provider:	Nazareth Care Ireland
Address of centre:	Malahide Road, Clontarf, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	05 February 2026
Centre ID:	OSV-0000149
Fieldwork ID:	MON-0048390

About the designated centre

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

The Sisters of Nazareth opened Nazareth House Dublin as a nursing home in 1970, which was refurbished in 2018. The centre can accommodate 120 residents in single en suite bedrooms, to both male and female residents over the age of 18 years. There are two units on the ground floor called Brook Green 1 and 2 with both providing 15 bed spaces in each unit. The first floor contains 60 bed spaces with 30 provided in Gahan unit and 30 bed spaces provided in the Holy Family Unit. Larmenier unit on the second floor has 30 bed spaces available for use. Facilities available to residents include a chapel, hair salon, conference, meeting/training room and activity room.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	119

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 5 February 2026	06:40hrs to 15:30hrs	Sinead Lynch	Lead
Thursday 5 February 2026	06:40hrs to 15:30hrs	Aislinn Kenny	Support
Thursday 5 February 2026	06:40hrs to 15:30hrs	Geraldine Flannery	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were mostly content living in Nazareth House Nursing Home. Notwithstanding the overly positive feedback provided to inspectors from residents and relatives, inspectors observed gaps in respect of some practices and that further action was required in relation to management and oversight of premises, infection prevention and control as well as other findings which are discussed in more detail further in this report.

Three inspectors of social services carried out this unannounced inspection over one day to inform the registration renewal of the centre. The inspectors spoke in-depth with thirteen residents, seven visitors and staff to gain insight into the residents' experiences in the centre. Inspectors arrived to the centre early in the morning, spoke with staff on the night shift and observed the breakfast preparation and routine for residents in the centre.The inspectors also observed the environment, interactions between residents and staff, and reviewed various documentation throughout the day.

Nazareth House Nursing Home is situated in Dublin 3. Resident accommodation within the centre is set out over three floors. The centre is accessed through the ground-floor entrance lobby and includes a ground, first and second floor. There are two units, Brooke Green 1 and Brooke Green 2 on the ground floor. Gahan and Holy Family are located on the first floor and Larmenier unit on the second floor. Passenger lifts facilitate travel between the three floors. All residents were accommodated in single-occupancy bedrooms. Bedrooms were nicely laid out, and were personalised with treasured items from home, such as family photographs, artwork, bedding and ornaments. The bedrooms had a television, locked storage, and call-bell facilities.

Most residents were sleeping in their bedrooms when the inspectors arrived to the centre. Kitchen staff were observed preparing breakfast trays to deliver to residents later in the morning and inspectors observed a variety of breakfast items available for residents. Inspectors walked around the centre and observed a calm atmosphere on all units. However, inspectors also observed a number of high risk practices such as fire doors held open by chairs and in one instance, one fire door which would not close. Due to the associated risk, this was immediately brought to the attention of the provider and was addressed on the day. Inspectors also observed several instances where high risk areas were left unsecured as further described under Regulation 23: Governance and management.

Inspectors followed up on the compliance plans from the most recent inspection and acknowledged the positive changes, including the installation of new furniture in the hairdressing room. However, further improvement was required to meet the requirements of the regulations and will be discussed further in the report.

The centre was well laid out to meet the number and needs of the residents. There were a variety of communal and private areas available for residents including accessible outdoor spaces. However, inspectors observed a large activities room on the second floor being inappropriately used as a staff break room. This was a space dedicated for residents' use, as per the centre's registered statement of purpose. Residents had access to a shop at reception where snacks, drinks, ice-cream, cards and gifts were available to purchase. There was a coffee shop where residents and their families could enjoy a visit in a relaxed atmosphere. Both facilities were managed by volunteers.

During the walk-around, the inspectors observed inappropriate storage arrangements. Residents' equipment was being stored in numerous areas of the centre and did not provide a homely atmosphere for residents.

For example, there was a quiet corridor called Memory lane on the ground floor which was decorated with various old memorabilia including school desks, toys and various other items of interest. Inappropriate storage was observed including a large comfort chair and un-used bed in this area, which may pose a fall or trip risk to residents.

The maintenance and general up-keep of some areas required attention. There were signs of general wear and tear in the centre including chipped paint on walls and woodwork. The inspectors were informed about a painting schedule and saw evidence that same had commenced.

While the corridors and residents' bedrooms were cleaned to a good standard, there were other areas of the premises such as communal areas and the quiet rooms that were seen to be unclean. Live insects were observed in several areas of the centre, including the kitchenette on the ground floor. Staff working in that area told inspectors that they had previously observed the insects and had reported it to management. Management informed the inspectors that they had pest control in the centre previously to manage this, however inspectors were not assured that this action was sufficient to effectively address the issue.

Residents informed inspectors that they were happy with the food quality and the meal service was very good. They said that they got plenty to eat, lots of choice of food available and had access to food at all times. Residents were also able to choose where they wanted to eat, some preferred the dining room and others preferred to eat in their bedrooms. Adequate numbers of staff were available and observed offering encouragement and assistance to residents when required or requested.

Residents had access to local and national newspapers, televisions and radios in their bedrooms and in the communal areas. Information regarding advocacy services was displayed in the centre, and inspectors were informed that residents were supported to access this service if required. Mass was available daily in the chapel and residents spoken with said they were happy with that arrangement. Inspectors observed an arts and crafts class where residents were making cards and decorations for the upcoming Valentine's day party. The majority of residents

spoken with said they enjoyed the activity very much, however, one resident informed the inspectors that there were insufficient activities to cater for every resident's interest and capacities.

Visitors who spoke with inspectors all praised the care, services and staff that supported their relatives in the centre. None of the visitors spoken with expressed any concerns and were very complimentary about the service.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect 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, this inspection found that the management team were striving to improve practices and services, however, there was insufficient oversight in relation to the management of environment and gaps were identified in respect of policies and procedures, and records management as outlined below.

The registered provider is Nazareth Care Ireland. The registered provider is involved in the operation of a number of designated centres in Ireland. The person in charge was responsible for the management of the day-to-day operations of the centre and was supported in their role by an assistant director of nursing (ADON). Also in support was a team of staff nurses, health care assistants, activity, catering, household, administration and maintenance staff.

An application for registration renewal was submitted to the Chief Inspector of Social Services within the required time-frame and was being reviewed at the time of this inspection.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended). Inspectors also followed up on the compliance plan from the previous inspection. The provider had been proactive in completing the majority of issues identified on the previous inspection report, however, this inspection identified that regulatory compliance had not been achieved and significant action continued to be required in respect of premises, as detailed under Regulation 17.

There were sufficient staff on duty on the day of the inspection to support the needs of the residents. The staff were visible within the nursing home tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

The inspectors identified that residents' records were not always securely stored. There was a door with a key-pad on the second floor that was not locked. This contained residents' personal information which was easily accessible to residents and visitors.

The registered provider did not ensure that premises were used at all times in line with its conditions of registration, as spaces designated for residents' use were seen to be used by staff. This is further described under Regulation 23: Governance and management.

The provider had all policies and procedures in place. However, some of these policies had not been reviewed within the last three years and in some cases not updated in line with current guidance. This is discussed further under Regulation 4: Written policies and procedures.

Registration Regulation 4: Application for registration or renewal of registration

All documents required for renewal of registration were submitted in a timely manner and were under review at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspectors reviewed a sample of staff duty rotas and in conjunction with observation of practice and communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre.

Judgment: Compliant

Regulation 21: Records

Resident's records were found unsecured on the 2nd floor. The door to enter this room was not securely locked which meant that residents, staff and visitors had unrestricted access to these records.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in the centre were inconsistent and not effective at ensuring the service provided was safe, appropriate and effectively monitored. For example:

- Supervision of staff was not sufficient. Inspectors observed several high risk areas left open or unlocked by staff, potentially posing a safety risk to the residents. This included a sluice facility, a clinical treatment room and a clinical equipment room where items such as nebulisers, oxygen, alcohol gel and chemicals were stored. In addition, several fire doors were being held open with chairs which meant that they would not close automatically in the event of fire, and therefore would not protect the residents.
- Policies and procedures were not updated in accordance with the Regulations and not all policies were implemented in practice.
- The registered provider failed to abide by commitments given to the Chief inspector in respect of taking actions to ensure appropriate documentation is in place to support the safe transfer of residents to acute services.
- The management and oversight of premises and storage, required further review as this was a repeat finding from a previous inspection. In particular, a more proactive approach to responding to maintenance issues as they arose was required.
- The oversight of infection control practices required strengthening to ensure the risk of infection spread was mitigated.
- The system in place to ensure residents received their prescribed medication within the recommended time-frame was not implemented as discussed under Regulation 29: Medicines and pharmaceutical services.
- The registered provider did not ensure that facilities registered for residents' use were used at all times in line its statement of purpose and certificate of registration. For example, there was a large activities room on the 2nd floor which could not be used by residents as staff were using it as a break room.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The registered provider had agreed in writing with each resident, on admission the terms, including terms relating to the bedroom to be provided to the resident and the number of occupants of that bedroom.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose. However, it did not accurately reflect the findings on the day of inspection. For example, the activity room on the 2nd floor was being used as a staff break room.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had an accessible and effective procedure for dealing with complaints, which included a review process.

Residents were aware of how to make a complaint. There were signs around the centre indicating the complaints procedure.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had not reviewed all policies and procedures within three years and where necessary. For example;

- The safeguarding policy required review as it did not include the updated amendments to the regulations.
- The responsive behaviour policy had not been reviewed since 2022
- The policy on the management of residents' finances stated that staff are training in safeguarding annually. However, in practice safeguarding training occurred every three years.
- The infection prevention and control policy had not been updated since April 2023. This policy did not include up-to-date guidance to guide staff in practice.

Inspectors observed several instances where policies were not consistently implemented in practice. For example the fire safety policy, the medication management policy, the management of records including the temporary absence and discharge of residents.

Judgment: Not compliant

Quality and safety

Overall, residents told the inspectors that they were happy living there and they felt safe. However, action was required to ensure the ongoing quality and safety of the service was closely monitored, as outlined under the relevant regulations.

Care planning documentation was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission and ensured that resident's individual care and support needs were being identified and could be met. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. Inspectors noted that care plans appeared long and sometimes wordy, however care plan training had been recently initiated by the quality compliance manager and staff said they would hugely benefit from same.

Inspectors found that residents had good access to healthcare. They had their own general practitioner (GP) of choice, medical cover was available daily, and they had access to multi-disciplinary healthcare professionals as required.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place which largely reflected trigger factors for individual residents and de-escalation techniques. However for residents who had restraint in use, further improvement was required to ensure the use of restraint was aligned with national policy.

All reasonable measures were in place to protect residents from abuse. A review of training records indicated that the majority of staff were up-to-date with mandatory safeguarding training, with a small amount of staff who were due refreshers booked into upcoming dates. The inspectors reviewed a sample of staff files and all files reviewed showed that staff had obtained Garda vetting prior to commencing employment.

Overall, the premises was designed to meet the needs of residents and was appropriately laid out. However, areas of the centre were not being used in line with the registered statement of purpose. In addition, inappropriate storage practices were observed throughout the centre. These and further findings are discussed under Regulation 17: Premises.

While the provider had taken action to address the findings of the previous inspection of June 2025, there were further findings on this inspection relating to infection prevention and control. Significant improvement to infection control practices were required in the centre, which are set out under Regulation 27: Infection control.

The inspectors reviewed the mealtime experience for residents and saw that residents were appropriately served and there were sufficient staff available to assist residents who required assistance. Refreshments were provided throughout the day and a variety of snacks were available to residents also.

From a sample reviewed, inspectors found that the transfer document was at times used when residents were transferred to acute care. This is an important document which contains relevant information about a resident, including details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However, this was not in place for all residents and some residents had no evidence of the transfer document being sent. This was a repeat finding from the previous inspection.

The provider had ensured that medication management systems were in place. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. However, action was required in respect of timely administration of medications in one unit as further outlined under Regulation 29: Medicines and pharmaceutical services.

Regulation 17: Premises

The registered provider had not ensured that the premises was in accordance with the statement of purpose prepared under Regulation 3. For example:

- A room on the second floor which was designated as an activities room and for use by residents was in use as a staff break room. This meant that the room was not available to residents.
- Room 626 which was designated as a treatment room was seen being used to store wheelchairs.

Aspects of the premises were not in compliance with Schedule 6 of the regulations as follows:

Storage arrangements were not appropriate. For example:

- The assembly hall, a room for use by residents, was being used to store items such as fridges, residents' equipment, a hoist, floor buffer and bins.
- Memory Lane, which was an area that showcased reminiscence items such as signage, decorative items and old antiques to support residents living with dementia, also contained inappropriate storage of items such as a spare unmade bed, a recliner chair, numerous wires and boxes.
- A linen room was being used to store broken furniture and a power chair.

Premises were not clean and well-maintained in all areas:

- Some examples include: The door frame on room 719 was badly chipped and a cupboard door was off its hinges in a quiet room on the Gahan unit.
- Ceiling tiles were missing from room 664 with exposed concrete visible which did not support effective cleaning.
- Several areas in the centre were not clean to an appropriate standard, including the communal areas and quiet rooms. Additional detail is provided under Regulation 27: Infection control.

Judgment: Not compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water, refreshments and snacks throughout the day. Residents had a choice of menu at meal times and adequate quantities of nutritious food.There was adequate supervision and assistance at mealtimes.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where residents were temporarily absent from a designated centre, relevant information about the residents was not always provided to the receiving designated centre or hospital or held on the residents' file. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharging service, hospital and health and social care professionals. This was a repeat finding from the previous inspection.

Judgment: Not compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the regulatory requirements. Action was required to ensure that procedures consistent with the *National standards for infection prevention and control in community services (2018)* were implemented. For example:

- There was a lack of clinical hand-wash facilities available to staff and as a result staff were washing their hands in the residents' sink in their bedroom

or in the residents' bathrooms located on the corridors. This did not support effective infection prevention and control measures within the centre.
- During the walk around inspectors observed there was insect activity in a ground floor conference room and ground floor kitchenette area. This was brought to the attention of the person in charge and provider on the day. Management informed the inspectors that they had pest control in the centre previously to manage this, however inspectors were not assured that this action was sufficient to effectively address the issue.

Disparities between the findings of the most recent local infection prevention and control audit and the inspectors' observations on the day indicated that there were insufficient assurance mechanisms in place to provide assurance for example:

- Cleaning frequency and practices were not sufficient to ensure all areas of the centre were clean at all times. An activities room on the first floor was visibly unclean with used tissues and dirt observed on the floor. Cleaning records indicated it had been last cleaned on the 27th, however, no month was detailed on the record. A kitchenette beside the activities room on the second floor was being used by staff and was visibly unclean with dirt observed on the surfaces and in the fridge. A residents' bathroom on Holy Family unit which contained a bath was also visibly unclean with used wipes observed in the bath and a resident's hairbrush and hair care products left in the bathroom. Despite the cleaning checklists indicating this room was to be cleaned in the morning, this room had still not been cleaned by the afternoon.
- There was a breach in the integrity of the surfaces of some furniture in the TV room and quiet rooms which did not ensure they could be sufficiently cleaned.
- A number of water coolers were dirty and the drip trays had stale, stagnant water in them. Mould was observed in the drip tray in the assembly hall, posing a serious health and safety risk. This was brought to the attention of management on the day of inspection who said they would rectify it immediately.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Medication administration required review on Larmenier unit to ensure adherence to local policy and best practice guidelines:

- On the day of the inspection, the medication administration round continued for up-to two hours after the prescribed time. This meant that the

recommended time-frame within which medications must be administered in line with best evidence practice was not adhered to.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on inspection. They were personalised and contained detailed information specific to the individual needs of the residents. They were updated quarterly or sooner, if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 6: Health care

There was evidence of access to medical practitioners, through residents own GP and out-of-hours services when required. Systems were in place for residents to access other healthcare care professionals as required, including physiotherapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required to ensure that each resident experienced care that supports their physical, behavioural and psychological well being, as evidenced by;

- Residents who had restraint in use had an individualised risk assessment in place and a signed consent prior to restraint being used; however, there was no documented evidence that the risks of using that restraint had been explained to the resident or their representative prior to use.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from all forms of abuse. The provider was not a pension-agent for any resident living in the centre.
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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Nazareth House, Dublin OSV-0000149

Inspection ID: MON-0048390

Date of inspection: 05/02/2026

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Resident records are now stored securely and access is restricted to authorised staff only. • The PIC, ADON and CNMs complete a documented daily check that records rooms are locked and that no confidential information is left unsecured. • A weekly audit of resident's transfer letters, records security and file completeness will be completed for eight weeks and monthly thereafter. • Any gaps identified are corrected on the same day, discussed with the staff member concerned and re-audited for assurance.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Governance oversight has been strengthened through daily walk-rounds by the PIC, ADON and CNMs across all units. • A short governance checklist is completed each day to review high-risk rooms, fire doors, storage, resident space, IPC, medication rounds and general staff practice. • A weekly governance meeting reviews audit findings, incidents, pest control updates, maintenance issues, policy implementation and progress on all inspection actions. • All findings are entered onto a centre action tracker with a named lead, required action and target date; repeat issues are escalated to provider oversight. • Spot checks and supervision of CNMs and staff will continue so that management	

remain vigilant and can evidence sustained improvement.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
• The Statement of Purpose has been reviewed and is being updated so that the use of all rooms accurately reflects practice within the centre.
• All resident-designated areas have been returned to resident use and this will be maintained.
• The PIC will verify room usage through weekly environmental checks and quarterly governance review.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• All required Schedule 5 policies are under review to ensure they reflect current legislation, HIQA requirements and current national guidance.
• Priority policies include safeguarding, responsive behaviours, residents' finances, infection prevention and control, fire safety, medication management, records management and transfer/discharge documentation.
• Each updated policy will include version control, review date and clear accountability for implementation.
• Staff will be briefed on revised policies and signed acknowledgement records will be maintained.
• Implementation will be checked through spot checks, audit and supervision, with gaps addressed promptly.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: • A full environmental audit has been completed and a room-by-room premises action log is in place. • All resident space has been returned to its intended use and inappropriate storage has been removed from resident areas. • Maintenance issues identified on inspection have been logged, prioritised and allocated through the maintenance programme. • Weekly environmental checks by CNMs and monthly premises audits by the PIC/ADON/ Cleaning Supervisor will monitor cleanliness, storage, maintenance and correct room use.	
Regulation 25: Temporary absence or discharge of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: • A standard transfer form and checklist must accompany all residents transferred to hospital or another service. • The form includes relevant nursing, clinical, medication and infection prevention information. • CNM oversight has been introduced so that transfer documentation is reviewed where practicable before transfer, or checked retrospectively on the same shift following an emergency transfer. • A weekly audit of transfer documentation will be completed for eight weeks and monthly thereafter. • Learning from any omissions will be addressed with staff and shared at handover and governance meetings.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • An environmental audit has been completed and IPC oversight has been strengthened through revised cleaning schedules and increased management checks. • Cleaning records now reflect the date, time, signature and area cleaned; deficits are escalated on the same day. • The contracted pest control company is actively managing the ant issue and the area	

remains under constant surveillance.
• The source of the ant activity has been identified as external ingress associated with high levels of rainwater and is not attributable to poor cleanliness; however, enhanced cleaning, monitoring and external remedial actions remain in place until the issue is fully resolved.
• Damaged or hard-to-clean surfaces, water coolers, fridges and communal areas will continue to be reviewed through the maintenance and IPC action plans.
• Hand hygiene facilities are under review and interim controls remain in place pending completion of the identified improvements.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Medication administration practice has been reviewed to improve timely administration of medicines.
• The PIC/CNM/ADON will continue to observe medication rounds, review workflow and staff allocation and complete weekly medication audits for six weeks and monthly thereafter.
• Any variance identified will be discussed with the nurse concerned and followed up through support, supervision and further training where required.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
• Restrictive practice documentation is being audited to ensure the rationale, risk assessment, alternatives considered and consultation with the resident and/or representative are clearly recorded.
• A resident/relative information leaflet has been prepared to support informed discussion regarding restrictive practice/ bed rails and associated risks.
• A focused re-audit will be completed and findings discussed with the nursing team to ensure practice remains least restrictive and fully documented.

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Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/05/2026
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.	Not Compliant	Orange	31/05/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/03/2026

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 effectively monitored.	Not Compliant	Orange	30/04/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Not Compliant	Orange	31/03/2026
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	30/06/2026
Regulation 27(b)	The registered provider shall ensure guidance	Not Compliant	Orange	30/06/2026

	published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.			
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	31/03/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/03/2026
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	30/04/2026

Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2026
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/03/2026