



**Health  
Information  
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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:	Carysfort Nursing Home
Name of provider:	Ardancare Limited
Address of centre:	7 Arkendale Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	23 October 2025
Centre ID:	OSV-0000022
Fieldwork ID:	MON-0047932

## About the designated centre

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

Carysfort Nursing Home is located in Glenageary Co. Dublin. The designated centre is registered to provide accommodation for a maximum of 49 residents. The centre provides accommodation for both female and male residents aged 18 years and over. The centre provides 24 hour nursing care to short term convalescence/ transitional care, respite care, long term care and day care. Bedroom accommodation comprises 15 single, 10 twin, two three-bedded and two four-bedded bedrooms.

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

Number of residents on the date of inspection:	48
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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 23 October 2025	09:55hrs to 16:10hrs	Sharon Boyle	Lead
Wednesday 15 October 2025	10:45hrs to 19:15hrs	Niall Whelton	Support
Wednesday 15 October 2025	10:45hrs to 19:15hrs	Frank Barrett	Support
Thursday 23 October 2025	09:55hrs to 16:10hrs	Helen Lindsey	Support

## What residents told us and what inspectors observed

This inspection was carried out over two days, by four inspectors. The first day focused on premises and fire safety, while the second day focused on the care and welfare of residents.

Inspectors spoke with residents and families during both inspection days. The majority of feedback was positive, praising the homeliness of the centre, and the welcoming attitude of the staff. One resident said that they loved living in the centre, another described it as 'home from home'. One resident said they liked to have a lazy morning, and that was respected by the staff. Others spoke with preferred to stay in their room, but were comfortable and had access to television and radio if they wanted. Inspectors spoke with some of the visiting families, who expressed high levels of satisfaction at the service being provided. One gave examples of the improved health of their relative since moving in to the centre.

Overall residents reported that they were able to follow their preferred routines, and spend time where they choose. Residents were observed spending their time in the different areas during the day, including the two communal rooms on the ground floor, and also in their own bedrooms. However, inspectors were also told that the multiple floor levels in the centre posed difficulties to residents who required assistance with mobilising.

In the main communal room, staff were seen sitting with residents through the course of the morning, and engaging with table activities and chatting. Residents with a range of cognitive abilities were being supported. This included sensory activities, such as engaging with fidget blankets, designed to provide sensory stimulation. There was also music playing, with some of the residents enjoying a chat with other residents, sharing their memories of the singers and having a sing-along. Other residents were watching iPads with programmes about nature or history, and one told inspectors they found it fascinating. In the afternoon there was a larger group activity taking place. Overall, residents with a range of needs had access to activity and social engagement in line with their interests. Some residents chose to spend time in their rooms watching television and reading.

Staff were seen to engage positively with the residents, and families visiting also knew the staff team, who they said were very kind and helpful. Inspectors observed examples of positive communication approaches. For example, kneeling in front of residents sitting in the arm chairs, to ensure eye contact and asking short clear questions. Also, staff were observed supporting a resident to move around the centre, and knew to chat to them about their family to manage their anxiety while they were making their way to the sitting room.

Overall, the centre was well presented and had a homely environment. The front sitting room had comfortable furniture in keeping with the period style of the

building and contained interesting artwork, ornaments and crocheted blankets. However, aspects of the buildings layout limited some residents ability to move around independently. While there were foldaway ramps and chair lifts available for managing the changes in level, inspectors were told the ramps were not generally used.

The garden at the rear of the building was accessed over decking which required maintenance; there were loose boards and a trip hazard on the threshold between the path and deck. This impacted residents ability to move safely in the garden and presented concerns regarding a means of escape from the building in the event of a fire.

Residents were observed smoking without any supervision, and there was no access to call bell equipment. The designated smoking area was not being used by residents, and the location where they were smoking was not set up with fire prevention measures or extinguishers. There was a fire blanket nearby on the external wall, however, this would not be sufficient in the event of a residents clothes catching fire while smoking.

The next two sections of this report set out the findings of this inspection in relation to the governance and management arrangements in place in the designated centre, and how these arrangements impacted on the quality and safety of the services being delivered.

## Capacity and capability

Overall, inspectors found that there was a good management structure and governance systems in place, to ensure that the service provided to residents was appropriate and consistent. Nonetheless, some improvements were required with regard to residents' rights and the oversight of fire precautions and the premises to ensure the systems in place were effectively monitored.

This was a two day unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the compliance plan from the previous inspection, and information received by the Chief Inspector since the last inspection in December 2024.

Previous findings relating to the premises identified issues with privacy, layout and the configuration of multi-occupancy rooms; the inspectors saw that the provider had taken action and some improvements were made, however further issues were identified which are discussed under Regulation 17. An immediate action was issued to the provider to address a risk to the safety of residents. Within a twin bedroom, a water leak had caused damp areas and a build-up of mould on the wall in one corner of the room. The provider responded immediately and contractors were

brought into the centre during the inspection to clean and seal the wall, until such time as the root cause of the water ingress could be established.

Ardancare Limited is the registered provider for Carysfort Nursing Home. There are four company directors, with two of these directors actively involved in the management of the designated centre and who were present during this inspection. The person in charge works full-time in the centre and is supported in their role by an assistant director of nursing, a clinical nurse manager, staff nurses, health care assistants, activity staff, administrators, a physiotherapist, maintenance, kitchen, domestic and laundry staff. Inspectors were told there were no staff vacancies on the day of the inspection.

On the day of inspection, staffing levels were sufficient to ensure that residents' needs were met in a timely manner. When call bells rang, staff were seen to respond to residents without delay and there was a calm and unhurried atmosphere throughout the centre. Staff were observed on several occasions offering residents the opportunity to participate in activities or accompanying them to move to different parts of the centre. Staff interactions with residents were warm and well informed, with it being evident that staff had a good knowledge of residents, their personalities and interests.

The centre had an annual review with a corresponding quality improvement plan in place that highlighted the need for greater involvement of residents and relatives in audits and care planning. The inspectors reviewed the records of a number of governance and quality and safety meetings where actions to address non-compliance from previous inspections were discussed. There were records of staff and management meetings which evidenced good communication and governance in the centre.

Inspectors reviewed four contracts of care and they contained information on the services to be provided and the funding arrangements in place for the resident. The room number and occupancy of the room was also correctly identified in the contracts, and all had been appropriately signed.

Inspectors reviewed the management of fire risk to residents at the centre during day one of this inspection. Inspectors found that while the provider had implemented previous recommendations made by the local fire authority and completed remedial works to comply with the local authority requirements, a number of the systems put in place were not sustained. Consequently, aspects of management oversight, including the auditing and servicing of essential fire safety systems, had not been consistently maintained, which resulted in an increased risk to residents. A fire safety risk assessment had been completed previously, it had not been updated to reflect any continuing failings, or confirm the current level of risk. Fire safety is discussed in detail in the quality and safety section and under regulation 28: Fire Precautions, and the management of fire risk is discussed under Regulation 23: Governance and Management

Overall the premises were clean and well presented and day-to-day maintenance was being managed well. However, the inspectors identified two significant issues

with the premises which presented as a risk to resident safety relating to a bedroom wall with mould and damp and the condition of the outside decking. These are discussed further under Regulation 17: premises

### Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, including at meal times.

A review of rosters showed there was a nurse on duty at all times, and a range of other staff to support the day to day running of the centre, for example healthcare assistants, activity coordinators and housekeeping staff. The skill mix of staff was appropriate to the size of the centre and the number of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a suite of training and records showed a high level of compliance with training relevant to their roles. Staff were appropriately supervised and staff who spoke with the inspectors knew where to find the relevant standards and regulations.

Judgment: Compliant

### Regulation 23: Governance and management

While there was improved compliance with the regulations overall, examples were seen where the management and oversight systems in place were not fully effective. This was evidenced by the following findings;

- Management systems including servicing of essential systems, and regular auditing were not robust enough to identify fire safety risk present at the centre
- The provider failed to sustain adequate operational oversight of residual fire safety risks as described under Regulation 28: Fire precautions.
- The systems in place for maintenance of the premises did not identify risks that had emerged and these are described under Regulation 17: Premises

A number of these issues had been identified in previous inspections.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

The contracts of care reviewed correctly identified the room number, room occupancy, and funding in place.

Judgment: Compliant

### Regulation 31: Notification of incidents

The Office of the Chief Inspector had been notified of incidents set out in paragraphs 7 (1)(a) to (i) of Schedule 4 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed in a prominent location in the centre. The procedure provided for a complaints officer and a review officer. A sample of complaints were reviewed by the inspectors and were found to have been managed in accordance with the centre's policy.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that residents living in Carysfort Nursing Home were supported to enjoy a good quality of life by a team of dedicated staff who knew the residents well. Feedback from visitors and most residents were positive about the service they received.

Residents were observed taking part in activities during the inspection. While there was a weekly activities schedule in place the activities staff told inspectors that the residents usually guide the schedule and the activity staff try to accommodate them

on the day. There were various activities taking place to accommodate the residents' interests and capabilities and staff were seen to be engaging with residents.

There was access to food and drink for residents, including main meals and snacks through the day and evening. Inspectors observed lunch on the second day of inspection, and saw there were two sittings, with those who required additional support being served first. Staff sat with residents to provide support with eating and drinking, they chatted and supported the residents to drink and eat with specialist equipment where required. Some residents choose to eat in the upstairs dining room, and others chose to eat in their bedrooms. The menu was displayed in the main communal rooms, with two options available. Most residents who spoke with inspectors were satisfied with the food available in the centre, with several commenting they enjoyed the deserts so much, they liked to get second portions.

There were sufficient supplies of food available in the centre, with arrangements in place for the delivery of fresh produce on a regular basis. For those who required specialist or modified diets, there were clear records for the staff working in the kitchen.

With the upcoming presidential election, residents spoke with inspectors about how they had been watching media on the subject, and had been able to vote in the centre, prior to the inspection. Other residents were planning to go out to vote in the local community. Residents also had access to independent advocacy services with some residents having availed of these services in the past. Information about independent advocacy services was displayed in a number of prominent locations throughout the centre.

Staff demonstrated a good knowledge of residents' assessed needs. Care plan documentation reviewed was found to be person-centred and suitably detailed to guide staff in providing good quality, safe care aligned to residents' needs and preferences. The inspectors reviewed a variety of assessments and care plans including mobility, social and recreational, wound care and basic care plans. Care plans were updated every four months or when the residents care needs changed. Comprehensive pre-admission assessments were completed. There was evidence that residents had access to medical care and treatment such as GP, physiotherapy, ophthalmology services and a tissue viability nurse (TVN).

Inspectors found that there were appropriate measures in place to safeguard residents from abuse. Staff had completed safeguarding training. There was a safeguarding policy in place, and while this had not been updated following the changes to the regulations in March 2025, the person in charge updated it immediately when this was highlighted to them on the day of the inspection.

The measures in place to protect residents from the risk of fire required review. Significant fire risk was identified on this inspection, which had been previously addressed by the provider, but had not been maintained. The nature of the building and the age of various sections of it, meant that the electrical system had been modified at different stages, however, there was no available assessment of the electrical system to ensure that all safety devices were operational or that, for

example, no overheating of wiring was occurring. The centre was equipped with a fire detection and alarm system and an emergency lighting system, however, while quarterly service checks were being carried out, the more extensive annual certification was not in place. Issues were also noted with escape routes, as some of the external routes did not allow for easy movement away from the building to the assembly point in the event of a fire.

Means of escape were also hampered internally, as some multi-occupancy rooms had beds in close proximity to each other which would make movement restricted in the case of an evacuation. Some areas of the centre had narrow stairways, which would not facilitate evacuation aids. These areas were being used by residents that were independently mobile, however, there was no system in place to relocate any of these residents should their mobility decrease to a point where evacuation aids or mattress evacuation were required. One escape route required evacuees to travel through an area of high fire risk, the laundry room. The route through this area posed difficulties for any resident using mobility aids. These and other fire safety issues are detailed under Regulation 28: Fire Precautions

The premises comprised a large three storey period building and a small bungalow to the front, with a staff bedroom. Access between floors was via stairs with a chair lift for residents with reduced mobility. The ground and first floor were split level and residents who were immobile required assistance where the levels changed. The main day space was at ground floor with doors leading to the gardens. The threshold at these doors meant that residents using mobility equipment required assistance to go outside. The main entrance was stepped and there was a rollout ramp available, however it was reported to the inspectors that residents use the door through another residents bedroom, both impacting accessibility into and out of the building and the privacy of the residents bedroom they circulate through.

Externally, the provider had made improvements to some pathways with the provision of resin type paths, however some were still found to require improvements to improve circulation and means of escape.

## Regulation 12: Personal possessions

Residents bedrooms were generally personalised with their own belongings, including photographs and pictures. There was also a lockable space for residents to store valuable items.

In shared bedrooms residents had storage space for their belongings. Some wardrobes with three sections were shared between two residents, with each section being clearly marked who it was used by. Some sets of drawers were shared between residents, but each drawer was clearly labelled for each resident. This action had been completed following the previous inspection.

Judgment: Compliant

### Regulation 17: Premises

An immediate action was required by the provider to address a build-up of mould on the wall in one twin room. The provider addressed the issue immediately; the mould was removed and the wall sealed on the day. The provider committed to having the issue reviewed to locate the source of the leak.

Having regard to the needs of residents, improvements were required by the provider to ensure the premises complied with the requirements of Schedule 6 of the regulations, for example:

- Notwithstanding improvements previously made, further improvements were required in some multi-occupancy bedrooms to maximise the usable and private space for each resident, for example the private space for each resident in room 6 was not adequate. The inspectors noted that if the privacy curtains were reconfigured, the private space for each resident would be increased.
- Within a four bedded room at ground floor level, access to a bedroom sink was restricted by the tight space between the bed and the wall
- The call bells in the smoking areas did not work when pressed
- The decking area, used as a smoking area, had damaged boards and created a risk of residents falling or of a lit cigarette falling into the gap and starting a fire on the dry debris
- There was no record to show the boiler was serviced, nor was there a record to show that the chair lift was serviced twice yearly
- The sitting room in the bungalow did not have a call bell to summon assistance if required
- Some equipment was seen to be rusted, including two seat risers and a grab rail in the assisted toilet
- The grab rail within a shared toilet was not secured to the wall, and came loose when checked
- The flooring in room 5 was damaged and required repair
- Toilets and bathrooms in some areas require review to ensure they are accessible and suitable for the residents intended to use them

Judgment: Not compliant

### Regulation 28: Fire precautions

Significant improvements were required of the registered provider to ensure the protection of residents at the centre from the risk of fire. For example:

The registered provider was required to take adequate precautions against the risk of fire and to provide suitable fire fighting equipment. For example:

- There was no gas detection system located in the laundry area where the machines used gas as a fuel
- Residents were observed smoking without any supervision in an area that was not set up with fire prevention measures or extinguishers, and without access to call bell equipment
- There was no up-to-date certification available for the electrical system at the centre.

The registered provider did not provide adequate means of escape, including emergency lighting, for example:

- Escape routes in some areas of the centre were not adequate for use by residents with mobility aids in the event of a fire
- The rear escape route went through the smoking area and through a wooden structure which had a wooden floor which was in poor structural condition. This route would not be usable in the event of a fire and evacuation
- For one multi occupancy room, there was insufficient space on the external stairs to facilitate external vertical evacuation as the opened bedroom door blocked the oncoming walkway
- There was no annual certification available to provide assurance that the emergency lighting system was in full working order.

The registered provider did not ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of a fire. For example:

- Fire drills practiced did not include evacuations of the highest risk areas of the centre including the areas with the most amount of residents in the largest compartment. In addition drills did not practice vertical evacuation using the available stairs including external escape stairs and it was not clear that the internal stairs would facilitate mattress evacuation
- Drills were not reflective of the assessed needs of all residents within each compartment and did not indicate proficiency by staff in the use of evacuation aids in place at the centre
- Staff were unsure of the procedure to take in the event of a wheelchair user evacuation. While there were Personal emergency evacuation plans (PEEPs) in place, staff understanding of whether or not to use a ski-sheet for some residents was not clear.

The registered provider did not make adequate arrangements for detecting and containing fires. For example:

- There was inadequate fire detection present in a building adjoining the main house which had resident space as well as a kitchen and office space

- A plant room on the first floor was housed within a multi-occupancy room. Works to separate this area from the room were not carried out using appropriate fire rated construction
- A sample of fire doors reviewed during this inspection identified that many doors were not providing the required fire rating to protect the escape route and contain fires. Issues included large gapping around doors, non fire-rated hinges and handles, door frames which were not appropriately fire sealed, and smoke seals which were ineffective or damaged.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Pre-admission to the centre, residents' health and social care needs were assessed. Comprehensive assessments were completed on admission to the centre and personalised care plans were developed within 48 hours of admission in line with the assessments. There was evidence that care plans were reviewed no later than four monthly intervals, or more frequently where required in response to changes in needs.

Judgment: Compliant

### Regulation 6: Health care

Records showed that residents received a good standard of evidence-based nursing care. Residents had timely access to a General Practitioner, and there was evidence of regular reviews. Residents were also supported with referral pathways and access to allied health and social care professionals such as a dietitian and TVN as required. A physiotherapist attended the centre one day each week.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. All staff had up to date training in safeguarding vulnerable adults. Where an allegation of abuse had been made, the person in charge had carried out an investigation. Outcomes and learning of investigations were communicated to staff and implemented into practice to help mitigate future risks.

Judgment: Compliant

## Regulation 9: Residents' rights

There were a range of opportunities for residents to engage socially and with activities in the centre.

Some reconfiguration of bedrooms had taken place, however the inspectors identified areas for further improvement. For example, within bedroom 06, the space within the privacy curtain was limited for both beds. It was observed that if the curtain was re-configured, there was potential for each bed space to have an increased area behind the curtain to benefit both residents.

In some twin bedrooms, the layout of the room meant that if special mobility equipment were required, it would be difficult to maintain residents privacy. One bedroom for example the privacy curtain was in close proximity to the bed, leaving little space for personal activities to be carried out in private. Furthermore, it was observed in a twin room that there inadequate space within the residents private area to fit a chair if they wish to sit in private.

Toilet facilities compromised residents privacy. The shared toilet for nine residents at ground floor did not have a door lock. There was also a toilet room which was small and inspectors observed a resident having difficulty closing the door as their mobility aid could not fit.

Judgment: Not 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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Carysfort Nursing Home OSV-000022

Inspection ID: MON-0047932

Date of inspection: 23/10/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Following the inspection, the Registered Provider conducted a review of its management systems to address the non-compliances identified and put in place the following measures to be actioned in a timebound manner: - weekly and monthly fire risk audits incorporating all HIQA findings have already commenced, the fire risk assessment has been updated, a new Fire Safety Register has been established, this register includes checklists for service records, certificates, staff training records, and premises inspection logs. These management systems will ensure ongoing oversight, governance and timely identification of risks, and sustained compliance.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The mould identified by the inspectors on the day of the inspection on the wall of a twin room in the Centre has been fully addressed by the Registered Provider. The steps taken to achieve this involved the removal of the mould, the sourcing of the leak and the necessary repairs were carried out, and the wall has been replastered and repainted. In relation to the multi-occupancy rooms in the Centre, the compliance issues identified on the day of inspection – the following actions are being carried in a timebound manner: the Provider is currently reconfiguring privacy curtains in three bedrooms to increase the private space available to residents. In addition, the sink in one four bedded ground floor room in the Centre has been relocated, creating additional usable space for</p>	

the resident.

The boards identified as being damaged on the decking area have been replaced, and the patio canopy has been relocated to a more suitable area. Chair lift service records were submitted to HIQA as agreed on 3 November 2025.

Following the inspection, two additional call bells connected to the main panel were installed in the sitting room and conservatory of the bungalow by the Registered Provider. Two seat risers bearing rust and a grab rail in the assisted toilet have been replaced, as identified by the inspectors during the inspection, and the loose grab rail in the shared toilet has also been replaced.

Following the inspection, the Registered Provider ensured that the flooring in Room 5 in the Centre has been fully replaced with wooden flooring. All toilets and bathrooms have been reviewed to ensure accessibility and suitability for residents' needs. The roll out ramp is in use at the front entrance.

Written permission has been obtained from residents occupying rooms with emergency exits to allow the use of these rooms in an emergency.

Additionally, the Registered Provider has taken additional steps to put works in place to ensure compliant footpaths in the grounds of the Centre to meet resident's needs and the hedges have been trimmed and cut.

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Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Following the inspection and fire safety matters raised during the inspection by the inspector, the Provider engaged with its external fire consultant to ensure that a programme of remedial and improvement works would be carried out in the Centre with a view to addressing the issues identified and providing the written fire safety certification necessary to HIQA in a time bound manner. The programme of works include: The Provider has already arranged for the required shut off switch to be installed in the laundry, with a second shut off switch located beneath the main staircase in the Centre, a gas detection system linked to the main fire system will be installed in the laundry and under the main staircase in the Centre, as advised. Supervised smoking arrangements have been reinstated in the Centre, new call bells have been installed in the smoking areas and are connected to the main panel, the Provider has taken steps to ensure that safe disposal units are available in the Centre, the fire blankets have been replaced with larger, more suitable units, a fire extinguisher is provided in the smoking area in the Centre, as advised. A full PAT electrical safety check will be completed by a qualified electrician, and certification will be maintained annually. The escape route from the ground floor room has been concreted, and the damaged boards in the smoking area have been replaced, staff have completed vertical evacuation training in the first floor multi occupancy room and room 5, emergency lighting certificates were submitted to HIQA on 19 November 2025, as discussed during the feedback meeting post inspection, fire training sessions took place on 8 May 2025, 25 September 2025, 23 October 2025,

and 5 February 2026, with a focus on vertical evacuation and evacuations of high risk areas and larger compartments, and they are on-going, PEEPs have been reassessed, and staff are fully aware of the updated plans, the Provider has taken steps to put in place an L1 fire detection system in building 2 of the Centre under on-going external fire consultant supervision, works to the plant room on the first floor have been completed in line with the required fire-rated standard under external fire consultant supervision, the Provider has ensured the engagement of a qualified external fire consultant will conduct a fire safety risk assessment of both buildings with a particular emphasis on fire doors, escape routes and plant room, and the Provider is committed to the full implementation of all recommendations and advices from the external fire safety consultant. All pathways have been concreted, and hedges have been cut back to improve access.

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Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following the inspection, the Provider has put in place actions to ensure that privacy curtains will be reconfigured to provide increased private space for residents. Two new locks have been installed on the shared ground floor bathroom in the Centre. The door to the toilet room as identified by inspectors during the inspection will be rehung to create additional space and allow easier access for residents using mobility aids.

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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	31/03/2026
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	31/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Not Compliant	Orange	30/04/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/05/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/05/2026
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the	Not Compliant	Orange	31/05/2026

	procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/03/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/03/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake	Not Compliant	Orange	31/03/2026

	personal activities in private.			
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