



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

Issued by the Chief Inspector

Name of designated centre:	Gowran Abbey Nursing Home
Name of provider:	Gowran Abbey Nursing Home Limited
Address of centre:	Gowran Abbey Nursing Home Limited, Abbey Court, Gowran, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	05 November 2025
Centre ID:	OSV-0000232
Fieldwork ID:	MON-0047943

About the designated centre

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

Gowran Abbey Nursing Home is a purpose-built single-storey building that first opened in 2007. It consists of 51 single ensuite bedrooms. The provider is Gowran Abbey Nursing Home Limited. The centre is located on the outskirts of Gowran village, Co Kilkenny situated in a quiet cul-de-sac among 10 retirement houses for independent living. The location is convenient for access to the GP surgery, pharmacy, post office and shop. The centre provides care and support for both female and male adult residents usually aged 50 years and over requiring long-term care with low, medium, high and maximum dependency levels. Persons under the age of 50 years may be accommodated following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual, and that there is no adverse impact on them or other residents. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess a potential resident's needs to ensure the centre can cater for each individuals' needs. The centre currently employs approximately 64 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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
Wednesday 5 November 2025	10:00hrs to 18:50hrs	Aisling Coffey	Lead
Wednesday 5 November 2025	10:00hrs to 18:50hrs	Niall Whelton	Support

What residents told us and what inspectors observed

The consistent feedback from all residents who spoke with the inspectors was that they greatly liked living in Gowran Abbey Nursing Home. The residents spoken with were highly complimentary of the centre, and the care received, with one resident describing how "they look after us so well" and another telling the inspectors "they're very good to us here". Other residents described how happy they were living in the centre. When it came to the staff that cared for them, residents told the inspectors about the "good team spirit" among the staff, while another resident commented, "if there is anything I need, they get it for me". Residents were highly complimentary of the food quality, quantity and variety provided. Residents also reported high satisfaction levels with the activities and entertainment programme on offer. Visitors spoken with were similarly complimentary of the care received by their loved ones, the communication with them as a family, and the confidence it gave them that their loved ones were being well cared for. The inspectors found that staff and management were knowledgeable about residents' needs, and that they promoted and respected residents' rights and choices. The inspectors observed numerous compassionate, warm, dignified, and respectful interactions between residents and staff throughout the day of the inspection.

Two inspectors of social services conducted this unannounced inspection over one day. During the inspection, the inspectors chatted with many residents and had the opportunity to speak in more detail to six residents and two visitors to gain insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

The centre is a large single-storey premises in a quiet cul-de-sac in Gowran, County Kilkenny. Upon entering the centre, the entrance foyer and waiting area were attractive and welcoming, with comfortable furnishings, decorative features, and information on available services. Elsewhere, the centre was pleasantly decorated throughout, with paintings and photographs of residents and staff enjoying group activities displayed.

The centre was in the process of redecoration on the day of inspection, with painting observed in residents' bedrooms. The provider was also upgrading the dining room flooring. The dining room was not in use on the inspection day to facilitate these works, with meals served in the living room instead. Activities took place in the foyer and general purpose room adjacent to the reception area. Records reviewed found the provider had engaged with residents in advance of these works being undertaken.

The centre's design and layout supported residents' movement throughout the centre, with wide corridors and sufficient handrails to accommodate those using mobility aids. There were multiple communal areas available for residents to use,

including the living room and adjoining dining room, a multipurpose room used for activities, a prayer room, and a quiet room. There was also a rest area outside bedroom 28, with comfortable seating for residents. This area was also seen to be used by residents and visitors on the inspection day.

As the provider had submitted an application to vary condition one of the centre's certificate of registration to change the function of three rooms, these proposed changes were reviewed by the inspectors. A toilet facility had changed function to a sluice room. While the provider had proposed changing an office to a bathroom and a bathroom to an equipment store, neither change was observed. Instead, the provider reinstalled the assisted bath in its original location, adjacent to the prayer room and continued to use the office as an office facility. These matters are discussed under Regulation 17: Premises.

There was an on-site laundry service that laundered residents' personal clothing. This area was seen to be clean and tidy, and its layout facilitated the functional separation of the clean and dirty phases of the laundering process. All residents and visitors spoken with were satisfied with the laundry service provided.

Bedroom accommodation comprised 51 single bedrooms with en-suite shower, toilet, and wash-hand basin facilities. The temperature within each bedroom was thermostatically controlled. Bedrooms had comfortable seating and were personalised with family photographs and items from home, such as paintings, bedding and ornaments. Bedrooms had a television, locked storage, and call bell facilities. Residents whom the inspectors spoke with were pleased with their bedrooms and personal space.

The centre's two internal courtyard gardens were clean, tidy, and pleasantly decorated. These courtyard areas had comfortable seating, garden decorations, raised flower beds, potted plants and flowers. These areas were not in use on the inspection day due to cold weather. These courtyard areas required a ramp to facilitate access for residents using mobility aids or wheelchairs. The provider had a ramp available and demonstrated its use to the inspectors. Externally, the centre's grounds were also clean, tidy and well-maintained.

On the morning of the inspection, residents were up and dressed in their preferred attire, appearing well cared for. The hairdresser was present, and residents proudly displayed their new hairstyles. The centre had an activities programme which took place over seven days. On inspection day, the foyer and general purpose room were a hive of activity, with singing and laughter heard throughout the day. A varied programme of activities took place, including a sing-along, a rosary in the oratory, nail care, a newspaper discussion, charades, and proverbs. Roman Catholic Mass was also celebrated in the centre in the afternoon. Several residents relaxed in their bedrooms according to their preferences. These residents were seen watching television, listening to the radio, reading newspapers and books, or using the centre's internet services. All residents who spoke to the inspectors expressed high praise for the activities programme and entertainment available.

Visitors were observed coming and going throughout the day, spending time with their loved ones in the multiple comfortable communal areas. Residents and visitors confirmed there were no restrictions on visiting.

Lunchtime at 12:30pm was a sociable experience, with 35 residents eating in the living room. Meals were freshly prepared in the centre's onsite kitchen and were freshly plated for residents by the chef from a bain-marie. Residents were offered a choice of two main courses: roast pork and apple sauce, or a homemade beef burger in gravy and onion. There were also a number of dessert options available after the main meals. The inspectors observed that sauces were served separately and provided to residents according to their preferences. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes, and further drinks accompanied by snacks throughout the day. Each bedroom was seen to have jugs of fresh drinking water available for residents. Staff provided discreet, respectful dining assistance to residents who required it. Residents spoke positively to the inspectors about food quality, quantity and variety and stated they were also pleased with the timing of meals.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was a well-run centre with strong management systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing quality services to residents and promoting their well-being.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan from the previous inspection of 10 October 2024. The inspection also informed the provider's application to vary condition one of the centre's registration.

The registered provider progressed with the compliance plan, and improvements were identified in many areas, including fire precautions and governance and management. Following this inspection, further actions were required concerning managing behaviour that is challenging, notification of incidents and fire precautions as set out in this report.

Gowran Abbey Nursing Home is a privately owned nursing home. The registered provider is Gowran Abbey Nursing Home Limited. At the time of inspection, there

were four directors in this company, one of whom represented the provider for regulatory matters and visited on the day of inspection.

Since the inspection on 10 October 2024, there have been changes in the centre's governance and management, including the appointment of a general operations manager and a change in the person in charge. The former person in charge had been appointed as the general operations manager and a person participating in the management. This is a senior manager who supports the person in charge in their operational management and clinical oversight of the centre. This person participating in management was present throughout the inspection day and at the feedback. The former assistant director of nursing had been appointed as the person in charge.

There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge was responsible for the centre's day-to-day operations and reports to the general operations manager, who in turn reports to the board of directors. The person in charge worked full-time at the centre and was supported by two clinical nurse managers, a team of nursing and healthcare assistants, an activity coordinator, chefs, catering, housekeeping, laundry, maintenance, and administration staff. The clinical nurse managers deputise for the person in charge in their absence.

The registered provider had systems in place to monitor the quality and safety of care. There was documentary evidence of the communication systems in place between the registered provider and management within the centre. Minutes of governance meetings were reviewed. These meetings discussed key aspects of care provision for residents, including staffing, facilities, fire safety, incidents, and clinical care. Within the centre, there was evidence of regular staff meetings focusing on key aspects of quality and safety, such as health and safety and infection control. The person in charge also prepared a monthly key performance indicator report for the provider, detailing key clinical matters within the centre, such as falls and pressure ulcers.

The provider had systems to oversee accidents and incidents within the centre. A risk register was used to monitor and manage known risks. There was regular auditing across multiple areas, including falls, wound care, antibiotic use, hand hygiene, nutrition, and care plans. Notwithstanding this good practice, this inspection found that some areas of oversight required improvement to ensure regulatory compliance. This will be discussed under Regulation 23: Governance and management and Regulation 31: Notification of incidents.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspectors saw evidence of the consultation with residents and families reflected in the review. Within this review, the registered provider had also identified areas requiring quality improvement.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition one of the centre's certificate of registration was received by the Chief Inspector.

The provider's proposed variations involved the change of function of three rooms as follows:

- a toilet facility to a sluice room.
- an office to an assisted bathroom, with an assisted bath.
- the assisted bathroom, which previously contained an assisted bath, to a hoist and manual handling equipment storage area.

The application was complete, contained all required information, and, at the time of the inspection, was under review.

This inspection informed the provider's application to vary condition one of the centre's registration, and the provider's proposed changes were reviewed by the inspectors. A toilet facility was observed to have been converted into a sluice room. While the provider had proposed changing an office to a bathroom and a bathroom to an equipment store, neither change was observed. Instead, the provider had reinstalled the assisted bath in its original location, adjacent to the prayer room and continued to use the office as an office facility. Additionally, there were a small number of inaccuracies on the floor plans submitted with the provider's application to vary condition one of the centre's certificate of registration. These matters are discussed under Regulation 17: Premises.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. They are an experienced registered nurse with previous management experience and post-registration management qualifications. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters and on speaking with residents, it was evident that there was sufficient staff with an appropriate skill mix

on duty each day to meet the residents' assessed needs. Two registered nurses worked in the centre at night.

Judgment: Compliant

Regulation 19: Directory of residents

The provider established and maintained an electronic and paper-based directory of residents in the designated centre. This directory recorded information required under Schedule 3 of the regulations, including the resident's admission date and contact details for the next of kin and the general practitioner.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required some strengthening, as they were not fully effective in identifying risks and driving quality improvement in areas such as fire precautions, notification of incidents, and the use of restraint, as outlined in the report.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider had not notified the Chief Inspector of all occasions where restrictive practices were used in the designated centre. The provider had not notified the Chief Inspector of occasions when half bed rails, which the residents could not easily remove, were used, nor of the number of residents affected.

Judgment: Not compliant

Quality and safety

The inspectors observed kind and compassionate staff treating residents with dignity and respect. Residents' rights were upheld in the centre. The premises were well maintained internally and externally and provided a pleasant, comfortable living environment for residents. Individual assessment, care planning and healthcare were provided to a high standard. Residents received food and nutrition in line with their dietary needs. Medication administration practices were person-centred and aligned with best practice. Notwithstanding these very positive aspects, some improvements were required as outlined in the report.

There was an emphasis on promoting a restraint-free environment and person-centred care. Residents were seen strolling the premises without restriction. The inspectors found that residents predisposed to episodes of responsive behaviours had person-centred care plans in place to support staff in responding compassionately and empathetically. The provider had a training programme in place to ensure all staff had up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour. While acknowledging these good practices, further action was required to ensure that restraints, such as half bed rails, were recognised as restrictive and fully risk-assessed before use to ensure the safety of all residents. These matters are discussed under Regulation 7: Managing behaviour that is challenging.

The premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated, providing a homely atmosphere. The centre had well-maintained, secure internal courtyard areas. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. Notwithstanding these positive aspects regarding the premises, action was required to ensure the premises were in line with the statement of purpose and the floor plans submitted with the provider's application to vary condition one of the centre's certificate of registration. This is discussed under Regulation 17: Premises.

Overall, there had been a significant improvement in relation to oversight of fire safety management. Since the previous inspection, the provider had arranged for a comprehensive programme of fire safety works to address the findings of the previous inspection and a fire safety assessment by a competent fire safety professional, including:

- Works completed to address the findings of a periodic inspection of the electrical installation.
- Upgrade works to all fire doors in the centre, including the replacement of inadequate fire doors on fire compartment boundaries.
- The appointment of a specialist contractor to address deficits in fire containment, including penetrations through fire-resistant construction and ensuring the integrity of fire compartment boundaries.
- The enclosure to the laundry area was upgraded to a fire compartment enclosure.
- The wall separating the electrical room and the boiler room was also upgraded to a fire compartment wall.

- The provision of additional emergency lighting along external escape routes.

The above programme of work was nearing completion. When complete, the premises would be provided with good standards of fire containment to protect residents. The remainder of the work included further fire sealing of gaps in fire-resistant construction, work to fire compartments in the kitchen area and further proposed emergency lighting on external escape routes.

It is acknowledged that the completed work was scheduled to be signed off; however, the works did not address the large fire compartments and still posed a risk, as a large compartment accommodating 26 residents remained to be evacuated. The above work was described to the inspectors as the first phase of the works. Upon completion, the provider verbally committed to reviewing the fire compartments in the centre with a view to subdividing the larger compartments into smaller fire compartments to improve evacuation for residents.

During the inspection, staff spoken with demonstrated a good understanding of the evacuation strategy and knew which fire doors were within fire compartment boundaries. While there were large fire compartments, the layout of the means of escape in each compartment provided good means of escape, and exits were located at the end of each bedroom corridor. Fire safety systems, including the fire alarm and emergency lighting, were serviced and up to date.

Notwithstanding the significant work completed, some improvements were required in relation to day-to-day risk identification as described in Regulation 28: Fire Precautions.

Regulation 17: Premises

The provider had applied to vary condition one of the centre's certificate of registration and had submitted an updated statement of purpose and floor plans with this application. Some action was required to ensure the premises were in line with the statement of purpose and the floor plans submitted with this application. For example:

- The provider was using an external storage facility on the centre's grounds to store dried foods for the centre, while works were taking place in the kitchen. This external storage facility had also been used in October 2024 to store the centre's assisted bath. However, this storage facility was not included on the centre's floor plans, necessitating that the provider update the floor plans as part of the application to renew the centre's registration.
- The provider's floor plans did not correctly represent two adjoining rooms, an office and an admin store. These rooms had an adjoining door that was not displayed on the floor plans.
- The location of the external staff change and canteen facilities on the provider's grounds was not accurately reflected, and did not display the entrance door to the facility.

- The storage facility to the left of bedroom 24 was incorrectly displayed on the floor plans. The storage facility had a wall dividing it into an activity store and an enclosure with electrical panels, which was not displayed on the floor plans.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were highly complimentary regarding food, snacks, and drinks. Food was prepared and cooked onsite. Choice was offered at all mealtimes, and adequate quantities of food were provided during the day and in the evening. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discreet, respectful assistance at mealtimes. There was evidence of written communication between the nursing and catering teams to ensure the dietary needs of each resident, as prescribed by a healthcare or dietetic staff, were being met.

Judgment: Compliant

Regulation 28: Fire precautions

Notwithstanding the significant programme of fire safety works nearing completion, some improvements were required in identifying fire safety risks and overseeing evacuation procedures in the centre.

Improvements were required by the provider to ensure adequate precautions against the risk of fire, for example:

- There was some storage observed within the electrical room; this was a temporary arrangement during construction work, however, it was still a poor practice and created a risk. This was immediately addressed during the inspection.
- The portable standing hooded hairdryer was in use in the breakout area off the escape corridor, adjacent to oxygen cylinders. This arrangement was unsafe and was addressed immediately by the person in charge.
- There was a store which contained electrical panels. This storage practice did not have a risk assessment to determine the appropriate controls for staff to adhere to in relation to safe storage practices
- The battery for a mobility scooter was being charged in a resident's bedroom, presenting a risk of fire.

Overall, means of escape were adequate; however, further emergency lighting was proposed to be added to the external escape routes.

Regarding evacuation, a drill record simulating the evacuation of the largest compartment, which housed 25 residents was submitted subsequent to the inspection, however the time taken to evacuate the compartment was excessive. The provider gave verbal commitment that staff living in the adjacent houses would be available to assist during an evacuation; however, there was no formal arrangement to assure that staff would be available if, and when, required. During the inspection, the roster was changed to reflect the arrangement involving staff living in adjacent houses; however, it was still unclear what system was in place to ensure sufficient staff resources would be immediately available to assist in the evacuation of residents.

Fire containment was to a good standard. There was some outstanding work scheduled for year-end completion. This work will then be signed off as complete by a competent person. The partition subdividing the activities store from the electrical panels required further work, as it did not provide sufficient fire containment. Furthermore, as it was now subdivided, one side was not fitted with a smoke detector.

There were some outstanding mechanical extract vent units that passed through fire-rated ceiling, which were yet to be fitted with a means to maintain the ceiling's fire resistance; it was confirmed to the inspector during the inspection that this would be completed during phase one of the works.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that a pharmacist of the residents' choice was available to each resident. Medication administration was observed, and the inspectors found that the staff had adopted a person-centred approach. The records reviewed indicated that medicines were administered in accordance with the prescriber's directions. There were appropriate procedures for handling and disposing of unused and out-of-date medicines. The inspector noted that the medication trollies were secured at all times.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of electronic nursing notes and care plans for residents. There was evidence that residents were comprehensively assessed upon admission using a suite of evidence-based risk assessment tools to evaluate risks, including falls, pressure sore development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. Care plans viewed by inspectors were person-centred and specific to that resident's needs. Care plans were reviewed at required intervals, and there was evidence of consultation with the resident and, where appropriate, their family during these reviews.

Judgment: Compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical reviews and access to a range of external community and outpatient-based healthcare providers, including chiropodists, dietitians, speech and language therapists, and palliative care services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some further action was required to ensure that restraints, such as half bed rails, were recognised as restrictive and fully risk-assessed before use to ensure the safety of all residents. The inspector reviewed a sample of resident care records. While risk assessments for certain restrictive practices, such as prescribed belts, were in place, this did not extend to half bed rails, which residents could not easily remove. The provider had not identified these bed rails as meeting the definition of a restraint, in accordance with the national policy published by the Department of Health, entitled *Towards a Restraint Free Environment in Nursing Homes* (2011).

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents' privacy and dignity were respected. The centre had regular Roman Catholic religious services on-site.

Residents had access to radio, television and newspapers throughout the centre. Residents could communicate freely, having access to telephones and internet services throughout the centre.

Residents had facilities for occupation and recreation, as well as opportunities to participate in activities in accordance with their interests and capacities.

Residents had the opportunity to be consulted about and to participate in the organisation of the designated centre through regular residents' meetings and completing residents' questionnaires. Records reviewed found that residents had recently been supported to exercise their civil rights by voting in the presidential election in the centre. Residents also had access to independent advocacy services.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gowran Abbey Nursing Home OSV-0000232

Inspection ID: MON-0047943

Date of inspection: 05/11/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>> All staff have received training in the use of restraint / restrictive practices. The Director of Care is confident, and the Registered Provider assured that there are no restrictive practices in relation to the use of partial bedrails which are currently utilised for 5 residents (at their request) as an enabling measure. Full bedrails cannot be utilised as these have been disabled on all beds. Individual Assessments are in place and have been reviewed by the Provider and these assessments clearly indicate that the use of the partial bed rail enables and enhances the individual resident's independence and do not restrict movement or access to the body which is the regulatory definition of 'restraint / restrictive practice'.</p> <p>Taking account of the recent inspection judgement, and to ensure 'compliance' - the Registered Provider has reviewed and ensured that there are mechanisms in place to ensure NF Notifications regarding the use of partial bedrails is re-commenced.</p> <p>> To address the risk of a potential gap in oversight, the electronic ENP system has been updated to ensure individual risk assessments reports are more easily accessible and can be viewed and presented during inspections and audit processes. The Provider has reviewed all assessments and ensured current mechanisms are in place to enable comprehensive viewing of electronic information.</p> <p>>The minor inaccuracies on the premises floor plan have been addressed, and an updated floor plan will be submitted to the authority following completion of current improvement works or before the 15th May 2026.</p> <p>> Further enhanced fire safety works are planned with Stage 2 commencing April 2026. Details of the scope of works will be submitted to the Authority with updated floor plans.</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>As per regulation 23 – (Bed rails). Taking account of the recent inspector’s judgement, and to ensure ‘compliance’ - the Registered Provider will ensure that such NF Notifications will be re-commenced - and submitted to the Authority in relation to the use of partial bedrails. Retrospective notifications have been submitted where considered appropriate/ required.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The temporary storage facility utilised during essential maintenance and improvement work will not be part of the floor plans or included in the re-registration application process. The storage unit is not used for the storage of any nursing home equipment or goods and therefore will not be included in the registration process.</p> <p>The staff facilities adjacent to the nursing home have now been included on the revised floor plans. This remains a temporary structure and plans are in place for the erection of a permanent structure in the future.</p> <p>A copy of updated Floor Plans is being prepared by Architects and will be submitted to the authority upon completion as discussed and no later than 15th May 2026.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p>	

> Planned enhanced fire safety works continue and are at an advanced stage with a view to commencing Stage 2 in March 2026. Detailed information of scope of works will be submitted to the authority.

> The installation of additional external emergency lighting and upgrade of current lighting has been completed throughout all external areas.

> The temporary storage of fire-retardant material in the electrical room is not considered to have been 'poor practice' as the fireproof materials were being used for immediate works to the roof space in that and the adjoining Boiler room and needed to be there for use. A safety assessment was carried out prior to work in the area, and no concerns were identified or found relating to the safest area to store the material while carrying out work. The materials have been used in the ceiling/roof project in the rooms, and the works completed.

> There is risk register which records all environmental risks. There is a risk assessment relating to all related risks including charging of equipment and storage practices. A Risk Assessment is in place regarding charging a wheelchair in a resident's room - this practice is specifically at the request of the resident and appropriate assessment and safety measures in place.

> There is now a formal and robust arrangement including a roster which clearly defines and identifies staff resources in the event of evacuation procedures. This is also displayed with the Fire Register.

Fire safety training is in place and up to date for all employees.

> The fitting of 2 x smoke sensor units as identified during fire safety enhancements are scheduled within scope of current work and to be completed by end of February 2026.

> The additional fire hooding of recessed and other light fittings and vents is ongoing as part of Stage 1 of Fire Safety enhancement works, which with the additional hooding of extraction vents will be completed by 10th March 2026.

The provider is assured of fire resistance in all areas.

> The provider is assured that there are safe evacuation routes within the building. There is an individual Fire Exit Door adjacent to each group of nine (9) bedrooms, ensuring that safe and fast evacuation is possible.

Phase 2 of Fire enhancement works will commence in April 2026 and will include substantial sub-division works to further enhance fire safety. Details of these works will be submitted to the authority.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Risk assessments are in place for all restrictive practices including the use of partial bedrails and for any resident who displays behaviour that challenges.</p> <p>The Provider is assured that there are no restrictive practices in relation to current residents (2 persons) with behaviour that challenges, neither of which utilise partial bedrails.</p>	

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.	Substantially Compliant	Yellow	10/05/2027
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.	Substantially Compliant	Yellow	20/02/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of	Substantially Compliant	Yellow	30/04/2026

	fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	10/03/2026
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.	Substantially Compliant	Yellow	10/03/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/03/2026
Regulation 28(2)(iv)	The registered provider shall make adequate	Substantially Compliant	Yellow	10/03/2026

	arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2)(a) to (e) of Schedule 4.	Not Compliant	Orange	10/03/2026
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	10/03/2026