



**Health  
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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:	Knockeen Nursing Home
Name of provider:	Knockeen Nursing Home Limited
Address of centre:	Knockeen, Barntown, Wexford
Type of inspection:	Unannounced
Date of inspection:	13 March 2025
Centre ID:	OSV-0000243
Fieldwork ID:	MON-0046371

## About the designated centre

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

Knockeen Nursing Home is a purpose-built single-storey building that first opened in 1997. It consists of 49 single en-suite bedrooms. The provider is a company called Knockeen Nursing Home Ltd. The centre is located in rural setting near the "Pike Men Monument" in Barntown, Co Wexford. There was a number of communal sitting and dining rooms and multi-purpose rooms; as well as an oratory which was also used also used for activities, visits, and celebratory occasions for residents and their families. There was a smoking room, a nurses' station, administrative offices, a suitably equipped kitchen and a laundry room. There was staff changing facilities and a treatment and hairdressing room that completed the accommodation. The centre also has two enclosed gardens as well as extensive landscaped grounds on the two acre site. The centre provides care and support for both female and male residents aged 18 years and over. Care is provided for residents requiring long-term care with low, medium, high and maximum dependency levels. The centre also provides care for respite, palliative care, convalescence care, acquired brain injury, people with a dementia and young people who are chronically ill (physical, sensory, and intellectual disability). The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. Pre-admission assessments are completed to assess each resident's potential needs. Based on information supplied by the resident, family, and or the acute hospital, staff in the centre aim to ensure that all the necessary equipment, knowledge and competency are available to meet residents' needs. The centre currently employs approximately 74 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:	47
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 13 March 2025	09:05hrs to 17:35hrs	Aisling Coffey	Lead
Friday 14 March 2025	09:10hrs to 16:00hrs	Aisling Coffey	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in Knockeen Nursing Home. The residents spoken with were consistently highly complimentary of the staff, who were described in glowing terms, including "lovely", "kind", and "thoughtful". Visitors spoken with were similarly positive about the staff working in the centre caring for their loved ones. Visitors expressed their appreciation for the care and attention shown to their family members. While noting the highly positive commentary about staff, some residents and visitors expressed their view that the centre was short-staffed and referred to waiting for long periods for assistance or a call bell response on occasions. Visitors spoke of observing a change in staffing in recent months and expressed their views that the staff were under pressure in the centre. While staff were described as kind and caring in their interactions, some residents and visitors described communication difficulties due to a language barrier. Overall, the resident feedback captured the valued kindness and attention shown to the residents by a dedicated staff team; however, some aspects of service provision required improvement.

The inspector arrived at the centre in the morning to conduct an unannounced inspection, which took place over two days. During the two days, the inspector spoke with 15 residents and seven visitors to gain insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

Knockeen Nursing Home is a two-storey premises overlooking the County Wexford countryside. All residents' accommodation and facilities were on the ground floor, while the first floor accommodated a guest sleepover room, staff changing, office and storage accommodation.

Residents' bedroom accommodation was single occupancy with en-suite toilet and shower facilities. All bedrooms seen by the inspector were personalised with family photographs and items from home, such as paintings, bedding and ornaments. All the bedrooms had a television, locked storage and call bell facilities. Residents whom the inspector spoke with were pleased with their personal space. The centre also had two dedicated bedrooms for residents requiring palliative care services. These two bedrooms were spacious and bright, with direct patio access. Within these rooms, sleeping facilities enabled families to stay overnight with their loved ones. The centre also had a first-floor guest sleepover room if a further family member required overnight accommodation.

While an onsite laundry was used for domestic purposes, most residents' clothing and linen were laundered offsite. The infrastructure of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process.

Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable

seating in the various rest and communal areas. These communal areas included several lounges, called the "Rest Room" and the "Pike Room", two large dining rooms, an oratory and a sun room. Most communal areas were comfortable and inviting with domestic features, such as a piano, bookshelves, ornaments and delph dressers, providing a homely environment for residents. However, the inspector noted that there was variation in the decor between the two dining areas. While one dining room was pleasantly decorated with bright tablecloths and decorative table furnishing, the other dining area was sparsely decorated in comparison. The inspector also noted that both dining areas were locked outside of mealtimes, meaning that residents could not access their dining space without restrictions. These findings were brought to the provider's attention for review and the dining areas were noted to be unlocked on the second inspection day.

In terms of outdoor space, the centre had two secure internal gardens, which were clean, tidy, and pleasantly landscaped. They had comfortable seating, garden decorations, water features, raised flower beds, potted plants and flowers. However, access to these secure outdoor areas was found to be restricted.

On the morning of the first inspection day, residents were up and dressed in their preferred attire and appeared well cared for. A group-based art session took place in the Pike Room, which 10 residents and two family members took part in. The art teacher facilitating the exercise showed the inspector the talented artwork the centre's residents completed. In the afternoon, a game of skittles was played. Residents who did not participate in group-based activities were seen to relax in their bedrooms, watching television, listening to the radio, and reading papers and books according to their preferences. Some residents chose to relax in the various communal areas and chat with other residents.

Lunchtime at 1:00pm was a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. The inspector observed that 32 residents ate in the dining rooms, while a small number of residents chose to eat in their rooms or in the sun room. Overall, residents were complimentary of the quality and quantity of food. However, a small number of residents expressed their dissatisfaction with the food to the inspector, and there were similar findings in the residents' questionnaires reviewed, which was brought to the provider's attention. While a pleasant dining experience was observed, the inspector found immediate action was required to ensure the dietary needs of residents were safely, effectively and accurately met. The inspector also found that some residents had not been offered a choice of meal.

Visitors were observed coming and going throughout the day. Residents and their visitors confirmed there were no restrictions on visiting. Visitors were observed engaging in activities alongside their loved ones, chatting in residents' bedrooms and relaxing in the rest areas with their family members.

While the centre was pleasantly decorated, generally clean and in good repair, some areas were experiencing wear and tear and required maintenance to ensure residents could enjoy a pleasant living environment. Staff practices in managing

storage and decontamination of equipment were reviewed, and some improvements were needed.

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

## Capacity and capability

This inspection found that significant focus was required to improve the management and oversight of service delivery to residents, as there had been a substantial decline in regulatory compliance since the previous inspection, which was impacting the quality and safety of care for residents. In particular, the monitoring and oversight systems in place with regard to governance and management, assessments and care planning, healthcare, food and nutrition and training and staff development needed to be significantly enhanced.

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) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection of 07 August 2024. The inspector also followed up on unsolicited information that had been submitted to the Chief Inspector of Social Services. This information was related to the overall governance and management of the centre and the care and welfare of residents.

While the provider had progressed with certain aspects of the compliance plan following the last inspection in August 2024, these improvements had not been sustained. This inspection demonstrated significant deficits in the overall governance and management of the service and new areas of non-compliance were identified as requiring improvement as set out in this report.

A specific deficit required immediate action to mitigate a potential risk to residents' health and safety on the first day of inspection. Arrangements concerning food and nutrition were found to be ineffective. Consequently, an immediate action plan was issued to the provider to ensure that the dietary needs of residents were safely, effectively and accurately met. The provider's response was prompt and provided assurance that the immediate risk had been mitigated.

The registered provider is Knockeen Nursing Home Limited. The company has one director who represents the provider for regulatory matters. Since the last inspection on 07 August 2024, there have been several changes in the governance and management of the centre, including the departure of two company directors and the appointment of a person participating in management, to support the person in charge in their management and clinical oversight within the centre. The Office of

the Chief Inspector had yet to receive notification of the person participating in management's appointment, which was received on the first inspection day. In addition to these changes, there has been a reduction in the nursing management structures since the last inspection. The provider was required to have two clinical nurse managers onsite supporting the person in charge as per their statement of purpose; however, one of these posts was vacant. The provider outlined that the vacancy had not been filled despite previous recruitment efforts and further efforts were underway.

While changes had been made to the management structure operating the service daily since the last inspection, residents, visitors, and staff who spoke with the inspector were aware of these changes. The person in charge is supported by one clinical nurse manager presently, staff nurses, healthcare assistants, catering, housekeeping and maintenance staff. The person in charge was absent over the course of the inspection, and there were updated deputising arrangements in place since the last inspection, whereby the person participating in management was deputising for the person in charge.

While the person in charge supervised all staff, the reduction in clinical nurse manager support impacted the level of support and supervision available to staff within the centre. These deficits in staff supervision were validated by the inspector's observations and findings during the two-day inspection, particularly concerning assessment, care planning and health care. Concerning training and staff development, while staff had access to a suite of training programmes to enable them to perform their respective roles, there were gaps in adherence to mandatory training requirements and gaps in oversight and management of induction training, which will be discussed under Regulation 16: Training and staff development.

Residents were provided with a contract of care on admission to the centre. The inspector reviewed a sample of four residents' contracts. Contracts seen were signed by the resident and/or their representative, where appropriate. The contracts outlined the terms on which the resident would reside in the centre, the services to be provided under the Nursing Home Support Scheme, and the fees to be charged for Nursing Home Support Scheme services. However, the inspector observed that amendments were required to this contract of care to provide transparency to residents and their representatives in respect of their entitlement to services under the General Medical Services (GMS) Scheme and to ensure transparency in respect of additional individual services and the fees to be charged for such services. This will be discussed under Regulation 24: Contract for the provision of services.

The provider displayed the complaints procedure in the entrance hall. This procedure required updating as it referenced the previous person in charge as the complaints officer. The centre had an up-to-date complaints management policy. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member. Staff were knowledgeable about the centre's complaints procedure. The complaints officer had undertaken training in complaints management. While there were records maintained of complaints received, the



inspector found some gaps in complaints management recording practices and action was required to comply with Regulation 34: Complaints procedure.

### Registration Regulation 6: Changes to information supplied for registration purposes

The Chief Inspector had not been notified of the appointment of a person participating in management and the departure of a person participating in management within the required timeframes. This notification was made on the first inspection day.

Judgment: Not compliant

### Regulation 15: Staffing

While the feedback from some residents and visitors was that there needed to be more staff on duty due to waiting extended times for care and attention, the inspector found that the centre had sufficient staff. Based on a review of the worked and planned rosters, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. One registered nurse worked in the centre at night.

Judgment: Compliant

### Regulation 16: Training and staff development

Significant action was required to ensure that all staff had access to appropriate training and supervision to support them in providing safe and appropriate care.

A review of mandatory training was required to ensure all staff had completed training to support them in providing safe care, for example:

- The records of mandatory training provided to the inspector by the management team on the inspection days demonstrated significant gaps across fire safety training, safeguarding vulnerable adults from abuse training and training on managing behaviour that is challenging.
- The provider submitted a training matrix after the inspection with updated information showing two staff had no record of safeguarding vulnerable adults from abuse training, two staff had no record of fire safety training, and two staff were overdue fire safety training. With respect to managing

behaviour that is challenging training, five registered nurses, 15 healthcare assistants and no housekeeping or catering staff had completed this training.

The provider's arrangements for staff supervision were not sufficiently robust or aligned with staffing levels committed to in the provider's statement of purpose, for example:

- The supervision arrangements for catering staff did not ensure the dietary needs of the residents were effectively and accurately met.
- In terms of supervision for nursing and healthcare staff, the provider was required to have two clinical nurse managers onsite to support the person in charge and ensure staff were appropriately supervised.

The oversight and management of induction training for new starters required robust review. Agency staff were present on the roster to support the centre's staffing arrangements. The provider did not have records to assure that an agency staff member working in the catering department had received an appropriate induction, to familiarise them with the residents' nutritional needs. Given this agency staff member's key role and level of responsibility, this was a failing in the provider's oversight arrangements to ensure that there were appropriate procedures in place to support the safe use of agency staff, so as not to pose any potential risk to the quality and safety of care delivered to residents. The provider responded promptly and arranged for an induction on the evening of the first inspection day and provided this record to the inspector.

Judgment: Not compliant

## Regulation 23: Governance and management

While the provider had progressed with certain aspects of the compliance plan following the last inspection in August 2024, these improvements had not been sustained. This inspection found the management systems in the centre were not sufficiently robust to ensure the service provided was safe, appropriate, consistent, and effectively monitored, as evidenced by the findings below.

The registered provider did not ensure the centre had sufficient nurse management resources to ensure staff were appropriately supervised in accordance with the provider's statement of purpose.

There were inadequate systems of oversight in place to monitor and respond to issues of concern found by the inspector, particularly in relation to assessment and care planning, health care, food and nutrition and training and staff development, for example:

- Individual assessments and care plans required robust monitoring by management to ensure that each resident's needs were comprehensively assessed and an up-to-date care plan was prepared to meet these needs.

- Gaps were identified in post-fall management and screening for malnutrition.
- Arrangements for ensuring the dietary needs of the residents were safely, effectively and accurately met were found to be ineffective, and the registered provider was required to take immediate action to address this risk.
- Oversight of staff induction processes and training for new starters were not sufficiently robust, as referenced under Regulation 16: Training and staff development.

While the provider had management systems to monitor the quality and safety of service provision, these oversight mechanisms were not sufficiently robust to effectively identify deficits and risks in service provision and to continuously drive sustained quality improvement when risk was identified, for example:

- The provider's assurance systems had not been fully effective in identifying risks in infection control, fire precautions, residents' rights, managing behaviour that is challenging, personal possessions, premises and medication management as found on this inspection.
- The records available found auditing practices had not been completed in line with the provider's audit schedule over a four month period from 10 October 2024 to 20 February 2025. The inspector found evidence of the re-commencement of auditing and quality improvement action planning from 20 February 2025 onwards.
- The management team did not have an appropriate oversight of both completed or required mandatory and non-mandatory training on the inspection days. The provider prepared a training matrix and submitted this after the inspection.
- The provider's medication management policy, dated 24/07/2024, required review to reflect current practice in the centre and adequately guided staff to provide safe and effective person-centred care. The provider had implemented a new medication management system in early November 2024; however the medication management policy reviewed reflected the previous system.
- The provider was required to review their systems to ensure that prescribed medical devices and medications were available to residents when required. The inspector was informed by staff of an occasion where there was a delay obtaining prescribed pain relief medication for a resident receiving palliative care and of an occasion where correctly fitting colostomy bags were not available for resident care. The inspector also reviewed a complaint in respect of insufficient stocks of medicinal products being available to meet a resident's needs.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed four contracts of care and found that action was required to ensure transparency for residents and their representatives in respect of their entitlement to services under the General Medical Services (GMS) Scheme and to ensure transparency in respect of additional individual services and the fees to be charged for such services, for example:

- In three contracts reviewed, Part B: Services not covered by the Fair Deal Scheme, listed all therapies, for example, physiotherapy, occupational therapy and speech and language therapy. This charging did not reflect residents' potential entitlement to these services through the GMS scheme. Additionally, the provider's statement of purpose clearly outlines that full access to the GMS scheme services is promoted for all eligible residents.
- In three contracts reviewed, Part C referenced additional individual services that the resident may avail of. However, these additional services were recorded as "additional service charge" and did not specify what additional services the resident was being charged for.
- For one contract reviewed, Part C referenced additional individual services that the resident may avail of. However, no additional services or associated fees were recorded, yet the resident was paying for additional services, such as pharmacy charges.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Some improvements were required to ensure compliance with the regulation, for example:

- While there were records of how complaints were managed and the inspector found there was respectful communication with the complainant, there were gaps where the complainant had not received a written response to their complaint as required by the regulation.

Judgment: Substantially compliant

### Quality and safety

While the inspector observed kind and compassionate staff treating residents with dignity and respect, enhanced governance and oversight were required to improve the quality and safety of service provision. Robust action was required concerning individual assessment and care planning, healthcare and food and nutrition.

The person in charge had arrangements for assessing residents before admission into the centre. The inspector saw that validated risk assessment tools were used to assess residents' needs and person-centred care plans had been developed. However, significant gaps in assessment and care planning were observed, which will be outlined under Regulation 5: Individual assessment and care plan.

Residents had access to a doctor of their choice and an in-house physiotherapist. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics and palliative care, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit. Notwithstanding this good practice, the inspector found that action was required to ensure all residents received a high standard of evidence-based nursing care and timely access to appropriate professional expertise. This will be discussed under Regulation 6: Healthcare.

The inspector found that many aspects of residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. Roman Catholic Mass was celebrated in the centre twice weekly. The centre's oratory provided a space for prayer and quiet reflection. The provider had arrangements to support residents of other denominations practising their faith and maintaining contact with their religious leaders. Residents could communicate freely, having access to telephones and internet services throughout the centre. There was a varied activities programme available within the centre. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. The inspector saw that a recent residents' questionnaires had been analysed and an action plan developed to address residents' feedback. Residents had access to independent advocacy services. Notwithstanding these good practices, some improvements were required, which will be discussed under Regulation 9: residents' rights.

The provider did not act as a pension agent and did not hold quantities of money in safekeeping for residents. There were arrangements to support residents access and retain control over their personal property and possessions. Residents had adequate space to store and maintain their clothing and possessions within their bedrooms, including access to locked storage facilities. Residents who spoke with the inspector stated they were satisfied with the space in their bedrooms and the storage facilities. While acknowledging these good practices, further action was required to ensure that when residents' clothing was laundered, it was returned to the residents. This is discussed under Regulation 12: Personal possessions.

Overall, the premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated to provide a homely atmosphere. The centre had two well-maintained internal gardens and external grounds. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy. However, the inspector found that some areas required attention to comply with the requirements of the regulation.

Residents were complimentary of the food, snacks and drinks available. Food was prepared and cooked onsite in the centre's kitchen. Adequate quantities of food were seen to be provided during the day. Residents had access to fresh drinking water and other refreshments throughout the day. There was discrete, respectful assistance at mealtimes. Notwithstanding this good practice, improvements were required to ensure that the dietary needs of residents were safely, effectively and accurately met and that all residents were offered choice at mealtimes. This is discussed under Regulation 18: Food and nutrition.

The provider had systems in place to oversee infection prevention and control practices within the centre. A registered nurse was in the process of completing the infection control link practitioner training. The provider had completed an outbreak closure report following a recent influenza A outbreak in the centre. The environment was generally clean and tidy. While acknowledging these good practices some areas required attention to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) as set out under Regulation 27: Infection control.

The provider had systems to monitor fire safety. Preventive maintenance for fire detection, fire fighting equipment and emergency lighting was conducted at recommended intervals. There was a system for conducting checks of the fire alarm, means of escape, fire safety equipment, and fire doors. Fire doors were observed to be in good working order. Each compartment was clearly labelled to support residents and staff in identifying compartment boundaries. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. While there was evidence of these good practices, some further actions were required to ensure the safety of residents in a fire emergency. These findings are set out under Regulation 28: Fire precautions.

Medication administration was observed, and the inspector found that the nursing staff adopted a person-centred approach. The inspector noted that the medication trolley was secured at all times. Medicines were suitably recorded as administered in the electronic medication administration records following administration to residents. Measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. However, further oversight of medication storage and disposal was required to ensure that best-practice guidance and the provider's policies for medication management were followed. These findings are set out under Regulation 29: Medicines and pharmaceutical services.

## Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had arranged a suitable private visiting area for residents to receive a visitor if required.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents' clothing was laundered offsite by an external provider. Action was required to ensure residents could retain control over their clothing. Two residents informed the inspector that items of clothing had gone missing and had not been returned after laundering.

Judgment: Substantially compliant

### Regulation 13: End of life

Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end of life was facilitated.

Judgment: Compliant

### Regulation 17: Premises

Action was required to ensure the premises is in line with the statement of purpose and the floor plans for which it is registered. For example, the provider has recently installed external storage on the centre's grounds to store residents' consumables, such as incontinence wear. This new storage space was not outlined on the floor plans for the centre.

While the premises were generally well designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- The decor in some areas, including resident bedrooms, bathrooms, and corridors, showed signs of wear and tear. The paint was missing from walls and was chipped on doors, door frames, and skirting boards.

Storage arrangements required review as there was inappropriate storage seen in residents' bathrooms, for example:

- Residents' comfort seating, wheelchairs, pressure cushions and walking aids were seen stored in the shower area of residents' en-suite bathrooms.
- The assisted bathroom beside bedroom 36 contained nine packets of incontinence wear seen on the floor beside the bath.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The inspector observed that the mealtime experience for residents required review to ensure that food and nutrition was delivered in line with the regulatory requirements.

After speaking to catering staff and reviewing written documentation to guide catering and care staff in relation to residents' dietary needs, the inspector was not assured that the dietary needs of the residents were safely, effectively and accurately met. For example:

- The inspector found significant inaccuracies in the catering staff member's account of the modified diet food textures prescribed for several residents.
- The inspector reviewed nursing records based on the resident's nutritional care plan, a whiteboard in the kitchen to guide catering staff and separate paper-based documentation used by the catering team on the day of inspection. The inspector found significant discrepancies among these three written sources of information to guide staff in relation to the modified diet food textures prescribed for several residents.

Given the potential risk to resident health and safety, this finding was immediately discussed with the management team. An immediate action plan was issued to the provider to review the dietary needs of all residents, to ensure all written documentation guiding staff was accurate and to ensure all nursing, healthcare and catering staff were aware of the accurate information on residents' nutritional needs. The providers' response was prompt and provided assurance that the immediate risk had been mitigated.

All residents were not offered a choice at mealtimes, for example:

- Residents who required modified textured meals were not offered a choice of main course, as confirmed by the catering staff on duty on the first day of inspection.

Judgment: Not compliant



## Regulation 27: Infection control

While the provider had systems and processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018), for example:

The decontamination of resident care equipment required review, for example:

- A sample of crash mats were observed to be damaged and visibly dirty with liquid stains and other debris. Furthermore, tears on the crash mats would prevent effective cleaning.

Storage practices posing a risk of cross-contamination required review, for example:

- Clean items, such as resident garden chairs, were stored in the sluice room beside the bedpan washer. This was a repeat finding from the 2024 inspection.
- Store rooms throughout the centre had objects and boxes stored directly on the floor, impacting the ability to effectively clean the area.
- Clean items such as linen were stored alongside dirty items such as the Hoover.

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection, for example:

- There was no janitorial unit within the housekeeping store. The inspector was informed that water for cleaning purposes was accessed from the adjacent sluice room. This posed a risk of cross-contamination.
- Access to the sluice room facility required review. Storage room B containing clean linen, such as sheets and towels, and consumables, such as toiletries and incontinence wear, was a thoroughfare to the sluice room. This layout meant that bedpans and urinals had to travel through this store room with clean linen and consumables to access the sluice room. This posed a risk of cross-contamination.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

While systems were in place to protect residents against the risk of fire, the oversight of fire safety within the centre required review as the provider had not identified and managed some of the risks found on inspection.

Precautions against the risk of fire required review, for example:

- The first-floor store room adjacent to the staff changing area had a large supply of bedding, including pillows and duvets, stored beside multiple pieces of electrical equipment plugged into a power supply. A risk assessment is required by a competent person to determine the appropriate controls for staff to implement to keep this area safe.
- A hoist battery was being charged on a bedroom corridor. Charging hoist batteries on a bedroom corridor introduces a fire risk to this protected escape route. This was promptly removed by management when it was brought to their attention.
- The designated smoking room contained a cloth riser recliner armchair which could not be confirmed as flame retardant. The provider removed this seating from the smoking room.

The arrangements for maintaining means of escape required review, for example:

- The inspector found a hoist and portable wheelchair weight beams stored on corridors. This practice could impact these corridors being used as means of escape in an emergency. Escape routes must be kept free of obstruction and inappropriate storage. These pieces of equipment were promptly removed by management when brought to their attention.

Arrangements for ensuring all staff were aware of the procedure to follow in the case of fire required improvement as records reviewed found that staff in the designated centre had not completed a fire evacuation drill in 12 months.

Gaps in mandatory staff fire safety training are addressed under Regulation 16: Training and staff development.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The oversight of medication management in the centre required review to ensure that best-practice guidance for medication management was followed, for example:

- Medication storage practices required review as the inspector found both controlled drugs and other medicinal products locked in the controlled drug cupboard.

- The person in charge was required to ensure that medical products which are no longer required were segregated from other medicinal products and returned to the pharmacy in accordance with the provider's policy.

The provider's medication management policy required review to reflect current practice in the centre and adequately guided staff to provide safe and effective person-centred care. This is discussed under Regulation 23: Governance and management.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

While there was evidence of personalised care planning based on validated risk assessment tools, action was required concerning the review of individual assessments and care plans to ensure that each resident's needs were comprehensively assessed and an up-to-date care plan was prepared to meet these needs.

From a review of a sample of three care plans, the inspector found insufficient clinical assessment and monitoring of weight loss, for example:

- The inspector found gaps in weight monitoring records for a resident at risk of malnutrition who was required to be weighed monthly, in line with the provider's policies. Several gaps were noted in this resident's weight monitoring records, with one gap of 20 weeks noted.
- Additionally, for one resident at risk of malnutrition, it was noted that the malnutrition risk assessment tool was incorrectly scored, underestimating the resident's risk factors and deeming this resident not to be at risk of malnutrition.

From the sample of records reviewed, the inspector found that care plans covering key assessed needs, including falls and mobility, nutrition, elimination, cognition, pain management and end-of-life care, had not been updated at four monthly intervals as required by the regulation. This finding included the following examples:

- a resident at risk of malnutrition did not have their nutrition care plan updated at required intervals, with a gap of 6.5 months noted between reviews.
- a resident who fell and sustained several injuries did not have their falls care plan updated in the previous 6.5 months before their fall. This resident was noted to be weak due to illness before their fall. The practice of not updating care plans at required intervals and in response to a change in the resident's health status was a missed opportunity to identify potential risk factors affecting a resident's health and welfare and to develop a comprehensive plan to mitigate these risks and enhance the resident's comfort and safety.

Of the three residents' records seen by the inspector, there was no evidence of consultation with the resident and, where appropriate, their family when care plans were reviewed.

Judgment: Not compliant

## Regulation 6: Health care

Notwithstanding residents' access to a range of healthcare professionals, some improvement was required to ensure that all residents had timely access to appropriate professional expertise based on their assessed needs and a high standard of evidence-based nursing care. For example:

- The inspector reviewed the records of three residents who had unwitnessed falls and found neurological observation assessments were not monitored and documented in line with the provider's falls policy. The inspector found that for one of the fall, there was no record of neurological observation assessments. For a second fall, there was one neurological observation 30 minutes after the fall and no further observations. For the third fall, the neurological observation assessments were completed for 2.5 hours period with no further observations. Neurological observations allow for early identification of clinical deterioration and timely intervention. Not completing the neurological observations may lead to delays in recognising a resident at risk of clinical deterioration.
- The inspector was not assured that a resident at risk of malnutrition had been referred to a dietitian for additional professional expertise. This resident's records referred to dietitian referral and the cessation of prescribed supplements. However there was no record of a dietitian review have taken place or a record of what professional had made the clinical recommendation to cease the prescribed supplements.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

Management had not recognised the restricted access to the two enclosed secure gardens and the two dining rooms, which was not in line with the national policy, *Towards a Restraint Free Environment in Nursing Homes*, published by the Department of Health.

- The inspector found all five doors to the enclosed garden outside the sun room locked and all doors, with the exception of one door, to the internal garden outside the smoking room locked. Access to the two enclosed secure

<p>gardens via these locked doors required staff to support the residents in enjoying the outdoors.</p> <ul style="list-style-type: none"> <li>• The inspector noted that the two dining areas, registered as resident communal space, were locked outside of meal times, meaning that residents could access their dining space without restrictions.</li> </ul>
<p>Judgment: Substantially compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>While many aspects of residents' rights were upheld in the centre, some improvements were required to ensure residents' privacy and dignity in their bedrooms, as the inspector observed an unobstructed view into residents' bedrooms from outside the centre and from the internal courtyard garden areas. This meant residents could not undertake personal activities privately in their bedrooms.</p> <p>Some residents reported difficulties in verbal communication and understanding of some staff when communicating their needs.</p>
<p>Judgment: Substantially compliant</p>

## 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>	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Knockeen Nursing Home OSV-0000243

Inspection ID: MON-0046371

Date of inspection: 14/03/2025

## 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
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:  Registration Regulation 6: Changes to information supplied for registration purposes:  Non-compliance was rectified on the first day of inspection.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:  All staff will complete the mandatory trainings required for their respective roles. To support ongoing professional development and compliance, a comprehensive annual training plan has been implemented. This plan ensures all staff members continue to receive role-specific training in a timely and consistent manner.  To enhance oversight and planning, a new training matrix has been introduced. This tool provides clear visibility of training requirements and facilitates proactive scheduling and monitoring of staff training compliance.  In terms of operational improvements, a new Catering Manager has been appointed to strengthen the supervision and management of catering services. To ensure alignment between clinical and catering functions, the Clinical Nurse Manager will conduct weekly meetings with the Catering Manager. These meetings will focus on reviewing and	



updating residents' dietary records in accordance with any changes to individual dietary needs.

Additionally, structured induction training programs have been established for all staff including agency staff. These are designed to ensure that staff are fully oriented and adequately prepared to meet the specific requirements of their roles from the outset.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Systems have been established to ensure clear Governance and Management oversight in relation to assessment and care planning, health care, food and nutrition, training and staff development.

The following actions are being implemented to address the non-compliance identified

1. Following a review of the healthcare records, it was identified that the current electronic care management system was inefficient to allow robust monitoring by the management team. Hence the Provider has invested in a new a care management system which would allow the management team to closely monitor the care records to ensure they are up to date and reflects the comprehensive care needs of the residents.
2. The new care management system along with staff training will address the gaps identified in post-fall management and screening of malnutrition.
3. All residents will have a detailed diet chart with detailed information about the dietary requirements for each resident including diet modifications. This information will be made available to the kitchen staff and will be reviewed in a timely manner.  
To ensure correct information is disseminated to all departments, the practice of having the dietary information in more than one place has been discontinued.  
The clinical nurse manager will review the diet charts with the chef manager on a weekly basis and update any changes in resident's dietary needs.

4. A structured induction program has been reiterated to ensure all staff including agency staff receive appropriate training relevant to their role.

5. All staff will complete the mandatory trainings required for their respective roles. To support ongoing professional development and compliance, a comprehensive annual training plan has been implemented. This plan ensures all staff members continue to receive role-specific training in a timely and consistent manner.

6. To enhance oversight and planning, a new training matrix has been introduced. This tool provides clear visibility of training requirements and facilitates proactive scheduling and monitoring of staff training compliance.

7. A new Audit schedule has been implemented to ensure adequate oversight of quality

and safety.

The audit findings will be discussed in the monthly Governance meeting and quality improvements plans will be discussed to address the gaps identified.

8. The medication management policy has been reviewed and updated to reflect the current medication management practices.

9. Pharmacy delivery services were reviewed, and arrangements have been made with the pharmacy to eliminate any delay in the supply of medicinal products.

A house stock of emergency medicines including palliative medicines will be maintained in line with the policy.

10. The position of a second Clinical Nurse Manager has been successfully filled to enhance nurse management oversight and ensure continuous supervisory support.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Part B of the contract has been revised to clearly inform residents and their families about the services available under the General Medical Services (GMS) scheme. It explicitly states that residents entitled to these services through the GMS scheme will not incur any charges. As has always been the practice, charges will only apply if a resident opts to access these services through private providers.

Part C of the contract has also been updated to clearly outline the additional services available to residents, along with the corresponding charges for each.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

All complaints will be managed according to the policy and complainants will be given a written response as per the regulation.

Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Resident clothing is name tagged on admission and every time a new item is brought in. A record of all individual resident clothing will be maintained, and a proactive approach will be taken to identify any missing item.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The external metal shed will be added to the floor plan and submitted to HIQA. The storage spaces in the centre have been reviewed and changes made to the stock management system in the home. Additional storage is established to ensure appropriate storage of resident equipment.</p> <p>Touch-up repairs and painting have begun as required.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Immediate actions were taken on the day of inspection to address the concerns identified. Further actions were implemented as below to ensure correct information is available to the catering staff in terms of the dietary requirements including diet modifications.</p> <p>All residents will have a detailed diet chart with detailed information about the dietary requirements for each resident including diet modifications. This information will be made available to the kitchen staff and will be reviewed in a timely manner.</p> <p>To ensure correct information is disseminated to all departments, the practice of having the dietary information in more than one place has been discontinued.</p> <p>The clinical nurse manager will review the diet charts with the chef manager on a weekly basis and update any changes in resident's dietary needs.</p> <p>Residents on a modified diet are being offered a choice of meals.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All the worn mats were replaced immediately.</p> <p>A detailed review and re-organization of the storage was carried out to eliminate risk of cross contamination, and to be in line with infection prevention and control protocols.</p> <p>A new janitorial unit with a janitorial sink and water supply will be fitted in the housekeeping room.</p> <p>All clean items stored in Store B are moved to a different storeroom.</p> <p>New closed linen carts will be purchased to store the linen and this cart will be kept in the laundry room.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Store A where supply of bedding is stored with electrical equipment will be risk assessed by a competent person and controls will put in place to ensure safety.</p> <p>The hoist battery charger on the bedroom corridor was removed to a more appropriate location.</p> <p>Only flame-retardant furniture will be used in smoking rooms.</p> <p>All escape routes will be kept obstacle free. This will be checked daily, and concerns will be reported immediately.</p> <p>All staff will attend at least one fire drill in 12 months.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Controlled drugs are moved to one side of the locked cupboard and other side of this cupboard is used to store non-controlled but high alert medications.</p> <p>Separate storage space is allocated to keep medicinal products no longer required and will be returned to pharmacy at the earliest opportunity.</p>	

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All residents will have their weight monitored at a minimum of once per month. Additional checks will be conducted as advised by the dietitian. Compliance with this requirement will be monitored through monthly reports generated from the care management system.</p> <p>A new malnutrition risk assessment tool has been implemented within the new care management system. This tool will be used to identify and monitor residents, ensuring timely and appropriate interventions.</p> <p>Each resident's assessment and care plan will be reviewed and updated at least every four months, or more frequently in response to any changes in their care needs. The Clinical Nurse Manager will perform monthly checks to ensure accuracy and relevance of care plans, supported by quarterly audits.</p> <p>Consultations with residents and family will be documented in the care record on the care management system.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Post fall assessment including neurological assessments will be carried out as per policy. All falls will be reviewed by Clinical Nurse Manager within 24 hours to ensure efficient falls management. Additionally weekly falls audit will be done to identify gaps and take a proactive approach.</p> <p>All residents at risk of malnutrition will be referred to dietitian and dietary changes will only be implemented following advise from dietitian.</p> <p>Resident assessments and care plans will be reviewed and updated at least every four months, or more frequently if there is a change in a resident's care needs. The newly implemented care management system will provide automated reminders when reviews are due. In addition, a quarterly audit of care plans will be conducted to identify and address any gaps in documentation or care planning.</p>	

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>Arrangements are made to ensure residents have free access to the internal garden spaces.</p> <p>The two dining rooms are now always made accessible to residents.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Installation of privacy curtains in resident rooms is in progress.</p> <p>Staff will be assessed in terms of all competencies, including communication and additional training will be provided to improve their communication skills.</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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	09/05/2025
Regulation 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and	Substantially Compliant	Yellow	30/05/2025

	retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/05/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	09/05/2025
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	30/05/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/05/2025



Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	09/05/2025
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Not Compliant	Red	13/03/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/05/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Not Compliant	Orange	30/05/2025

	effectively monitored.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	09/05/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/05/2025
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	Substantially Compliant	Yellow	30/05/2025

	services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/05/2025
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	30/06/2025
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	09/05/2025
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall	Substantially Compliant	Yellow	09/05/2025

	be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	09/05/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Not Compliant	Orange	30/05/2025

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	30/05/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	09/05/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated	Substantially Compliant	Yellow	09/05/2025

	centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/05/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/05/2025