



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

Issued by the Chief Inspector

Name of designated centre:	Waterford Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinakill Downs, Dunmore Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	02 September 2025
Centre ID:	OSV-0000255
Fieldwork ID:	MON-0046688

About the designated centre

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

Waterford Nursing Home is a two-storey purpose-built centre located on the outskirts of the city. It is registered to accommodate up to 60 residents. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused nursing care, catering service, and activities, delivered by highly skilled professionals. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the centre. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre has 40 single and 10 twin bedrooms all have either full en-suite facilities including a shower, toilet and wash-hand basin or a toilet and wash-hand basin. One lift and several stairs provides access between the floors. Communal accommodation includes two dining rooms, day rooms, an oratory and a visitors' room. There is a beautiful well maintained enclosed garden with seating and tables for residents and relatives to enjoy. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The nurses are supported by the person in charge, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Tuesday 2 September 2025	11:05hrs to 18:25hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector met with many residents during this one-day inspection, and spoke with five residents in more detail to gain insight into their experience of living in Waterford Nursing Home. The feedback from residents living in the centre was positive. The residents spoken with told the inspector that they had “no complaints” and that “it was a lovely place to live”.

The inspector also spoke with visitors who echoed the positive feedback of the residents. One visitor described the attention to detail provided by staff saying “nothing is ever too small to be taken care of” and another stating “they anticipate residents’ needs before being asked”.

Bedroom and communal space was located over two floors, which generally operated separately with two teams of staff. Access between floors was via passenger lift and a central stairwell. Residents from the first floor were observed coming downstairs during the day. Predominantly, bedrooms were single occupancy with ensuite facilities, with a small number of twin rooms. Bedrooms were seen to be personalised with residents' own belongings and mementos, and some items of furniture from their homes. The overall premises was clean and tidy, however signs of wear and tear had become evident over time and the décor and flooring in some areas required attention to improve the style and homely appearance of the centre.

Residents had access to a lovely garden via the dining room. There was comfortable seating and a dedicated smoking area. Residents could also access an internal smoking room on the second floor, which was ventilated to the open air. Other communal spaces included dining rooms and sitting rooms on each floor. It was noted that residents’ communal bathrooms on each floor were locked and being used for storage.

Residents spoke positively about the food served throughout the day and said there was plenty of choices. The inspector observed the lunch time service. The atmosphere during lunch was calm and unhurried, and there was staff available to assist residents with their meals both in their bedroom and in the dining rooms on each floor. Many residents on the second floor were served their meals in the sitting room, where portable tables were brought to their armchairs. This meant that these residents spent long periods of time in this area. This practice, when used for a collective group of residents, does not support a positive dining experience. This was brought to the attention of senior management.

Residents told the inspector that there were enough staff on duty during the day and night. They said that they were never waiting too long when they called their call-bell. Residents said that the new laundry service was good and that their clothes were returned back to them quickly.

Residents told the inspector that they had a good choice of activities, and that they could choose to attend or not. Residents could keep up to date with current affairs through access to daily newspapers and television. Visitors were welcomed into the centre and residents were encouraged to go out for trips with their families and friends, and keep their connections to their communities.

The following sections of this report detail the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service provided to residents.

Capacity and capability

Overall, the inspector found that there was a stable and dedicated management team, with established management systems in place. Nonetheless, to ensure that the service provided to residents was appropriate, consistent and effectively monitored, the provider was required to take action to improve in the areas of fire precautions and healthcare.

This was an unannounced inspection to monitor the 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 a previous inspection in February 2024.

The registered provider is Mowlam Healthcare Services Unlimited Company. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge worked full-time in the centre, reporting into the healthcare manager. The person in charge was supported on a daily basis by an assistant director of nursing and a clinical nurse manager, all of whom work in a supernumerary capacity to provide clinical and administrative support. Further care and support was provided to residents by a team of nurses, healthcare assistants, catering, activities and housekeeping staff.

Company-wide management systems were in place which ensured that the service provided to residents was regularly monitored. Management meetings were documented and all areas of the service were discussed, including audits of care and quality assurance initiatives. The most recent governance meeting was held in May 2025, where issues in relation to pressure ulcers were discussed, and a quality improvement initiative sought to determine any gaps in the provision of care. However, this initiative was not implemented. As a result of this, urgent action was required in relation to Regulation 6: Healthcare. Specifically, the inspector found that the oversight of pressure ulcer development and weight loss was insufficient, which led to avoidable delays in referring to other healthcare professionals. Strengthened monitoring and early intervention in these areas, including seeking additional expertise would improve overall outcomes for residents

Urgent action was also required in relation to Regulation 28: Fire precautions. The previous inspections in May 2023 and February 2024 had identified concerns with regard to the inconsistent use of door closing devices, and lack of staff awareness about how these devices may impact fire containment and evacuation. In the compliance plan response to the February 2024 inspection, the registered provider gave the date for compliance with Regulation 28 as 30 June 2024. This inspection found that the compliance plan had not been implemented, and the fire safety findings remained. The provider was required to take urgent action following the inspection to ensure there was local oversight, supervision and assurance mechanisms in place to ensure that that fire safety was effectively managed.

Following the inspection, the registered provider submitted a detailed and acceptable action plan in response to the findings.

On the day of inspection, there was 55 residents living in the centre. There were sufficient numbers of suitably qualified nursing, healthcare and household and catering staff available to support residents' assessed needs. The record of staff on duty was maintained in a roster.

The standard of overall record-keeping in the centre was good, with required files maintained in compliance with regulatory requirements. The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Records viewed by the inspector confirmed that there was a good level of training provided in the centre. The training records confirmed that all staff had received training in important areas including safeguarding vulnerable adults and dementia care.

Regulation 15: Staffing

The registered provider ensured that the number and skill mix of staff was appropriate to meet the individual and collective needs of the residents, and having regard for the size and layout of the centre. Staffing levels were in line with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, relevant to their role. For example, registered nurses completed training in medication management and cardio-pulmonary resuscitation (CPR), domestic staff attended

chemicals and cleaning training, and staff of all grades completed training in safeguarding of vulnerable adults.

Staff were supervised appropriately. Copies of the Health Act, regulations and standards, and other relevant national guidance, were made available to all staff.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that staff records were kept in the designated centre, and were made available for inspection. A review of a sample of these records confirmed that all of the records specified under Schedule 2 of the regulations, for example two references and evidence of identity, were present.

Other records required under Schedules 3 and 4 of the regulations, for example, a register of restraint use, records of complaints and records of fire drills were also maintained in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Resources had not been provided in a timely manner to ensure that remedial works required to fire doors was carried out. The impact of this is discussed under Regulation 28: Fire precautions.

The oversight of aspects of clinical care, such as wound care and weight loss, required significant improvement to ensure that the service provided is safe, appropriate, consistent and effectively monitored. For example, an increase in the amount of pressure ulcers had been highlighted through the centre's own monitoring systems. Management meetings were reviewed by the inspector and these provided evidence that a root cause analysis and quality improvement plan to address the increase in pressure ulcers had been sought, however this had not been completed. Findings in this regard are detailed under Regulation 6: Healthcare.

While there were noted improvements in infection control, the audit tools in use did not capture areas such as the management of sharps, or equipment hygiene. This led to some practices which were not in line with best-practice infection control guidance, as described under Regulation 27: Infection control.

Judgment: Not compliant

Regulation 31: Notification of incidents

The occurrence of incidents as set out in Schedule 4 of the regulations, for example an outbreak of a notifiable disease and any unexplained absence of a resident from the centre were notified to the Chief Inspector within the required timelines.

Judgment: Compliant

Quality and safety

Overall, the residents were supported to live meaningful lives in the centre, where they were encouraged and supported by dedicated and kind staff. Nonetheless, deficits in the quality of some aspects of nursing assessment and care, and fire safety concerns, meant that there was an level of risk to residents that required urgent attention.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was sufficient communal and private areas for use by residents. Directional signage was displayed throughout the centre to guide residents. The garden area was easily accessible for residents to access and navigate. There was a system to identify and record any maintenance issues, and a maintenance person was on duty on each weekday. There were some areas of general wear and tear throughout the premises which required upgrading to ensure a homely and attractive environment. Some communal bathrooms were locked, and these were found to store resident personal care items and laundry equipment. Overall storage arrangements required review to ensure that equipment was not stored in communal areas.

The centre was cleaned to a high standard and the registered provider ensured that staff were provided with appropriate equipment and were sufficiently trained to ensure effective cleaning and decontamination. There had been significant improvements in overall infection control practices since the previous inspection. This included the refurbishment of housekeeping stores, the outsourcing of laundry, and the creation of a sluice room on the ground floor. Staff were observed to adhere to the correct principles of hand hygiene, aided by a number of clinical handwashing sinks which were located in convenient areas throughout the centre. The inspector identified that clinical waste and the management of resident equipment required review to ensure that the risk of the spread of infection was properly managed.

Residents' medical needs were supported by access to General Practitioners (GP's) in the centre. There was evidence of good medical reviews and there were established pathways for referral to, and review by, health and social care

professionals such as psychiatry of later life, speech and language therapy and occupational therapy. There was weekly access to a physiotherapist who conducted group exercise sessions and individual reviews following a fall, or a change in residents' condition. Residents were supported to access appropriate national screening services and outpatient appointments. The system in place to clinically assess and review wounds required significant improvement. Records identified inconsistent documentation of wound care, both from an assessment and care planning perspective. This does not demonstrate evidence-based nursing practice and could lead to delays and complications in wound healing.

The person in charge ensured that residents had access to a fresh supply of drinking water at all times. Residents were provided with adequate quantities of food and drink which were properly safely prepared, cooked and served. Hot and cold drinks and snacks were available between meals. There was an adequate number of staff available to assist residents at meals and when other refreshments were served. There was a system of ensuring that dietary needs were communicated effectively to staff required strengthening. Additionally, choice of modified diet was not always offered at each mealtime.

Overall, good procedures were in place for the maintenance of some fire safety equipment such as the emergency lighting, and records provided evidence of daily and weekly checks of means of escape and fire fighting equipment. Nonetheless, the provider had not taken sufficient action to ensure that a fire could be effectively contained. The areas for improvement in relation to fire safety are outlined under Regulation 28: Fire precautions.

Regulation 11: Visits

The registered provider ensured that there was a visitor policy, which included the process for normal visitor access access during an outbreak of infection, and arrangements for residents to receive nominated support persons.

Visits to residents were not unduly restricted, and there were suitable private and communal areas for residents to receive visitors.

Judgment: Compliant

Regulation 17: Premises

There was insufficient storage space in the centre. As a result, items such as linen trollies and residents' personal care equipment were being stored in the residents' communal bathrooms.

Additionally, the communal bathrooms were locked and could only be accessed by residents with the assistance of staff. This was brought to the attention of management who arranged for the locks to be removed.

A number of areas of the centre required focused maintenance and decorative upgrades to improve the decor and appeal of the centre. For example, some areas of flooring were marked and stained, and fixtures, fittings and furniture were scuffed and worn.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Each resident was provided with choice at mealtimes. Food and drinks were provided in adequate quantities and were safely prepared, cooked and served. Meals and snacks were wholesome and nutritious and met the needs of residents. For example, diabetic and coeliac diets were catered to.

An adequate number of staff were available to assist residents at meals and when other refreshments were served.

Judgment: Compliant

Regulation 20: Information for residents

A guide to the centre was prepared and made available to all residents. This included the required specific details including information regarding independent advocacy services, and how to access inspection reports on the centre.

Judgment: Compliant

Regulation 27: Infection control

Some improvements were required to comply with the National Standards for Infection Prevention and Control in Community Services (2018). For example:

The clinical waste stream was not managed in line with national guidelines.

- Clinical waste bins were not available in either of the centre's dirty utility rooms. Clinical waste was inappropriately disposed of in residents' communal

access bathrooms, which is not in line with best practice guidance and contributes to the risk of spread of infection.

- The external holding container for clinical waste was not locked, and this was also in close proximity to storage of clean linen. This is not in line with best practice guidance which states that these containers should be segregated and stored in a secure covered area, with access limited to staff and the general public whilst awaiting collection.

Improvements were required in the management of equipment hygiene. For example;

- Nebuliser chambers were not cleaned and stored after each use. This presents a risk to residents as medication is delivered directly to the lungs and could, if contaminated, be a source of infection.
- The storage of linen trollies and bags of soiled items in communal bathrooms was not an acceptable practice.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Automatic swing-free door closers had been installed on all bedroom doors in the centre, on a phased basis. However, the inspector was informed that approximately eight of these were still awaiting to be connected to the fire alarm, and that in the interim, foot-operated acoustic devices were in use on these doors. Assurance was not provided that there were satisfactory arrangements for the maintenance of this equipment, and for the review of fire precautions. For example;

- The inspector was told that maintenance staff monitored the use of the acoustic devices and ensured that batteries were charged, and they were working correctly. The inspector identified five bedroom doors where the devices were emitting a constant beeping noise and flashing a red light light, indicating that there was a fault or low battery.
- Management and staff could not provide full information on what bedroom doors were not connected to the fire alarm system via the new swing free closers. The presence of both devices on most doors was confusing and there was no signage or means of communicating this to staff.

The above findings meant that assurance was not provided that staff could competently evacuate residents from the centre. While simulated fire drills were completed at regular intervals, management had not identified the most challenging evacuation situations and potential problems that staff may encounter, for example, while the door closers were being changed.

The provider's own independent fire safety risk assessment was carried out in January 2024. Updates on the actions required were reviewed, and the latest

records evidenced that the remaining door closers would be approved for completion by September 2025. This is a protracted timeline to complete required fire safety works, and places undue risk to the welfare of residents

Judgment: Not compliant

Regulation 6: Health care

Access to additional professional expertise, for example tissue viability nurse (TVN) and dietitian was not always sought in a timely manner. This did not provide assurances that residents were consistently provided with appropriate medical and nursing care. A review of a sample of residents' documentation identified the following:

- The nursing assessments of wounds, on many occasions did not include any clinical measurements, for example width and depth of the wound. This is important, to evidence if wound healing is occurring. This approach is not in line with best-practice guidance on wound care.
- As per the centre's records, a number of residents had lost weight over time. A significant period of time had elapsed without a serious wound being reviewed by the TVN, despite no improvement to the wound. Additionally, the previous recommendations from the TVN to increase the frequency of a wound-healing supplement, had not been implemented.
- The oversight of residents' weight loss was insufficient, leading to missed opportunities to identify the possible presence of malnutrition, or other causes of weight loss. For example:
- Records showed that a resident had lost a significant amount of weight since their admission. The malnutrition assessment tool had been completed once on admission, and once thereafter. Weights were recorded monthly which clearly identified the weight loss. No action was taken to investigate the cause, or to refer for any specialist assessment by a medical or healthcare practitioner.
- Two residents with weight loss had not been referred to the dietitian, despite their malnutrition assessment results indicating that they were high risk, and the assessment result directing the assessor to contact the GP and dietitian. One of these residents was recorded as having "minimal" at each meal on most days.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Not compliant

Compliance Plan for Waterford Nursing Home OSV-0000255

Inspection ID: MON-0046688

Date of inspection: 02/09/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• Resources for the completion of fire door free swing closures have been provided and all acoustic devices have been removed from bedroom doors. This work has been completed.• The Person in Charge (PIC) has reviewed the oversight of clinical care in the home with a specific focus on wound care and weight management. The PIC and Assistant Director of Nursing (ADON) will review wounds and weight management weekly to ensure documentation is accurate and there is appropriate follow up/escalation as required.• Where deficits are identified the PIC will ensure that staff are provided with additional training and support. The ADON will monitor clinical practice and provide additional support as necessary.• The PIC/ADON will complete monthly reflective practice sessions with nurses to ensure there is good understanding around accurate, timely and effective documentation and to agree development plans where required.• A quality improvement plan (QIP) is now in place which addresses the assessment, documentation and management of skin care and nutritional status/weight loss. The QIP includes clinical supervision, communication of care, equipment, and review of clinical risk and key performance indicators.• The PIC will ensure that the QIP is monitored weekly and discussed at daily handover and safety pause meetings.• The Audit tools for infection control have been reviewed and restructured to ensure all aspects of the environment and equipment are included. The management of sharps is included in the audit titled "Hygiene and Infection Control."• The PIC/ADON will monitor practice as part of the daily walkabout in the Home.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A comprehensive programme of refurbishment and redecoration of multiple areas of the home will commence in November and this will include the provision of additional storage space within the centre. The internal smoking area will be relocated, and a designated external smoking area will be provided. The internal space will then be designated as storage space for the centre. An application to vary will be submitted to the Authority in advance of these works. • Items that had been stored in the residents' communal bathrooms have been removed and are stored safely and appropriately elsewhere in the centre. • The PIC will ensure that storerooms are decluttered and rearranged to accommodate all necessary consumables and equipment. Stock ordering will also be reviewed to ensure that there is now surplus stock in the centre and that there is sufficient space for required items to be safely and appropriately stored. • The PIC will ensure that residents who would like to access the communal bathrooms can do so without restriction or alternatively a member of staff will assist residents to use communal bathrooms as required. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC will ensure that the centre is in compliance with the National Standards for Infection Prevention and Control in Community Services (2018). • The PIC has completed a review of clinical waste bins, and they are now stored in sluice rooms. Following this inspection clinical waste bins have been removed from communal bathrooms. • The external clinical waste bins are now locked and will be monitored by maintenance weekly to ensure access can be restricted to appropriate personnel only. • The PIC will liaise with the facilities team to ensure a comprehensive review of this external storage area is undertaken and will ensure that clean linen is stored in line with best practice. • The PIC will review the protocol for cleaning resident equipment and will ensure that cleaning takes place after each use. The IPC link nurse will monitor practice and compliance with this. • Linen trollies for used linen have been removed from communal bathrooms and the PIC will ensure that all staff are aware of best practice regarding safe and appropriate storage of soiled items. 	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Following this inspection free swing door closures have now been installed to all bedroom doors and connected to the fire alarm system, and all acoustic door guards have been removed. Staff have been made aware. • Simulated fire drills have been completed following this change and all staff are aware that all bedroom doors will automatically close when the fire alarm is activated. • The PIC/ADON will ensure that simulated fire drills will continue to focus on swift compartment evacuation away from the source of the fire. • The PIC, with the support of the facilities team has completed a fire QIP specific to the centre and this will be reviewed monthly by PIC and Healthcare Manager (HCM). • Any high-risk item on the fire QIP will be escalated by the PIC to the Facilities Manager and to the senior management team to ensure that appropriate mitigations are in place while the risk is being managed or eliminated. 	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • All nursing staff, including the management team, will receive refresher training on wound care. Nursing assessment of wounds has been reviewed by the PIC and ADON and where deficits are identified further training and support will be provided. • Staff have been trained in the organisation-wide SkinSmart program and have access to online educational resources and training to complement their initial training. • The PIC will ensure that basic wound assessments are monitored weekly by the ADON to ensure measurements and correct clinical classification of wounds are recorded and monitored. • All residents who require further support with wound care have access to a tissue viability nurse and the referral pathway for all residents at risk of tissue breakdown is monitored by the PIC. • The PIC will review all wounds on a weekly basis to ensure care provided is in line with best practice, and all wounds that require further expert review from a TVN will be referred in a timely manner. All TVN assessments will be conducted on site and in person. • The ADON will participate in an organisation-wide Skin Integrity Group, which will provide an opportunity for shared learning and will further enhance the work of SkinSmart program. • Weight loss and nutritional status of each resident has been reviewed. A QIP is in place to support the correct application of screening tools and appropriate and timely referral to the dietitian for all residents that have scored as high risk on this validated assessment tool. • Clinical oversight of wound care, weight loss/nutritional status of resident and care plans will be reviewed and the specific QIPs will be monitored on a weekly basis by the 	

PIC and ADON.

- Communication regarding care and clinical risk will be improved by ensuring that changes to a resident's care plan are communicated to the care team during handover, and feedback is sought from those providing direct care during safety pause meetings which occur in the morning and on night duty.
- The catering team will be informed of changes to a resident's nutritional care plan when the changes occur, and a copy of the dietician's recommendations will be provided to the catering team.

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(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	31/03/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	31/12/2025

	consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/12/2025
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.	Not Compliant	Red	30/11/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	30/11/2025
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.	Not Compliant	Red	30/11/2025

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	Red	31/12/2025
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.	Not Compliant	Red	31/12/2025