



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

Issued by the Chief Inspector

Name of designated centre:	Rathkeevan Nursing Home
Name of provider:	Drescator Limited
Address of centre:	Rathkeevin, Clonmel, Tipperary
Type of inspection:	Unannounced
Date of inspection:	13 November 2025
Centre ID:	OSV-0000271
Fieldwork ID:	MON-0047722

About the designated centre

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

The centre was purpose built in 2001 and the premises is laid out in four parallel and interconnected blocks on a spacious site. The registered provider for the centre is called Drescator Limited and this centre has been managed by the provider since it opened. The centre is located in a rural setting approximately eight kilometers from Clonmel town. The centre provides care and support for both female and male residents aged over 18 years. The centre provides care for residents with the following care needs: frailty of old age, physical disability, convalescent care, palliative care, and dementia care. The centre can care for residents with percutaneous endoscopic gastrostomy (PEG) tubes, urinary catheters and also for residents with tracheotomy tubes. However, residents presenting with extreme behaviours that challenge will not be admitted to the centre. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre currently employs approximately 54 staff and provides 24-hour care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 November 2025	10:20hrs to 18:00hrs	Catherine Furey	Lead
Friday 14 November 2025	09:20hrs to 15:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out over two consecutive days. The inspector arrived on the morning of both days and found that there was a welcoming atmosphere in the centre. Staff were observed to be helpful and kind towards residents, while being busy carrying out their duties. The inspector spoke with nine residents to gain insight into their experience of living in the centre. The feedback was, for the most part, positive, particularly in relation to the staff and management team, who were described as "a lovely team" and "good to all of us". Most residents said they were very happy living in the centre. Some mixed feedback was received regarding aspects of care in the centre, for example, one resident said "There could be a more prompt response when I ring the bell" "The TV's are always on loud at night".

The inspector also took time to speak with people who were visiting loved ones and family members in the centre. There was excellent feedback from visitors about the improvements in the activity programme over the previous months. One visitor commented that it was "like a different place" and commented on the variety of activities and outings that had taken place, and what was planned for the coming months. All residents and visitors spoken with had high praise for both activity coordinators who had implemented a new "Joy of Living" activities and engagement programme in the centre.

The inspector attended the main dining room on both days when lunch was being served in the main dining room and a small communal room. Most residents attended the dining room, and it was observed that the mealtime service was disjointed and as such, did not provide an optimum dining experience. For example, meals were served directly to residents as they were plated up in the kitchen, rather than table by table. One resident commented "I was first in the dining room, and I'm last to be served, noting that other residents at the table had received their meal. As described further in the report, the food was not always attractively presented, and the portion size of desserts in particular was small. A resident commented, "The food is not always hot, and the dessert wouldn't fill me." Some residents were happy with the food and said it suited them fine and they had no complaints. Overall, the inspector observed that the dining experience could be enhanced.

While walking through the centre, the inspector observed that some areas of the premises had been repainted and new curtains had been hung, which added to the overall decor of the centre. Residents' bedrooms were maintained in a tidy fashion and residents said they were happy with their bedrooms. The centre was warm and comfortable. Nonetheless, some of the rooms not used by residents, for example, sluice rooms and store rooms, were not cleaned or tidied to this level. This impacted

upon overall infection control procedures and is discussed in the findings of the report.

During the two days of inspection, residents actively engaged in many activities including a visit from Bella the Iocal Irish Therapy dog, a live music session, a men's group and individualised one-to-one therapies. Residents were in the process of making a range of crafts for a local craft fair, with proceeds going to the local Wheelchair Association. There were many photographs on display of residents' outings, including recent trips to Ormonde Castle and Ardfinnan Church.

The next two sections of the report describes the governance and management arrangements in the centre, and determines the effectiveness of these systems in ensuring a good quality and safe service.

Capacity and capability

The inspector found that there was evidence of a commitment on the part of the registered provider to improve regulatory compliance. However, significant findings, as discussed under the relevant regulations in this report, did not provide assurances that the registered provider had taken all necessary actions to fully ensure the safety and welfare of the residents. Areas of required improvement are outlined under the relevant regulations of this report.

This was an unannounced inspection to monitor ongoing compliance with the regulations and standards. The inspection also sought to assess the safety, welfare and quality of life for residents living in the centre. The centre has a history of variable compliance with the regulations, compounded by changes in the person in charge. This was the fourth inspection of the centre since the renewal of registration in April 2024. Drescator Limited, a company comprising three directors, is the registered provider of Rathkeevan Nursing Home. The current person in charge (PIC) has been in post since January 2025 and is supported by two clinical nurse managers, one of whom is a recent recruit. The previous assistant director of nursing role has been removed. The PIC was working full-time in the centre, with responsibility for the daily coordination of care and support to residents. Teams of different staff supported residents' needs, including nursing and healthcare assistants. Social care was supported by a dedicated activities team, and catering, household and administration staff further supported residents' needs.

The inspector did identify some improvements in the operations of the centre, including in such areas as activity provision. Notwithstanding these improvements, further actions were required in a number of regulations to achieve and maintain compliance. Additionally, new areas of non-compliance was found in relation to Regulation 18: Food and nutrition and Regulation 27: Infection control. These had not been identified by the provider through their auditing and monitoring systems.

A new system of allocation of staff during the morning handover ensured that there was sufficient supervision of residents during these times. Staff were supported in their daily duties by senior colleagues, and there was evidence that the management team were maintaining a supervisory presence in the centre. There was a comprehensive programme of training that included an induction process for new staff. All staff had completed the relevant training courses required by the provider, and there was a robust system in place to ensure staff training was kept up-to-date. A knowledge gap in relation to nutrition requirements was identified, which required action to ensure that staff were competent in this regard.

There was good oversight and management of record-keeping in the centre, and records required under the regulations were well-maintained and retained for the required time periods. There was a large number of volunteers in the centre, and the administration team ensured that all volunteers had the required documentation prior to volunteering in the centre.

Regulation 15: Staffing

There was an adequate number of staff on duty to cater for the needs of residents present in the centre. The staffing levels were in line with those in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The record of training provided evidence that staff had access to important and relevant training courses including safeguarding of vulnerable adults, fire safety and people moving and handling. There was a clearly documented induction process for staff of each department and grade.

Further training and development of staff was required, to ensure that dietary requirements and modifications were implemented. Kitchen staff advised the inspector that they did not have training in this area, which is a key part of their role.

Judgment: Substantially compliant

Regulation 21: Records

All required records were securely stored and maintained in a manner which made them easily accessible to the inspector.

A sample of staff files were found to contain the requirements of Schedule 2 of the Regulations. The records required under Schedules 3 and 4 of the regulations were also maintained and made available to the inspector for review, for example, the residents' guide, records of on-going medical assessment and records of restrictive practices.

Judgment: Compliant

Regulation 23: Governance and management

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d), were not sufficiently robust. This was evidenced by the following:

- Serious deficits in the oversight of residents' dietary and nutritional needs were identified during the inspection, including the failure to implement required actions following dietetic review. This is described in detail under Regulation 18: Food and nutrition. Furthermore, nutrition audits had been completed, but they did not identify trends found by the inspector during a review of documentation. For example, they did not identify that 35% of the current residents had a weight loss in the previous three months. No quality improvement plans were derived from any of the audits reviewed by the inspector.
- There were inadequate systems of oversight in place to monitor and respond to issues of concern found by the inspector in relation to poor infection control procedures. This is discussed further under Regulation 27: Infection control
- There continued to be deficits in the quality and accuracy of residents' individual assessment and care planning documentation, which could lead to omissions in care. This is detailed under Regulation 5: Individual assessment and care plan
- As discussed under Regulation 34: Complaints, the provider had not updated the complaints policy and procedure in line with the amended regulations, which came into effect on 1 March 2023. The complaints procedure on display contained details of persons who were no longer overseeing complaints.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre. This was found to contain the required information set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 30: Volunteers

The roles and responsibilities of volunteers were set out in writing and each volunteer had a Garda (police) vetting disclosure in accordance with the National Vetting Bureau (Children's and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 34: Complaints procedure

While there was a complaints procedure in the centre, it had not been updated in line with the revised regulations, which came into effect on 1 March 2023. For example, the complaints procedure did not provide for the following

- That a review is conducted and concluded no later than 20 working days after the receipt of the request for review
- The provision of a written response
- The nomination of distinct complaints officer and review officer

The registered provider did not ensure that the centre's annual review provided a report on:

- The level of engagement of independent advocacy services with resident
- Complaints received

The registered provider did not ensure that nominated complaints officers and review officers received suitable training to deal with complaints.

Judgment: Not 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, poor oversight of nutritional requirements and poor overall infection control procedures meant that there was a prevailing level of risk that required action to ensure the best possible outcomes for all residents.

The premises were designed and laid out to meet the individual and collective needs of the residents. There were sufficient communal and private areas for use by residents. Directional signage was displayed throughout the centre to guide residents. The garden areas were easily accessible for residents to access and navigate. There was a system to identify and record any maintenance issues, and a maintenance person was employed on an ad-hoc basis.

A sample of residents' records was reviewed during the inspection. It was evident that the electronic system of assessment and care planning, which had been introduced in 2024, continued to require significant review to ensure that care plans were developed based on the identified needs of the residents, and implemented in a timely manner. This is detailed under Regulation 5: Individual assessment and care plan.

The person in charge ensured that residents had access to a fresh supply of drinking water at all times. Drinks and snacks were available at reasonable times between meals. Residents who did not have swallowing difficulties or did not require assistance had a choice of options for each meal. This choice did not fully extend to residents who required food of a modified consistency. The food provided to residents at mealtimes was not always appetising in nature, and this was reflected in residents' feedback to the inspector. Of concern, the food provided to residents was not in line with their individual requirements following review by a dietitian. This was despite these requirements being documented in care plans and handover sheets. This was a major deficit in the oversight of residents' nutrition and was compounded by a number of residents having a documented weight loss.

Generally, the communal areas and bedrooms in the centre were cleaned to an acceptable level. Domestic staff were provided with appropriate equipment and were knowledgeable about the correct procedures to clean and decontaminate the environment. Notwithstanding the good practices observed, a number of practices were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. For example, some ancillary rooms had not been cleaned to an acceptable standard and several items of equipment were also observed to be visibly unclean. Findings in this regard are presented under Regulation 27: Infection prevention and control.

There had been vast improvements in the provision of meaningful activities for residents since the previous inspection. It was clear that there was a dedicated focus on promoting residents' overall well-being and tailoring activities to individual needs and preferences. There was evidence that residents were consulted with and participated in the organisation of the centre, and this was confirmed by residents.

Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and residents, with some exceptions, as discussed under Regulation 9: Residents' rights. Independent advocacy services were available to residents, and the contact details for these were on display.

Regulation 17: Premises

The premises were appropriate to the needs of the residents and conformed to the matters set out in Schedule 6 of the regulations. There was a programme of progressive, ongoing maintenance in place.

Judgment: Compliant

Regulation 18: Food and nutrition

The dietary needs of residents, as prescribed by healthcare or dietetic staff were not always provided for. For example;

- There was no evidence that 23 residents who were prescribed a high-protein, high-calorie diet, were provided with this diet. For example, all desserts were made without sugar, so as to cater for diabetic residents. This meant that residents requiring extra calories, had calories removed from one of their meals.
- Residents who were prescribed fortified diets (additional cheese, butter and cream added to meals, for example), were not provided with this diet.
- A resident with documented lactose intolerance was given a milk-based dessert. This resident told the inspector that they had to frequently remind staff of their dietary needs.

Residents were not provided with sufficient choice at mealtimes. Evidence to support this finding included:

- Residents were not asked in advance what drink they would like with their dinner time meal. Jugs of orange cordial were prepared and the inspector observed this being poured for almost all residents without consultation. Similarly, at the evening meal, all residents were served tea or coffee, with no cold drinks ready to serve.
- Residents on modified-consistency diets had limited meal choices for evening meal. Some residents received the same meal that they had received at dinner time.

Food was not always provided in adequate quantities and was not always appetising. For example;

- On the first day of inspection the dessert offering was stated on the menu as lemon meringue pie. What was presented to residents was not a traditional lemon meringue pie, and some residents told the inspector that they were disappointed. The portions were very small, and residents commented on this also.
- On the second day of inspection, one of the main dinner options stated on the menu was "Omelette of choice". Residents did not choose what type of omelette they wanted, and instead received a plain egg omelette, served with potatoes and vegetables. This was very unappetising and not a typical homely meal.

Judgment: Not compliant

Regulation 27: Infection control

Action was required to ensure that the provider complies with the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018).

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example:

- The provider had not nominated an infection prevention and control link practitioner to increase awareness of infection prevention and control issues locally whilst also motivating their colleagues to improve infection prevention and control practices.
- There was no evidence of targeted antimicrobial stewardship quality improvement initiatives, training or guidelines.
- Additional education was required to ensure staff are knowledgeable and competent in the management of residents colonised with Multi-drug resistant organisms (MDRO's) including Staphylococcus infections. A resident with a colonised infection was being managed according to incorrect infection control principles.
- The centre had managed a recent COVID-19 outbreak, however no outbreak review was completed, to determine what worked well, or lessons learned.
- While infection control audits were completed, these were not based on the national standards, and did not capture many of the findings of the inspection.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- There was one sluice room in the centre, this meant that there was an excessive travel distance from some parts of the centre to the sluice room, including traversing past communal areas and the reception. Staff informed

the inspector that they manually decanted the contents of bedpans and urinals into toilets rather than walking to the sluice with them. This is not in line with best practice guidance.

- The sluice room was unclean. There was evident brown staining on the exterior of the bedpan washer and a bin. There was a build-up of dust and debris behind the bedpan washer and on the bedpan racking. There was staining on piping, grout and tiles. The soap dispenser and paper towel dispenser were not working.
- A store room for resident equipment was cluttered with an array of equipment, some of which was not clean. For example, mattresses, drip stands, hoists and walking aids. There was no method to identify what equipment was clean and ready for use, what was being stored, and what needed to be discarded.
- The covers of some mattresses were worn or torn, including a mattress currently in use which was threadbare in parts. This could not effectively be decontaminated between use, which presented an infection risk.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A random sample of seven residents' assessment and care planning records were reviewed. This review identifies that the assessments and care plans did not clearly set out the residents needs, how the need was to be met, and any changes to their needs. For example;

- A resident who was formally assessed as being very high risk of pressure-related skin damage, had since had a significant decrease in their mobility, amplifying this risk. There was no evidence of reassessment, the care plan was not updated, and there was no evidence of preventative measures such as regular repositioning being implemented.
- A resident with known responsive behaviours and who was undergoing care from psychiatry of later life, had no documented care plan to identify the triggers to the behaviours and the measures to minimise the impact of the behaviours.
- To residents, with a know risk of wandering prior to admission, had no risk assessment completed to determine the level of risk when living in the centre. As a result, there was no individualised plan of care to meet this need.
- Residents who were colonised with an MDRO, had no care plan in place to guide their specific requirements in this regard.
- Many care plans contained historical, irrelevant information which made it difficult to identify the current, actual plan of care.
- Care plans required further improvement to ensure that the residents' individual choices and preferences about their daily routine were documented. For example, residents' who remained in bed late in the

morning, had nothing in their care plan to identify that this was their own choice.

- One resident's care plan was not developed until six days after they were admitted to the centre.

Judgment: Not compliant

Regulation 9: Residents' rights

Notwithstanding the many respectful interactions between staff and residents, the inspector observed some examples of task-orientated care which required review to ensure a person-centred approach by staff;

- Medications were regularly administered in the dining room during mealtimes which is an outdated practice and does not promote privacy and dignity
- In the dining room, meals were served according to the residents' menu selection from the previous day. In some instances, residents were unable to recall their choices, and staff placed the meal in front of them without informing residents what was being provided. This approach did not reflect person-centred care.

Judgment: Substantially 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	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rathkeevan Nursing Home OSV-0000271

Inspection ID: MON-0047722

Date of inspection: 14/11/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • Fortified and Modified Diet training was conducted inhouse by a Nutricia Dietitian on 24/11/2024 with the two Chefs. • Further training is scheduled for all kitchen staff. 	
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"> • Monthly nutritional audit will be conducted by Director of Nursing. All findings will be discussed with the Chef and any quality improvement plans will be implemented immediately. • Any new admissions or changes to current residents' dietary needs will be dealt with as and when occurs. • Dietary Communication Book will be updated accordingly for the attention of all other relevant staff. • Infection Prevention and Control Link Practitioner Training has been scheduled for Director of Nursing, Clinical Nurse Manager, Senior HCA and Head of Cleaning Department on 30/03/26. Director of Nursing and CNM will have responsibility for antimicrobial stewardship quality improvement initiatives, training and guidelines. • Director of Nursing educated all relevant staff on the correct MDRO infection control 	

principles.

- All infection control audits carried out will be based on the National Standards.
- Going forward a review will be completed for any outbreak within the Nursing Home to determine what worked well during the outbreak and any lessons learned.
- Staff have been reminded and will be monitored to ensure that the environment and the equipment is managed in a way that minimises the risk of transmitting a healthcare associated infection in line with best practice guidance.
- Cleaning department to complete daily inspection and cleaning of the sluice room.
- Inspection has been completed of all soap and paper towel dispensers and will be audited monthly going forward.
- Inspection being carried out on mattresses and they will be replaced accordingly to prevent any further infection risks. Mattress Audit will be completed monthly.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- Director of Nursing and Administration Manager have completed Compliance Officer Training on 15th January 2026.
- In the process of updating current Complaint's Procedure to ensure same is in line with the revised regulations.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- Fortified and Modified Diet training was conducted inhouse by a Nutricia Dietitian on 24/11/2024 with the two Chefs to ensure that the dietary needs of residents as prescribed by healthcare or dietetic staff will always will be catered for.
- Further training is scheduled for all kitchen staff to ensure same.
- Director of Nursing will work collaboratively with the Head Chef on menu planning to ensure that all normal and modified diets are correctly catered for and that residents on modified-consistency diets are given the same meal choices as all other residents.
- All meals provided will be of adequate quantities and appetizing.
- Performance reviews will take place for next 3 months with the head chef and if there is not a significant improvement a new head chef will be appointed.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Infection Prevention and Control Link Practitioner Training has been scheduled for Director of Nursing, Clinical Nurse Manager, Senior HCA and Head of Cleaning Department on 30/03/26. Director of Nursing and CNM will have responsibility for antimicrobial stewardship quality improvement initiatives, training and guidelines. • In relation to the storage of equipment an inventory will be displayed in the store room to clearly identify if equipment is cleaned and ready for use. A visual inspection will be carried out of any stored equipment to ensure it is fit for purpose. • Plans are in place to provide more storage within the home. 	
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> <ul style="list-style-type: none"> • All nurses have been reminded that any new admissions to the home must have care plans and assessments developed within 48 hours. Any changes to a resident's needs or conditions will be updated within the care plan immediately and reassessed as indicated. • Every resident will have a care plan to indicate their preferred choices in relation to their daily routine. • Further in-house training will be provided to all nurses in relation to care plans and assessments. Care Plans will continue to be audited monthly and findings and any further action plans arising from same will be discussed at a monthly nurses meeting. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Medication is no longer administered during meal times. • Plan is to display a menu on each table in the dining room containing menu of the day. • Kitchen staff to confirm with each resident their chosen meal of the day. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	24/11/2025
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	24/11/2025
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Not Compliant	Orange	24/11/2025
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with	Not Compliant	Orange	24/11/2025

	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.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	01/02/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	30/03/2026
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the	Not Compliant	Orange	01/02/2026

	complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Not Compliant	Orange	01/02/2026
Regulation 34(2)(e)	The registered provider shall ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.	Not Compliant	Orange	01/02/2026
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Not Compliant	Orange	01/02/2026

Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	28/02/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	28/02/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	14/11/2025
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	14/11/2025