



**Health
Information
and Quality
Authority**

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:	Rosenalee Care Centre
Name of provider:	Rosenalee Care Centre Limited
Address of centre:	Poulavone, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	31 October 2025
Centre ID:	OSV-0000277
Fieldwork ID:	MON-0048317

About the designated centre

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

Rosenalee Nursing Home is a family run designated centre and is located within the urban setting of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 66 residents. It is a two-storey facility with two lifts, chair stairs lift and separate stairs to enable access to the upstairs accommodation. 23 residents are accommodated upstairs and 43 residents reside downstairs. Bedroom accommodation comprises single and twin rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas included dining rooms both upstairs and downstairs, day rooms, library quiet room, oratory, conservatory sitting room. There are additional seating areas at both entrances to the centre, by the corridor near the main entrance and at the nurses' station upstairs. Residents have access to an expansive paved enclosed courtyard with seating, parasols, garden furniture, raised flowerbeds and large bandstand. Rosenalee Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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
Friday 31 October 2025	08:30hrs to 16:45hrs	Siobhan Bourke	Lead
Friday 31 October 2025	08:30hrs to 16:45hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

This was an unannounced inspection, which was carried out over one day, by two inspectors of social services. The inspectors met with the majority of the 58 residents living in the centre, and spoke with ten residents in more detail, to gain a view of their experience of living in the centre. Residents were generally very complimentary in their feedback and expressed satisfaction about the standard of care and range of social activities provided. Residents told inspectors they felt safe living in the centre. Residents spoken with were also happy with the standard of environmental hygiene.

Rosenalee Care Centre is a family run, large two storey centre, located in the suburban town of Ballincollig and is registered to accommodate 66 residents. The inspectors observed that the centre was clean throughout, well-maintained and was warm and comfortable. Residents' bedroom accommodation was over two floors and included 23 single bedrooms upstairs and 43 bedrooms downstairs in mainly single and a small number of twin bedrooms.

The majority of bedrooms had en-suite showers and toilets and there was toilet and shower facilities in close proximity to bedrooms that were not en-suite. The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia. The privacy and dignity of the resident's accommodation in the five twin rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Carpets remained in a number of bedrooms. However, the provider had a plan to replace these on a phased basis to support effective infection prevention and control practices and to maintain a hygienic environment of residents.

The centre was decorated for Halloween, with seasonal decorations displayed throughout communal areas. The centre had a number of communal rooms, where residents could rest in private or enjoy social interaction with other residents and staff. There were two large dining rooms downstairs, a café style library, a cosy, sitting room, a sun-room and a day-room. There was a calm and welcoming atmosphere in the centre. Visitors whom inspectors spoke with were complimentary of the care and attention received by their loved ones. Residents and their visitors were observed spending time in the library, which had access to the coffee dock with a coffee machine, creating a relaxed and social environment. Residents living in the centre could freely access the well maintained courtyard, independently or with support, if required.

Ancillary facilities were well-ventilated, clean and tidy. The main kitchen, which was located in the basement, was adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. There were two sluice rooms for the reprocessing of bedpans, urinals and commodes. Staff

also had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment.

The infrastructure and equipment within the laundry supported functional separation of the clean and dirty phases of the laundering process. Soiled laundry was sent to the laundry via a dedicated chute. This system minimised staff handling and transportation of dirty laundry. Two barrier washing machines, with two openings, allowed laundry to pass directly from the dirty to the clean side of the laundry. This system further minimised the risk of cross-contamination. Clean laundry was sorted and folded in the designated clean area.

Hand washing sinks were available for staff hand hygiene on the ground floor in close proximity to resident bedrooms. However, barriers to effective staff hand hygiene were identified during the course of this inspection. Findings in this regard are detailed under Regulation 27; infection control.

An inspector observed the lunch time dining experience and saw that it was a sociable dining experience for residents. Residents were very complimentary regarding the choice and quality of meals and snacks available to them in the centre. Residents who required assistance with their meals were provided with this by staff in a respectful and unhurried manner. The inspector saw that meals were well-presented and appealing.

The inspectors saw that staff engaged with residents in a respectful and friendly manner during the inspection. During the morning, inspectors saw that staff and family members formed a guard of honour and recited prayers, to pay their respects, to a resident who had died and was on their final journey from the home. Residents appeared well dressed in accordance with their preferences. Many of the residents were visiting the hair dresser who was on site on the day. They enjoyed the chats and discussions with the hairdresser and it appeared to be a very enjoyable experience for residents.

The provider employed two activity staff who facilitated the activity schedule available in the centre during the week. Many of the residents who spoke with the inspectors told them that they really enjoyed the variety of activities and that the activity staff were "super" and "great fun." During the morning, residents were engaging in one-to-one activities with the activity staff, others were watching mass together on the television. On the afternoon of the inspection, a Halloween party was taking place. Residents and staff were observed participating in the event which included music, refreshments and themed costumes. The atmosphere was warm and inclusive, and residents appeared to enjoy the occasion. This reflected the centre's continued efforts to promote social engagement and enhance residents' quality of life. Residents had access to advocacy as required. However, there was no evidence that residents' meetings had been held in 2025, to seek residents views on the running of the centre. This is detailed further under Regulation 9; Residents rights.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes. Inspectors found that this was a well-managed centre where residents were supported and facilitated to have a good quality of life. Some actions were required to come into full compliance with the regulations, which are detailed under the relevant regulations.

Rosenalee Care Centre is operated by Rosenalee Care Centre Limited, who is the registered provider. There were four company directors, one of the directors worked as the general manager in the centre. There was a clearly defined management structure in place.

The person in charge (PIC) worked full time in the centre and had the required experience and qualifications for this role. They were supported by a full time assistant director of nursing and team of nurses, health care assistants, maintenance, domestic, activity, catering and administration staff. Observations throughout the day demonstrated that staff were knowledgeable of residents' care needs and a holistic approach was promoted to ensure residents' rights were upheld.

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre, as described in the centre's statement of purpose.

Inspectors were informed that the position of Infection Prevention Control link practitioner had recently become vacant. The PIC informed inspectors of plans to nominate a new link practitioner, who would undertake the required training.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control.

There were a number of management systems in place to monitor and review the quality and safety of the service. An annual review of the quality and safety of care delivered to residents in 2024 was available in the centre for review.

While a schedule of audits was carried out, they did not serve as a tool to improve quality improvement as some audits lacked detail and were in the format of a checklist. Findings in this regard are presented under Regulation 23; Governance and management.

Surveillance of healthcare associated infection (HCAI) and multi-drug resistant organism (MDRO) colonisation was routinely undertaken and recorded. However, a review of acute hospital discharge letters and laboratory reports found that staff had failed to identify a small number of residents that were colonised with MDROs, including Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL).

There was a low level of prophylactic antibiotic use within the centre and prophylactic prescriptions were regularly reviewed, which is good practice. However, a record of antimicrobial use had not been maintained in recent months and audits of antibiotic use were not routinely undertaken. Findings in the regard are presented under Regulation 23; Governance and management.

Notifications were recorded electronically in the centre and from a review of these records, it was evident that incidents were notified in line with the Regulation 31; Notification of incidents.

The complaints procedure was displayed in the centre and residents who spoke with inspectors were aware how to make a complaint. However, action was required to ensure that all complaints were logged and managed in line with the regulation as outlined under Regulation 34; Complaints procedure.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector, in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters and the observations of inspectors, it was evident that the registered provider had ensured that the number and skill-mix of

staff was appropriate, having regard to the needs of residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by inspectors confirmed that there was a high level of training provided in the centre. Training courses were a mixture of online and in-person training. All staff had received, or had scheduled training in the coming weeks, to ensure they had up-to-date mandatory training specific to their roles.

Judgment: Compliant

Regulation 21: Records

Records were stored securely in the centre. Requested records were made available to the inspectors during the inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. However, further action was required to be fully compliant. This was evidenced by:

- Local infection prevention and control audit tools were overly broad and non-specific, limiting their effectiveness in identifying areas that required corrective action.

- The overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress. For example, there was no evidence of multidisciplinary targeted antimicrobial stewardship quality improvement initiatives or audits.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre and it contained information as set out in Schedule 1. This was available to residents and visitors.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of incidents as set out in paragraphs 7 (1) (a) to (i) of Schedule 4 of the regulations, within 2 working days of their occurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

Action was required to ensure that all complaints were logged and managed as required in the regulations. While a small number of complaints were recorded and logged, from a review of communication records with residents' relatives and from speaking with residents, it was evident that not all complaints were recorded. This is required so that any trends or areas for improvement can be identified by the provider.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. Further action was required in relation to care planning and residents' rights, infection control and temporary absence or discharge of residents as outlined under the relevant regulations.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GP's from local practices and the person in charge confirmed that GP's called to the centre. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents had access to local dental, optician and pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The centre adopted an open visiting policy for residents during the day except during protected meal times, where visiting was restricted in order to allow residents time and enjoyment of meals without distraction. Visitors confirmed that visits were encouraged and facilitated in the centre.

Measures were in place to protect residents from being harmed or suffering abuse. Staff working in the centre all completed training in safeguarding vulnerable adults. The inspectors reviewed investigation records of allegations of abuse. It was evident that appropriate measures were taken by management to protect the resident as soon as they became aware of any allegation.

Staff were knowledgeable regarding residents' individual needs in terms of managing and supporting residents with responsive behaviours. A restrictive practice register was maintained in the centre and residents that requested the use of bedrails had a supporting risk assessment completed, consent forms and monitoring of safety completed.

Inspectors focused on resident's elimination (urinary catheter), nutrition, wound and end-of-life care plans. Care plans based on assessments were completed no later than 48 hours after the resident's admission and reviewed at intervals not exceeding four months. However, overall the standard of care planning required improvement to ensure that they were consistently personal-centered and guided effective care. This is detailed under Regulation 5; individual assessment and care plan.

A review of documentation found that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred back to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However,

inspectors identified four occasions when colonisation status was not communicated to the receiving hospital.

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was cleaned to a high standard, with appropriate routines and schedules for cleaning and decontamination. There was a full time maintenance person employed in the centre, who had good oversight of the premises.

The provider had a Legionella management programme in place. Water testing reports provided the assurance that the risk of Legionella was being effectively managed in hot and cold water systems in the centre.

Inspectors identified many examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment, cleaning and safe handling and disposal of waste and used linen.

Notwithstanding the good practices observed, inspectors identified small number of areas that required review to ensure that the registered provider complied with the national standards for infection prevention and control published by HIQA. For example, staff told inspectors that they emptied the contents of urinals and commodes prior to placing them into the bedpan washer for decontamination. Improvements were also required in hand hygiene facilities, sharps safety and equipment management. Findings are detailed under Regulation 27: infection control.

Medication administration was observed to be in line with best practice guidelines. Controlled drugs were carefully managed in accordance with professional guidance for nurses.

There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Residents confirmed that they could choose to socialise and participate in activities and there was a varied and flexible activities schedule over seven days of the week. On the day of the inspection, there were two staff members providing a social programme for residents. Notwithstanding the positive feedback to inspectors on the day of the inspection, the frequency of residents' meetings was not in line with the statement of purpose which stated they would be held every four months. Furthermore, while residents who attended the centre for respite or convalescent care were offered surveys to seek their views on the service provided, long-term care residents surveys had not been undertaken. Findings are detailed under Regulation 9; Residents' rights.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

The updated visiting policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits from nominated support persons during outbreaks.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents had access and control over their personal possessions and finances. Residents clothes were laundered in the centre and inspectors were informed that a new labelling system had been introduced to ensure residents clothing was clearly identified and to reduce the risk of items being misplaced.

Judgment: Compliant

Regulation 17: Premises

The premises was designed and laid out to meet the individual and collective needs of residents. The centre was clean and well maintained and it met the requirements of Schedule 6 of the regulations. There were sufficient communal spaces for residents and their visitors to enjoy. There was a full time maintenance person employed in the centre, who had good oversight of the premises. Bedroom and communal areas were clean and bright with comfortable furnishings.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The MDRO colonisation status of resident's was not communicated on their transfer to hospital on four occasions. This meant that appropriate precautions may not have been in place when caring for these residents in hospital.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). However, further action was required to be fully compliant. For example;

- A small number of staff informed inspectors that commodes and urinals were manually emptied into the sluice or toilet prior to decontamination in the bedpan washer. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Inspectors saw evidence that safety engineered needles were not consistently used when obtaining blood samples. Two used needles were observed to have been recapped before disposal in the sharps bin. This practice increased the risk of needle stick injury.
- Equipment was generally clean and well maintained with some exceptions. For example, two nebuliser machines and the medication fridge on the first floor were unclean.
- Barriers to effective staff hand hygiene were identified during the course of this inspection. There was a limited number of dedicated hand wash sinks for staff use on the first floor.
- Liquid soap dispensers were topped up. Dispensers should be of a disposable single-cartridge design to prevent contamination. There was no soap or hand towels available over the hand washing sink in the first floor clinical room.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- Some residents had an excessive number of care plans, and in some cases, these contained information that was generic or no longer relevant to their current needs. This presented a risk that important information could be overlooked and that care delivery may not fully reflect residents' up-to-date assessments and needs.
- End-of-life care plans were not always developed to outline residents' wishes, preferences and clinical guidance for end-of-life care. As a result staff may not have clear, person centered direction regarding residents' preferences for care, symptom management or religious support in the final stages of life.
- care plans were not always updated when a resident's condition changed; for example, when a resident returned from hospital, this is required to ensure staff have current information of residents' assessed needs to direct care.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example tissue viability, speech and language therapy (SALT) dietitian, and physiotherapy. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had further reduced the number of bedrails and sensor equipment in use since the previous inspection and continued to focusing on moving towards a restraint free environment. Where restraint was used the inspectors found residents were assessed appropriately and it was used in line with national policy.

Judgment: Compliant

Regulation 8: Protection

Training in the safeguarding of vulnerable adults was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. Residents reported feeling safe in the centre and told the inspectors that they would have no difficulty talking to staff should they have any concerns. The person in charge ensured that any allegation of abuse was investigated in line with the centre's policy. There were robust systems in place for the management of residents' finances. The provider was not a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

The frequency of residents' meetings was not in line with every four months as detailed in the statement of purpose. While frequent surveys were undertaken to seek feedback from short stay residents, the same opportunity was not provided to long term residents. These meetings and surveys are required to ensure residents are consulted about and participate in the organisation of the centre. As a result, there was reduced opportunity for residents to formally express their views on the quality of care and services, and for the provider to use this feedback to drive continuous improvement and service development.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Rosenalee Care Centre OSV-0000277

Inspection ID: MON-0048317

Date of inspection: 31/10/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will review and redesign all local IPC audit tools to ensure they are site-specific, focused, and aligned with HIQA National Standards. Revised tools will include clear audit criteria, specific measurable indicators, and defined corrective actions. A quarterly audit review process will be implemented to ensure ongoing relevance and effectiveness.</p> <p>AMS will be formally incorporated into our multidisciplinary team (MDT) meetings, ensuring regular discussion of prescribing practices, emerging trends, and action plans. We are developing AMS-specific Key Performance Indicators (KPIs), such as compliance with antimicrobial guidelines, review dates documented. These KPIs will be monitored quarterly and reported through our quality and safety governance structure.</p> <p>We will implement at least two multidisciplinary AMS quality improvement projects per year, prioritizing areas identified through audit findings</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints, including verbal concerns, will now be recorded promptly in the complaints log to ensure full compliance with regulations. Refresher training on the complaints process will be provided to all staff to reinforce the requirement to document every complaint and to follow the correct procedure. Management will also carry out</p>	

regular reviews of the complaints log to ensure consistency and identify any trends for improvement going forward	
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Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>We have contacted our software engineers, who are now updating the system so that MDRO status will automatically populate the transfer letter by default. This will ensure consistent communication every time. In addition, MDRO status will be highlighted during infection-control huddles to reinforce staff awareness and accountability.</p>	
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Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A review of commode and urinal decontamination practices was completed immediately following the inspection.</p> <ul style="list-style-type: none"> • Manual emptying prior to placement in the bedpan washer has ceased. • All staff have been re-educated on correct workflows, in line with HPSC guidelines, to eliminate risk of environmental contamination and MDRO transmission. • Compliance monitoring has been incorporated into routine IPC audits <p>Inconsistent use of safety-engineered needles and needle-recapping To eliminate needle-stick risk, safety-engineered needles will now be used at all times, and staff have been reminded that recapping is prohibited. Additional training on sharps safety will be delivered, and the Clinical Nurse Manager will conduct spot checks to ensure adherence.</p> <p>Cleaning of nebulizers and medication fridge All equipment identified, including nebulizers and the medication fridge was cleaned immediately. A weekly equipment cleaning checklist has now been implemented, and staff have been reminded of their responsibilities. Environmental audits will be strengthened to ensure sustained compliance</p> <p>We acknowledge the need to enhance infrastructure to support optimal hand hygiene.</p> <ul style="list-style-type: none"> • Best practice in hand hygiene indicates that staff should use alcohol-based hand rub unless their hands are visibly dirty/contaminated. All staff have access to alcohol hand gel at all points of care. • Additional dedicated hand-wash sinks are being considered on the first floor. • In the interim, alcohol-based hand rub dispensers have been increased to ensure ease 	

of access at all points of care.

•Soap and hand towels have been reinstated in the first-floor clinical room and daily checks added to the opening/closing IPC checklist.

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Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1.Full Review of All Care Plans:

A systematic review of all residents' care plans commenced immediately following the inspection to remove duplication, generic entries, and superseded assessments. Care plans will be restructured to ensure clarity, relevance, and alignment with each resident's current assessed needs.

2. Standardised Care Plan Framework Introduced:A streamlined and standardised care plan template has been implemented to ensure consistency, reduce unnecessary plans, and improve ease of navigation for staff. Completion date:

3.Enhanced Care Planning Training:

All nursing staff have undertaken refresher training focusing on person-centred documentation, avoiding generic statements, and ensuring accuracy and specificity. Completion date:

4. Audit Process Strengthened:

Weekly care plan audits introduced for 8 weeks, followed by monthly audits, focusing on relevance, accuracy, and elimination of duplication.

We have also engaged with CARU to expand nurses' knowledge and ensure that residents' wishes, preferences, symptom management needs, and spiritual supports are clearly documented to guide staff practice.

Post-Hospital Admission Review Protocol Implemented:

A mandatory "72-hour post-return from hospital review" was introduced to ensure reassessment of needs, medication reconciliation, and immediate updating of all relevant care plans

Trigger Points Added to Care Plan System: Electronic documentation system updated to flag required care plan updates following: Hospital discharge, Falls, Significant clinical changes ,Weight changes, Notable behaviour changes

Daily Handover Reinforcement: CNM handover sheets updated to include a section on "Residents requiring care plan updates."

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Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. Reinstate and Adhere to a Structured Schedule of Residents' Meetings <ul style="list-style-type: none"> • A residents' meeting schedule has been established for the full calendar year, ensuring meetings occur in line with the Statement of Purpose. • Dates have been shared with residents, families, and staff and posted on notice boards. • Minutes and actions will be shared with residents, families and staff. 2. Appointment of a Dedicated Residents' Meeting Coordinator <ul style="list-style-type: none"> • A named staff member (Activity Coordinator) has been assigned responsibility for: Organisation and facilitation of meetings, Recording minutes, Ensuring attendance and follow-up on actions ,A deputy has also been assigned to ensure continuity during leave periods. 3. Development of a Long-Term Resident Feedback Survey <ul style="list-style-type: none"> • A tailored survey for long-term residents has been developed, focusing on: Daily life and routines ,Activities and meaningful engagement ,Catering and dining experience, Personal care, Safety and social connection, Surveys will be administered twice yearly 4. Ensure All Residents Have an Opportunity to Participate <ul style="list-style-type: none"> • Residents with cognitive impairment will be supported through: One-to-one conversational feedback ,Advocacy approaches ,Family or representative input where appropriate ,Findings from these individual consultations will be included in resident feedback reports. 5. Action Logs and Feedback Loop Strengthened <ul style="list-style-type: none"> • A standardised Resident Feedback Action Log is now used to track issues raised during meetings and surveys, including: Actions planned, Person responsible, Completion dates • Updates are shared at the next residents' meeting to demonstrate responsiveness and follow-through. 6. Governance & Oversight <ul style="list-style-type: none"> • Minutes from every residents' meeting and a summary of survey findings will be reviewed: Monthly by the CNM/ADoN ,At each Quality and Safety Committee meeting • Themes, trends, and improvement actions will be recorded and used to inform the centre's quality improvement plan. <p style="margin-left: 0px;">]</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	05/12/2025
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Substantially Compliant	Yellow	26/01/2026

	designated centre, hospital or place.			
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	06/04/2026
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	12/01/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Substantially Compliant	Yellow	09/02/2026

	the resident concerned and where appropriate that resident's family.			
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	30/01/2026