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:	Aras Gaoth Dobhair
Name of provider:	Bainistiocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta
Address of centre:	Meenaniller, Derrybeg, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	12 November 2025
Centre ID:	OSV-0000311
Fieldwork ID:	MON-0047827

About the designated centre

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

This centre is a purpose-built single-storey building located in Gweedore, a Gaeltacht area in Co. Donegal. The centre has been operating since 2004, providing continuing, convalescent and respite care to male and female residents, primarily over 65 years, with low-to-maximum dependency needs. The centre is registered for 41 residents to be accommodated. Communal day, dining and sanitary facilities were available in addition to 25 bedrooms with full en-suite facilities within two distinct units. The dementia unit can accommodate 20 residents, and the general unit can accommodate 21 residents. Bedroom accommodation comprises of 17 single, four twin and four bedrooms with four beds in each. An aim of the service is to provide a caring environment where residents feel supported and valued and where their primary needs can be met in a warm, homelike atmosphere without compromising their dignity, privacy, or choice.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36

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
Wednesday 12 November 2025	07:00hrs to 16:00hrs	Nikhil Suresh Kumar	Lead
Wednesday 12 November 2025	07:00hrs to 16:00hrs	Michael Dunne	Support

What residents told us and what inspectors observed

Overall, the feedback from residents regarding the care and service provided to them was positive. Several residents commented that the food was delicious, the staff were excellent, and they felt well-supported.

Aras Ghaoth Dobhair is located in Derrybeg and is a single-storey building with two units: the dementia-specific unit and the general unit. This was an unannounced inspection that commenced at 7 am.

Upon arrival, the inspectors found that the centre was well-lit providing a warm and welcoming atmosphere. The inspectors were admitted to the centre by night staff, and completed the required sign-in procedures. The inspectors proceeded to meet with the nurse in charge and explain the purpose of the inspection. Following this introduction, inspectors conducted a walk-around of the designated centre. The centre comprises of two units, with one specifically focused on residents with a dementia diagnosis. Each unit was led by a staff nurse, who in turn supervised a team of carers in the delivery of care and support to the residents. The inspectors also met with the person in charge after their arrival to the centre later in the morning, and provided information regarding the inspection.

Inspectors observed post arrival that most residents were in their rooms with, staff attending to the care needs of residents who were awake. Although the number of staff available during the early morning hours was in line with the statement of purpose, observations also found that some residents moving around the dementia-specific unit were unsupervised. While staff were present, they were often seen going in and out of residents' rooms to address their care needs or assist with breakfast. Consequently, several residents were observed seated in a bay opposite the nurses' station, where they frequently remained without supervision during the morning hours. Additionally, a sensory room in a dementia-specific unit was found to be locked during the morning hours of the inspection.

Staff were found to be carrying out cleaning and decontamination according to a cleaning schedule during the inspection. While their practices for floor cleaning and decontamination were deemed effective during the inspection, cleaning tasks were recorded early in the morning, before the actual cleaning took place. As a result, the oversight of cleaning practices was not adequate to ensure that staff consistently adhered to the provider's infection prevention and control procedures.

An activity schedule was in place, and the activities program was led by two staff members and followed a set schedule during the inspection. However, despite having two dedicated staff, there were no activities scheduled for weekends, and staff were not allocated to provide meaningful activities.

The majority of the staff members that the inspectors spoke with were native Gaelic speakers. Inspectors observed staff conversing fluently with residents in both English and Gaelic. Interactions were found to be consistently pleasant, friendly, and supportive, ensuring a positive atmosphere.

The residents who spoke with the inspectors said the food provided to them was of good quality, and that refreshments were readily available throughout the day. While the quality of food and refreshments was well-received, a qualified chef was not available to oversee the catering service during weekends.

Staff demonstrated respect for privacy and dignity by knocking on residents' doors and seeking permission before entering bedrooms. However, wall-mounted privacy screens in two four-bedded rooms did not ensure the privacy needs of residents, and this was a repeated finding from previous inspections. Two of these four-bedded rooms continued to accommodate four residents, which is contrary to the information submitted to the Office of the Chief Inspector before this inspection. The provider has since stated these rooms will be reconfigured to three-bedded units to guarantee the privacy and dignity of residents sharing these rooms. Furthermore, residents in these rooms lacked lockable storage facilities for their personal belongings.

While most residents had access to call-bells in their bedrooms, several residents did not have them within their easy reach while in bed. Additionally, a prayer room, did not have call-bells installed, which was a repeated finding from previous inspections..

There were no restrictions in place to receive visitors, and some visitors who spoke with the inspectors were satisfied with the service and staff in the centre. Residents had access to newspapers and television in the centre.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The provider of the centre is Bainistiocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta, which is a voluntary board consisting of six members. The findings of this inspection confirmed that the oversight of care and services provided in this centre was inadequate and did not sustain the improvements achieved in previous inspections.

The centre has a person in charge who has the required management experience and qualifications for the role. The person in charge reported to the provider's

representative, and the provider's representative had overall oversight of the care and services provided to the residents, and reported to the board.

The purpose of this unannounced inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the previous inspection findings.

The inspectors reviewed the centre's staffing arrangements and found that a sustainable and safe staffing system was not in place, especially to manage unplanned staff absences. As a result, the provider's current arrangements to provide management cover for the person in charge during their absence by the clinical nurse manager were not effective. This is further discussed under Regulation 23: Governance and management and Regulation 15: Staffing.

Additionally, the oversight of care and service provided in this centre had declined since the last inspection and had resulted in several non-compliant findings in this inspection. This is detailed under Regulation 23: Governance and management.

Although staff had access to mandatory training, such as fire training, key management personnel lacked sufficient knowledge regarding the centre's compartmentalisation arrangements. The provider was requested to carry out a fire drill in their largest compartment with simulated night time staffing, and this was received following the inspection. This is further discussed under Regulation 16: Training and staff development.

The inspectors reviewed a sample of Schedule 2, 3 and 4 records kept in the centre. Although these records were kept securely in this centre, key information, such as duty rosters, did not include information about key personnel working in this centre. This is further detailed under Regulation 21: Records.

A complaint procedure for this centre was made available for residents, visitors and staff; however, this procedure had not been updated to accurately identify the centre's complaint officer, or review officer in line with the requirements of the regulation. This is detailed under Regulation 34: Complaints procedure.

Regulation 14: Persons in charge

The provider's arrangements were not effective in ensuring that the designated centre has a person who is able to deputise in the absence of the person in charge. While a deputy was appointed to assume responsibilities in the absence of the person in charge, this arrangement was not effective, as the deputised individual frequently had to carry out nursing duties during the night to cover unplanned staff absences. This dual role limited their capacity to oversee the care and services provided within the centre adequately. Consequently, inspectors observed that the

oversight of the care and services was insufficient as discussed under Regulation 23: Governance and management.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider had not ensured that the number and skill-mix of staff were appropriate to meet the needs of the residents. This was evidenced by:

- The registered provider had not ensured that the staffing levels were appropriately deployed to meet the layout of the dementia-specific unit and the needs of the residents. The allocation of staffing resources in this area during early morning hours required review to ensure there was sufficient staff available to support and meet the needs of all residents. For example, there were not enough care staff on duty during the early morning hours in the dementia-specific unit to meet the needs of the residents, which created a strain on staffing resources during this time. Additionally, the layout of this unit requires staff to supervise residents in various areas, such as day rooms and corridors. Residents who were at risk of falls were not adequately supervised during the early morning hours, which posed a risk of injury to them.
- Staff were not allocated to provide meaningful activities for residents during weekends.
- A qualified chef was not allocated during weekends to support residents' needs.

Judgment: Not compliant

Regulation 16: Training and staff development

Although staff had access to a suite of training programmes to enable them to perform their respective roles, further action was required to ensure staff were appropriately supported and supervised at all times, for example:

- The staff who spoke with the inspectors did not demonstrate a clear understanding of the centre's fire precautions.
- The arrangements in place to supervise nursing staff were not adequate and did not ensure safe medication management practices. For example, medicines, such as ointments, were found to be shared between two residents.

Judgment: Substantially compliant

Regulation 21: Records

The provider did not ensure that the records set out in Schedules 3 and 4 were kept accurately in this designated centre.

- The staffing roster of the centre did not include key personnel, such as maintenance and administration staff. As a result, it was unclear whether there was a sufficient number of these key personnel available in the centre to meet the residents' needs.
- Copy of the correspondence or referral sent to the Department of Social Protection regarding pension agent arrangement for residents had not been maintained in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider did not ensure that the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example:

- The inspectors reviewed the worked rosters and discussed staffing allocations with management, which indicated that the staffing figures in Whole Time Equivalent (WTE) allocated for healthcare assistants were 19, contrary to the commitment of 24 provided in the provider's statement of purpose. As a result, staff were required to do additional shifts to make up the shortfall in hours available; this had the potential to exhaust the centre's staffing contingencies.
- The staffing figures in Whole Time Equivalent (WTE) allocated for activity staff were 1 WTE, contrary to the commitment of 1.5 WTE. As a result, staff were not allocated to provide meaningful activities for residents during weekends.
- The Chef was outlined 1.3 WTE capacity in the SOP; however, the centre had only 1 WTE staff member available.

The provider failed to clearly define the management structure with clear lines and responsibilities to ensure the service is appropriately supervised to ensure adequate care provision. For example:

- A management personnel in the centre had limited supernumerary hours allocated to provider oversight of the centre and support to the staff and

residents as they frequently had to carry out nursing duties during the night to cover unplanned staff absences.

The provider's current management systems did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- While the provider's own audits scored high in respect of infection prevention and care planning, they did not identify the issues that inspectors identified on the day of inspection, and hence, no action plan was in place. As a result, the risks identified were not addressed or mitigated.
- The inspectors found a lack of oversight in the delivery of services. The clinical governance and general meetings were inadequately organised, and the minutes of these meetings, made available for review, did not cover key areas such as safeguarding issues, identified risks, health and safety concerns, and complaints. As a result, several repeated non-compliance findings were identified in this inspection.
- The oversight of the provider's policies was not sufficient; for example, the laundry policy did not include the procedure in place regarding the management of outsourced laundry. Additionally, the policies provided to the inspectors and those available for staff were out of date. As a result, the provider did not ensure that staff had access to the correct policies and procedures to provide care and services to residents in a safe and effective manner. When this was brought to the attention of the management team, the inspectors were informed that incorrect polices were made available for inspection; nevertheless, correct policies as mentioned by the management team were not made available for inspectors to review during the inspection.
- The provider's oversight of staffing allocations and practices was not effective. For instance, the inspectors found a lack of supervision of residents in two areas, in the sitting room and across from the nurse's station, during early morning hours. Although staff had been allocated to supervise residents in the sitting room, they were also engaged in assisting residents in their bedrooms for their nutritional or elimination needs. This had resulted in a lack of supervision of residents in these areas, which potentially created an increased risk of injury for residents. In addition, the inspectors observed that call bells were out of reach for residents, posing a risk that, if a resident requires help, they won't be able to call for it.
- The provider's oversight systems to identify and manage risk in the centre were not sufficient.
    - The management team that spoke with the inspectors did not demonstrate knowledge regarding the risks that the inspectors identified during the inspection. Additionally, these risks were not identified on the centre's risk register, and consequently, measures to mitigate risks were not in place.
    - The oversight of the medicine management system was ineffective, and as a result, out-of-date medicines were found stored among those used for other residents, potentially posing an injury risk. This was a repeated non-compliance finding.
    - Oversight of the documentation of cleaning and decontamination practices was not adequate and did not identify issues with early

documentation of cleaning tasks as complete before the actual cleaning took place.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider's revised statement of purpose did not include the information regarding laundry facilities in the centre. For example, the information regarding the outsourcing of laundry was not detailed in the centre's statement of purpose.

The information on the total staffing complement, in whole-time equivalents, for Chefs in the centre's revised statement of purpose was not accurate.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre's complaint policy did not include accurate information regarding the centre's complaint officer and the review officer. As a result, it did not provide the information required by the regulations. For example, the registered provider's complaint procedure and policy identified a clinical nurse manager as a complaint officer and the review officer.

Judgment: Substantially compliant

Quality and safety

Overall, the quality of care provided to residents was good. However, the practices related to infection prevention and control, residents' rights, medication management, and premises were inadequate.

The inspectors found that residents were generally well supported in accessing their general practitioners (GPs) from local practices, as well as health and social care professionals and specialist medical and nursing services. A sample of residents' records reviewed indicated that a range of validation assessment tools were used to assess residents; however, the assessments were not comprehensive and were not carried out for some residents to adequately inform their care needs. While the

majority of the residents had a care plan, it was not sufficiently detailed to guide staff in providing the required care interventions. This is further discussed under Regulation 5: Individual assessment and care plan.

The inspectors found that the systems in place to ensure safe medication management practices were inadequate, and this is further detailed under Regulation 29: Medicines and pharmaceutical services.

Although the provider had carried out extensive fire safety work at the centre, the provider's arrangements for emergency evacuation were not sufficiently detailed. This is discussed under Regulation 28: Fire precautions.

Residents' meetings were held regularly, and the meeting records indicated that they were consulted about the organisation of the centre.

The inspectors observed that most residents in the general nursing unit and the dementia-specific unit took part in various activities during the day. However, the residents did not have the opportunity to take part in meaningful activities during weekends.

While the centre had an infection prevention and control policy, the centre's infection control procedures were not fully aligned with the requirements of Regulation 27: Infection control.

Regulation 17: Premises

The centre’s premises did not conform to all of the matters set out under Schedule 6 of the regulations. For example:

- The layout of the bed spaces in two four-bedded rooms at this centre was not suitable to meet the needs of the residents. The layout of the bed spaces in five twin-occupancy bedrooms did not facilitate residents' needs for privacy and dignity during personal care and transfer procedures.
- There was insufficient circulation space around these beds, and as a result, residents could not sit out in their own bed spaces.
- There was no secure storage available for some residents in these rooms. Residents also lacked sufficient storage space to store their personal belongings. As a result, residents were found to be storing personal items on a lighting console over their bed.
- Floor coverings and walls of the laundry room and the cleaners' room were damaged and required replacement.
- The call-bell was missing from the oratory and was not accessible in the sitting room due to their location in the room behind the door. This was a repeated non-compliance finding.
- There were insufficient storage facilities available in this centre, and equipment, such as mobility aids, was stored in the family room adjacent to

the palliative care room, in the sluice rooms, and in the assisted bathrooms. This was a repeated non-compliance finding.

Judgment: Not compliant

Regulation 27: Infection control

The infection prevention and control processes in the centre required improvement to ensure compliance with the national standards for infection prevention and control in community health services and other national guidance. For example;

- Access to the hand-wash sink and sluice machine was found to be obstructed due to the storage of commode chairs.
- Systems to provide assurances that equipment has been cleaned in between resident use are not effective, for example, appropriate cleaning records were not available for a number of hoists and wheelchairs stored in a dementia-specific unit to confirm that cleaning had occurred.
- Residents moving and handling aids, for example, five slings were found to be placed over hoists. Staff who spoke with the inspectors informed that the slings were being used for multiple residents. However, there was no documentation indicating that these slings had been adequately cleaned and were ready for residents' use.
- Incontinence products were not stored appropriately and instead were stored in a communal shower room and toilet on the dementia unit, which posed a cross-contamination risk to residents.
- A sharps bin had not been kept in a secure manner and was found to be left open in the sluice room, which posed an injury risk.
- Several clean items were stored in a dirty utility room, which posed a cross-contamination risk to residents. For example, residents' toiletries, such as shampoo, toothpaste, and denture boxes, as well as sample collection forms and bottles, were stored in the dirty room.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider's arrangements for evacuating and relocating residents to a place of safety outside the building, if a complete evacuation of the building becomes necessary, were not clearly stated in the centre's fire emergency procedures or the statement of purpose. This information was required to ensure full compliance with the regulation and to ensure the safety of residents.

The provider had not carried out a simulated night time evacuation of residents following the extensive building refurbishment works to review their existing fire precautions. The provider had submitted this information in response to the request for information.

Arrangements in place did not provide adequate precautions against the risk of fire. For example, there were no warnings on the door of the treatment room regarding the storage of oxygen cylinders. Oxygen cylinders were also found to be stored incorrectly outside of the designated centre.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had not ensured that medicinal products, which were out-of-date and medicines that had been dispensed to residents, but were no longer required by those residents were not segregated from other medicinal products and disposed of in accordance with the national legislation. This was a repeated non-compliance finding.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While all residents in the centre had a care plan in place, these plans were not sufficiently reviewed, and they did not accurately reflect the current care needs of the residents. For example,

- One resident's responsive behaviour care plan was not sufficiently detailed and did not include the specific non-pharmacological interventions that support the resident and guide staff in providing care interventions consistently.
- One resident's end-of-life care plan was not updated following review by their general practitioner. As a result, staff who spoke with the inspector were unsure about the treatment plan for this resident.
- Additionally, the inspectors reviewed a sample of residents' care files and found that a comprehensive admission assessment had not been carried out and did not contain information such as history or colonised infections.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had regular access to medical assessments and treatment by their General Practitioners (GPs). Residents also had access to a range of allied health care professionals, such as physiotherapists, occupational therapists, dietitians, speech and language therapists, tissue viability nurses, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 8: Protection

The centre had systems in place to protect residents from abuse. Staff were provided with mandatory training to safeguard residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

While many aspects of residents' rights were upheld in the centre, further actions were required as outlined below:

- The inspectors reviewed the provision of meaningful activities in this centre and found that the activities were only provided for five days a week.
- Residents could not access the outdoor garden independently as the gates were not linked to the fire alarm system, and no interim measures were in place to allow access.
- The arrangements in the bed spaces of two four-bedded rooms did not facilitate residents' needs for privacy and dignity during personal care and transfer procedures. For example, wall-mounted privacy screens in two four-bedded rooms in these rooms could not fully enclose the bed space of residents to ensure their privacy needs, and this was a repeated finding from previous inspections.
- The sensory room in the dementia-specific unit was found to be locked during the morning hours of the inspection and was inaccessible to residents. This was a repeated non-compliance finding.

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 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aras Gaoth Dobhair OSV-0000311

Inspection ID: MON-0047827

Date of inspection: 12/11/2025

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: New deputising arrangements are in place. We have hired two new nurses which will mitigate the necessity for the Clinical Nurse Manager (CNM) or Director of Nursing to carry out nursing duties if there are unforeseen staff absences. This will allow management to take on their supernumerary roles and provide safe, effective care for residents. We have appointed a senior staff nurse to act as CNM when required.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A new morning routine has been implemented to ensure adequate supervision of residents at risk. This ensures the staff nurse and care assistants can tend to the personal care of residents. We have employed three new activity panel staff who will share weekend shifts to ensure activities are offered at the weekends as well as during the week. We are in the process of training up a kitchen assistant to cover as the cook at the weekends.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	

All staff have had refresher training on the compartmentalisation of the building and are fully up to date with fire training. All staff nurses have completed medication management and there is a fully implemented monthly medication audit by management with actions discussed with staff nurses.

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:

All staff including administration and maintenance have been included on the roster. A copy of the resident's pension agent form has been requested from the Department of Social Protection.

Regulation 23: Governance and management	Not Compliant

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

A review of the staffing WTE was conducted, two part-time care assistants and one full time care assistant have been employed, this will reduce the need for staff to do extra shifts.
We have employed and trained new activity staff, the WTE is now 2.5 this ensures resdients are offered activities over seven days.
A cook has been appointed who is at present completing her Level 3 food safety management and HACCP course. This will increase the WTE to 2. We have hired two new nurses to cover sick leave, annual leave and unplanned absences, this will ensure the management personnel can work supernumerary hours to ensure safe and effective supervision of staff.
A review of the audit system and risk assessments will be carried out to ensure issues are identified in respect of infection prevention and care planning these audits are carried out monthly.
A new management meeting agenda has been implemented and management meetings will be carried out every month with action plans and reviews and who will be responsible for each action.
All policies have been reviewed and updated and staff have read and signed these.
A new laundry policy has been written to include procedures regarding outsourcing of the laundry.
A new morning routine has been implemented to ensure adequate supervision of residents.
A review of all call bells to ensure they are within reach of the residents has been

completed.
A medication management review has been carried out and a more structured regime has been implemented and all staff nurses have been trained in same.
A review of the cleaning schedules has been carried out and staff will receive refresher training.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The statement of purpose has been amended to include laundry outsourcing.
The statement of purpose has been updated and the correct number of WTE staff is documented.

Regulation 34: Complaints procedure	Substantially Compliant

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

The complaints policy has been amended to include the complaints officer and the review officer.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
All 4-bedded rooms have now been reduced to 3 beds. We are working with HSE to reconfigure the building.
We have purchased new shelving for the rooms to allow residents to store personal items.
The floor and walls in the laundry room have been upgraded. We are completing the cleaner's room also.
The call bell has been installed in the oratory and the call bell in the sitting room will be moved from behind the door.
All rooms have been cleared of unnecessary equipment.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The sluice rooms have been decluttered and reorganised.
New cleaning schedules for hoists, slings and mobility aids has been implemented and checked daily by the nurse on duty.
All slings are labelled for specific resident's personal use only and stored in their own rooms.
All unnecessary products have been removed from communal areas and are checked daily.
Sharps bin has been removed from the sluice room and is stored correctly in the clinical treatment room.
All toiletries have been removed and are stored in a clean locked cupboard.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

Arrangements are in place for the safe evacuation of residents in the event of a fire and have been updated in the statement of purpose.
A full night-time evacuation has been completed.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

A full medication audit was carried out and all out of date medications were disposed of in line with national guidelines.
An audit has been scheduled per month and findings and action plans will be followed up with clinical governance meetings.

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:

A full care plan audit is underway by DON and CNM to ensure a robust person centred care plan is in place for all residents and will be evaluated every four monthly or sooner if health status changes. All care staff have access to the residents' care plans at all times, and they are aware of the location of the care plans.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

A daily inspection of the units will be carried out to ensure no rooms are locked or inaccessible to the residents.
All 4-bedded rooms have now been reduced to 3 beds. We are working with HSE to reconfigure the building.

We are discussing with HSE plans for linking the fire alarm system to enable residents access to the outdoor garden area.

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 14(1)(b)	The registered provider shall ensure that the designated centre has a person who is able to deputise in the absence of the person in charge.	Not Compliant	Orange	31/12/2025
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/12/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/12/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	01/12/2025

	are appropriately supervised.			
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.	Not Compliant	Orange	31/12/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/12/2025
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	31/01/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for	Not Compliant	Orange	31/12/2025

	all areas of care provision.			
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	31/12/2025
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	31/12/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/11/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,	Substantially Compliant	Yellow	30/11/2025

	location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/11/2025
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will	Not Compliant	Orange	30/11/2025

	not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2025
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	30/11/2025
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).	Substantially Compliant	Yellow	30/11/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional	Substantially Compliant	Yellow	31/12/2025

	of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
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 the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/12/2025
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	31/12/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	31/12/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	31/12/2025

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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.	Not Compliant	Orange	31/12/2026