

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:	Bainistíocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaíochta
Address of centre:	Meenaniller, Derrybeg, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	06 May 2025
Centre ID:	OSV-0000311
Fieldwork ID:	MON-0045692

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:	35
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 6 May 2025	09:30hrs to 18:00hrs	Nikhil Sureshkumar	Lead
Tuesday 6 May 2025	09:30hrs to 18:00hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

The inspectors spoke with a number of residents and staff during this unannounced inspection. The feedback from residents was overwhelmingly positive regarding the quality of care provided to them in this centre.

Some residents commented that they enjoyed the quiet ambience of this centre, while others expressed appreciation for the company provided by the staff and noted that the quality of the food served was excellent in this centre.

The centre had spacious communal rooms, such as main sitting rooms, quiet rooms, and an oratory. Residents in the main unit spent time in the communal rooms and the sitting room, watching television or reading newspapers. Staff were allocated to assist residents in these rooms, and residents were provided with regular refreshments, such as drinks and snacks. However, the inspectors also observed that residents in a dementia-specific unit were seated near the nurses' station during the early morning hours, with limited activities and no access to television or any form of media. This situation improved later in the day when scheduled activities were implemented.

The planned activities included one-on-one sessions, televised mass, storytelling, and arts and crafts. The inspectors found that these activities took place as planned on the day of the inspection. Additionally, staff assisted a few residents to the outdoor area next to the front entrance during the afternoon hours. Several residents were found relaxing in this outdoor area. However, residents did not have independent access to the oratory and the spacious outdoor garden areas of this centre.

Staff interaction was respectful, and residents' needs were attended to promptly. The inspectors observed staff communicating with residents fluently in Gaeilge, often accompanied by shared laughter.

The inspectors also observed that the staff followed correct moving and handling procedures. Hoists and other mobility aids were correctly used during chair transfers, demonstrating adherence to safe practices.

The inspectors observed that staff consistently upheld the privacy and dignity of the residents. For instance, staff members obtained consent before entering residents' rooms or carrying out care procedures, and privacy curtains were drawn in advance of any care activities.

The provider had carried out an extensive programme of work to ensure fire safety in this centre, and had submitted a completion certificate for the fire safety works to the Chief Inspector before this inspection. Despite this, inspectors identified

additional issues regarding the centre's fire precautions, which are detailed in the later sections of this report.

The inspectors observed that the food served to residents appeared wholesome and nutritious. There were sufficient number of staff available in the dining room to assist residents with their dietary needs. However, the menu was presented in a handwritten format that was difficult to read, and the that the menu format did not effectively support the residents' understanding and choice of their meals.

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

Overall, the inspectors found that the provider had made improvements to the oversight of the care and services provided to the residents.

The provider of the centre is Bainistíocht Aras Gaoth Dobhair Cuideachta Faoi Theorainn Rathaiochta, which is a voluntary board, and the representative of the provider confirmed that they had the quorum required for senior management decision-making at a board level. The centre had a person in charge who worked full-time in the designated centre, and they reported to the provider's representative and the board. There was a clear management structure in place, and staff were aware of the reporting arrangements.

The provider's management systems were generally effective in driving quality improvement. For example, there was a system in place to review accidents and incidents. An analysis of falls and the contributing factors was carried out, and action plans or improvement plans were put in place to ensure quality improvement. Audits, such as medication management, patient moving and handling, infection prevention and control, and care plan audits had been carried out in the centre. The inspectors also found that the arrangements to prevent pressure ulcers and manage wound care had improved in this centre. The provider had also carried out an annual review of the quality and safety of services for 2024. The provider had a system to identify, review and manage risk in this centre. For example, a risk register was maintained in line with the centre's risk management policy.

The provider has a restrictive condition attached to their registration certificate requiring them to address fire safety issues. The provider had addressed the fire safety issues specified in the restrictive condition and had submitted an application to remove the condition before this inspection. However, this inspection found that a number of outstanding fire safety issues had not been identified by the provider, and therefore, no quality improvement plan had been put in place. This is further detailed under Regulation 23: Governance and management.

The inspectors reviewed the staffing arrangements in this centre. The provider had a system in place to manage staffing levels. For example, while there were two nurses and a number of other staff members, including management staff, to care for residents during the day-time, this staffing level reduced to one nurse and three care staff members to support 35 residents during night-time. The inspectors were also informed that the provider plans to have two nurses and two care staff at night to meet the needs of residents going forward. The inspectors found that the provider was in the process of recruiting and inducting nurses for the purpose of increasing the nursing staff at night.

Additionally, inspectors found that there were appropriate arrangements in place to cover planned and unplanned leave. Staff reported that they were supported by the management team.

The inspectors reviewed a sample of staff records. This review indicated that records were retained in line with the regulations. However, the inspectors found that the residents' records were not kept in a safe and secure manner, and this is further detailed under Regulation 21: Records.

Regulation 15: Staffing

The inspectors noted that there was an appropriate number and skill-mix of staff to meet the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The centre maintained a record of staff training, and this record indicated that staff were facilitated to receive mandatory and other training relevant to their roles. Plans and scheduled dates were in place for refresher training.

Judgment: Compliant

Regulation 21: Records

The inspectors observed that the medicine administration records and care records of residents had not been kept in a safe and secure manner in this designated centre. For example, residents' records were found to be left unattended and accessible to visitors at two nurses' stations located near the centre's corridors.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to ensure the service provided was safe, appropriate, consistent, and effectively monitored were not effective. This was evidenced by:

- The oversight arrangement to review fire precautions in this centre was insufficient. For example, the inspectors found that a store room in the dementia-specific unit had flammable material, such as mattresses and residents' equipment, near a high-voltage box that was housed within this room. This arrangement posed a fire safety risk in this area. The provider was issued with immediate compliance request to address this issue, and it was addressed on the day of the inspection.
- The inspectors found that the provider's oversight in ensuring safe systems for medicine management required additional improvement. For example, two drug trolleys were found to be stored unsecured, in the corridor after medication rounds.
- The provider's oversight arrangements for the safekeeping of clinical records were not sufficient. As a result, the medical records were not properly kept in a secure manner in each unit of this centre. Additionally, this issue related to the storage of residents' records had not been identified and addressed by the provider.
- The system of clinical audit was not effective. For example, medication management audits failed to identify issues relating to the management and disposal of medicines

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose, which was reviewed annually, contained all the information set out under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors found that the centre had arrangements in place to record and report accidents and incidents occurring in this centre. The records indicated that the

notifiable incidents were reported to the office of the Chief Inspector in a timely manner, as set out in the regulations.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts and found that all residents had a contract in place. The contracts reviewed indicated that the provider had agreed in writing with each resident the terms relating to their bedroom and the services to be provided to the resident, including the nursing home fees.

Judgment: Compliant

Quality and safety

While inspectors found that the quality of direct care provided to residents was of a high standard, the documentation and implementation of some elements of specialist health care were not fully in line with the requirements of the regulations. This inspection also found that the management of the use of restrictive practices and the support of residents' rights were not fully aligned with the required standard. Furthermore, the care environment was not maintained in a way that ensured the safety of all residents. This was evidenced by significant maintenance issues relating to the premises, infection prevention and control issues, and fire safety precautions.

The registered provider was in the process of reducing the occupancy of a number of the multi-occupancy bedrooms in the centre. However, the inspectors observed that some of the four-bedded room did not ensure the privacy of residents accommodated in them. The inspectors found that the centre's premises lacked suitable storage arrangements to store equipment used for residents, and these are further discussed under Regulation 17: Premises.

The inspectors found that the centre was generally clean, and there was a cleaning schedule in place. The centre had policies in place to support infection prevention and control, and staff was found to be trained for training specific to their role, such as hand hygiene. However, the inappropriate storage practices in this centre posed a risk of cross-contamination, and this is further discussed under Regulation 27: Infection control.

The provider had completed significant fire safety works in the centre and had submitted a fire safety completion certificate before this inspection. Inspectors found that the risks identified in the centre's fire safety risk assessment had been

completed. However, there was insufficient signage directing people to an area of safety, and some emergency lighting was not operational.

The inspectors reviewed a sample of care plans, and the majority of the residents had a care plan in place for each of their identified needs. Residents had access to specialist health care teams; however, some residents' care plans did not contain the information required to meet the needs of the residents.

Staff who spoke with the inspectors demonstrated knowledge, appropriate to their roles, to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). However, the records related to restrictive practices maintained in the centre indicated that the restrictive practices were not used fully in line with national policy, 'Towards a Restraint-Free Environment in Nursing Homes', and this is further detailed under Regulation 7: Managing challenging behaviour.

The inspectors observed that residents had access to radio, television, newspapers, and other media in this centre. Regular resident meetings were facilitated by staff, and residents were found to be involved in the organisation of this centre. However, some areas of the centre were restricted from resident use, such as the garden and the oratory. This meant that the residents did not have the choice to access these areas if they wished.

Regulation 17: Premises

The centre's premises did not currently conform to the matters set out in Schedule 6 of the Care and Welfare Regulations 2013. For example:

- The bed spaces of the two four-bedded rooms did not allow each resident to have a comfortable chair beside the bed and a bedside locker.
- Emergency call-bells had not been provided in an oratory. As a result, the residents could not call staff when they needed assistance while they were in this room.
- There were insufficient storage facilities available in this centre, and equipment, such as mobility aids, was stored in family rooms, sluice rooms, and assisted bathrooms.
- The centre's premises were not maintained in a good state of repair externally and internally. For instance:
 - The gates to the garden areas were damaged and had not been repaired.
 - Unused wheelchairs had not been stored securely and were found lying in the car park.
 - External pathways around the centre were covered with moss and posed a slip hazard.

- There was floor covering missing in some areas of the centre's laundry room.
- The walls in the dementia dementia-specific unit were chipped and unsightly.
- There was insufficient furniture in the garden areas for residents to sit and relax.
- The marmoleum floor covering of the corridors in the dementia-specific unit was uneven and posed a trip hazard for residents.
- The skirting board in the dementia-specific unit near the nurse's station was damaged.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not fully ensured that procedures were consistent with the national standards for infection prevention and control in community services (2018). This was evidenced by:

- The inspectors observed that storage practices in this centre did not support infection prevention and control. For example, the personal belongings of residents, such as clothes, were found to be stored in a communal shower room. Additionally, hoist slings used for residents were stored in a sluice room and communal bathrooms. As a result, clinical equipment was not appropriately stored to minimise cross-contamination risk.
- Two wheelchairs belonging to residents were stored in a communal bathroom, which posed cross-contamination risks.
- Large storage boxes were stored on the floor, which could impede effective floor cleaning.
- Antimicrobial hand wash materials were provided in the sluice room and treatment room for regular hand hygiene. However, this practice did not reflect the responsible use of antimicrobial products in mitigating the risk of developing antimicrobial resistance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While the providers had addressed the fire safety issue identified in their fire safety risk assessment, the fire precautions required additional improvement actions. For example:

- There was insufficient signage to direct staff to the final fire assembly point from a final fire exit point. This could pose a delay in the evacuation of residents and staff in the event of a fire emergency.
- Three emergency lights situated outside the facility were not operational, posing a risk in the event of a fire evacuation.

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 has a potential for causing medicine errors by staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some residents' care plans were insufficiently reviewed to ensure they had detailed information to guide staff in ensuring evidence-based best practices. For instance:

- The recommendations provided by dietitians for a resident were not integrated into their care plan. This meant that staff did not have the information required to guide care.
- The care plan of a resident using a lap belt lacked sufficient detail. For example, this resident's care plans did not specify information, such as the frequency of lap belt usage and review of its use.

Judgment: Substantially compliant

Regulation 6: Health care

A review of residents care records demonstrated that specialist recommendations provided by dietitians had not been implemented in this centre. For instance, two residents who required routine weekly monitoring of their weight had not been assessed in accordance with the recommendations of dietitians to manage their weight loss.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices was not used in accordance with national policy. For example, the inspectors observed that appropriate assessments, including the consideration of less restrictive alternatives, had not been completed for two residents who were using lap belts. Additionally, no arrangements were made to ensure that these residents would be monitored while their lap belts were being used to ensure that they would be used only for the shortest period of time to maintain their safety.

Judgment: Substantially 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. The staff who spoke with inspectors demonstrated good knowledge about the procedures to be followed when safeguarding concerns arise in the centre. Additionally, the staff records indicated that An Garda Síochána (police) vetting disclosures were completed before staff commenced employment in this centre, and this was in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that residents did not have a choice as to where to have their meals. For example, some residents were not afforded the opportunity to have food in the dining area in the dementia-specific unit. Additionally, the menus were handwritten and were not legible, making it difficult for residents to make choices regarding their meals.

Residents' choice of having their activities in the garden area was limited, impacting the residents' choice of where to have their activities, or where they could spend time. Additionally, the door to the oratory in the dementia-specific unit was kept locked during the morning hours of the inspection. As a result, residents did not have a choice in accessing this place.

The provider's systems in place to uphold residents' right to privacy and dignity were not fully effective. For example, two four-bedded rooms in this centre had wall-mounted privacy screens or bed dividers installed in each bed space of these rooms, and the these privacy screens, when unfolded, could not fully enclose the bed space of residents to ensure their privacy needs and this was a repeated 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Aras Gaoth Dobhair OSV-0000311

Inspection ID: MON-0045692

Date of inspection: 06/05/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All residents medication administration records are now stored in a locked secure room. The residents records are stored in a cabinet at the nurses station. (Completed on 12/05/2025)	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The two medicine trolleys are now locked and stored in secure rooms. Medication trolleys are and not left out on the corridors. (Completed 12/05/2025) All clinical records are secured on each unit and not left out on show. (Completed 12/05/2025) A new clinical audit for the safe disposal of medications is in place as per local policy. (Completed 19/05/2025).	

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A new call bell will be installed in the oratory (Completed 30/08/2025) Unused wheelchairs have been removed from the car park. (Completed 22/06/2025) External pathways around the centre have been cleaned and the moss has been removed. (Completed 22/06/2025) Extra furniture in the garden areas for the residents to sit and relax. (Completed 25/06/25) the floor covering in the laundry has been repaired. (25/05/2025) the walls in the dementia unit have been repaired. Completed (14/07/2025). The skirting boards in dementia-specific unit has been mended. (Completed 25/06/2025) The gates are to be repaired. (31/08/2025) it is unclear where the floor covering is causing a trip hazard in the dementia unit, the HSE have been notified regarding the need for new flooring throughout the building. As resident's vacate beds in the four bedded rooms, the places will remain vacant. It is not possible to close the beds at this time.</p> <p>The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>All personal belongings have been removed from communal shower rooms. (Completed 26/05/25)</p> <p>Hoist slings have been removed from the communal bathrooms and are stored in the residents private space.(Completed 26/05/25)</p> <p>The wheelchairs have been deep cleaned and removed from the communal bathroom.(Completed 26/05/25)</p> <p>All storage areas have been cleaned and boxes have been removed. (Completed 26/05/25)</p> <p>All staff have had refresher training on hand hygiene as per infection prevention and control guidelines. (Completed 26/05/25)</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The current external lighting is in working order and is up to date to provide the required lighting to all external escape routes.</p> <p>Service Engineers will be onsite to add additional lighting on the perimeter of the building. (Completed 31/08/25)</p> <p>Service Engineers as part of the quarterly service, both check and test the workings of the lights and lux levels to ensure it remains in working order at all times.(Completed 31/8/25)</p> <p>Fire signage to direct all personnel to the final fire assembly point from a final fire exit point will be updated over the coming weeks. (31/08/2025)</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All out of date medications have been disposed of as per the safe disposal of medications policy. (Completed 12/05/25)</p> <p>A new monthly audit is in place to ensure correct and prompt disposal of medications. (Completed 12/05/25)</p> <p>Registered nurses are up to date with the medication management policy (completed 26/06/25).</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All residents care plans have been evaluated and updated to reflect recommendations from dietitians and relevant multi-disciplinary teams. (Completed 26/05/25)</p> <p>Care plans have been updated to reflect all restrictive practices including assessments, monitoring and reviewing of lap belts. (Completed 26/05/25).</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Residents care plans have been updated to reflect weekly weights and recommendations from Dietitians. (Completed 26/05/25) Weekly weights are assessed and documented by the nurse on duty on the computer system. (Completed 26/05/25).</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: A review of restrictive practices is currently ongoing and residents using lap belts are monitored as per national policy and their care plans have been updated to reflect this. (Completed 26/05/25).</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: All residents are given the choice of where they want to have their meals. (Completed 12/05/25) New menu boards to display pictures of meals has been ordered for both units. (Completed 30/07/2025) The oratory door is unlocked to give all residents unrestricted access. (Completed 12/05/25). The new privacy screens for the four bedded rooms are due to be installed when the new tracking hoist system is in place. 30/09/2025</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 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(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	12/05/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	12/05/2025
Regulation 27(a)	The registered provider shall ensure that	Substantially Compliant	Yellow	26/05/2025

	infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2025
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/08/2025
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/08/2025
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	Substantially Compliant	Yellow	12/05/2025

	products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 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	26/05/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord	Substantially Compliant	Yellow	26/05/2025

	Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	26/05/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/06/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/09/2025