



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

Issued by the Chief Inspector

Name of designated centre:	Bailey's Nursing Home
Name of provider:	Ougham House Limited
Address of centre:	Mountain Road, Tubbercurry, Sligo
Type of inspection:	Unannounced
Date of inspection:	10 October 2025
Centre ID:	OSV-0000316
Fieldwork ID:	MON-0048140

About the designated centre

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

Bailey's Nursing Home is registered to provide care for 43 residents. Twenty-four-hour nursing care is provided to dependent persons aged 18 years and over who require long-term residential care or who require short-term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Male and female residents are accommodated. It is located in a residential area, a few minutes' drive from the town of Tubbercurry in County Sligo. Residents' accommodation comprises 21 single and 11 twin-bedrooms. There is a variety of sitting areas where residents can spend time during the day, and a safe garden area where they can spend time outdoors. Other facilities include a visitors' room, laundry, kitchen, staff areas, offices, sluice facility and cleaning room. The laundry is located in an external building close to the centre. The centre is a family-run business that has operated since 1995. The objective of care, as described in the statement of purpose, is to encourage each resident to maintain their independence while offering all the necessary care and assistance.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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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 10 October 2025	07:00hrs to 16:15hrs	Celine Neary	Lead
Friday 10 October 2025	07:00hrs to 16:15hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

The inspectors arrived at the centre early in the morning. They were greeted by the nurse on duty, and the staff were busy assisting residents with personal care. The inspectors observed that there were two healthcare assistants and one registered nurse on duty, which correlated to the roster for the centre. The inspectors did a walk around of the centre to look at the premises and observe staff practices. Most residents were still in bed, and some were being assisted by staff to begin their day. Call-bells were answered in a timely manner, and staff were kind and courteous in their interactions with residents.

The inspectors spoke with several residents during the day of inspection, and the feedback from residents was predominantly one of satisfaction regarding the care and support they received while living in this centre. Residents and staff were observed to be comfortable in each other's company. Staff were knowledgeable regarding residents' care preferences, daily routines, life histories and personal interests. Residents said they enjoyed the food provided and that they could have alternatives to the menu if they wished. Snacks and drinks were readily available outside mealtimes, and residents could request them when they chose. Mealtimes were social events, and many residents attended the dining room.

Residents said that they felt safe and secure living in the centre. Residents confirmed they were listened to and any issues they raised were addressed to their satisfaction. A few residents told the inspectors that they could approach or discuss any concerns they might have with a number of members from the management team, who were known to them and present in the centre most days. During the day, there was a good atmosphere in the day room where residents were observed talking to one another and watching television.

Overall, the general environment and residents' bedrooms, communal areas and toilets, bathrooms were observed by the inspectors to be visibly clean. The centre was warm and homely. Many of the residents had personalised their bedrooms with their personal belongings, photographs and other items of importance to them. Alcohol hand-gel dispensers were available along corridors for staff use, and staff had access to clinical hand-washing facilities along the corridors. The inspectors observed that the centre was well-maintained and adequately ventilated.

Residents' bedrooms were observed to be bright, nicely decorated, and most bedrooms contained suitable furniture for residents. However, the layout of many twin-occupancy bedrooms in the centre did not meet the needs of the residents accommodated there. This is discussed further under the quality and safety section in the report. Three residents who were accommodated in these twin bedrooms for respite care, told the inspectors that "the room is very small", "sometimes I am woken at night" and "it will have to do for now". Although these residents were hoping to go home, the close proximity of the beds in these rooms was having a

negative impact on each resident's right to privacy and dignity, especially when staff were attending to the other resident within the room. Furthermore, these rooms did not facilitate the use of assistive equipment, and the inspectors observed staff trying to manoeuvre a standing hoist in one of these bedrooms to assist a resident to get up that morning while encroaching on the bed space of the other resident.

Inspectors observed staff over the course of the inspection and found that they were, for the most part, responsive and attentive to residents' needs. However, inspectors saw that some staff did not always respond to a resident who was displaying prolonged episodes of responsive behaviour, and the inspectors had to bring this to the attention of staff and management on occasions during the inspection. This resident was also accommodated in a twin room, which could disturb and impact the other resident sharing and living in this room.

The centre had a secure outdoor area landscaped with appropriate seating for residents' use. One resident was observed walking in this outdoor area. The inspectors observed that residents who were not able to use the key-code to unlock the door were reliant on the support of staff to gain access to this safe outdoor area. One resident told the inspectors that they did not know the code to access the garden and had to ask a member of staff to open it.

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

Capacity and capability

This inspection found that specific focus was now required by the provider to ensure that the current management and governance oversight systems were effective in bringing the designated centre into compliance and that resources were made available to facilitate this so that residents received a safe and appropriate service.

This unannounced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors followed up on the actions the provider had committed to undertake following the previous inspection in May 2025. Statutory notifications and other information received since the last inspection informed the lines of enquiry during this inspection. The inspectors also followed up on unsolicited information that had been received by the Chief Inspector of Social Services. The issues reported to the Chief Inspector identified concerns in relation to the governance and oversight of the designated centre, the management of transfers and discharges of residents from the service, staff knowledge and management of residents with responsive behaviours and the termination of contracts of care of residents living in the centre. The findings of this inspection validated these concerns. Following this inspection, a warning meeting was held

with the provider and the management team to discuss the inspection findings and seek assurances from the provider.

The registered provider of Bailey's Nursing Home is Ougham House Limited. The provider had ensured that the management structure and lines of accountability and responsibilities were clearly defined. There are two directors on the provider company board, one of whom represents the provider entity in communications with the Chief Inspector. The provider appointed a person in charge (PIC) who meets the requirements of Regulation 14: Person in Charge. They were supported in their role by a Clinical Operations Officer. The clinical nurse manager (CNM) had been promoted to assistant director of nursing (ADON) and also supported the person in charge as part of the management team, and had responsibility for the oversight of clinical care provided by the nursing and care staff.

This inspection found that the management and oversight by the provider of the pre-admission, admission and discharge processes required improvements. The registered provider had 44 residents admitted to the centre, while it was only registered for 43 beds. One resident had been transferred to the hospital, and during this time, another resident had been admitted to their bed and bedroom for respite care. The residents' personal belongings had been packed away and put into storage when they were transferred to the hospital. The provider had failed to adhere to the terms and conditions stipulated within residents' contracts for the provision of services, and this action also negatively affected residents' rights. The registered provider had agreed in writing with each resident, a contract of service provision, on admission to the designated centre. This included the terms and conditions of services to be provided, including terms relating to the bedroom accommodation, the bedroom number to be provided and the number of other occupants in the bedroom. It also stipulated that the required notice period should be for the provider to terminate a resident's contract of service provision while residing in the centre.

A review of documentation in relation to the designated centre's charges to a sample of five contracts of care, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each resident, was correct and in line with Schedule 4 of the Regulation.

The registered provider had reconfigured the visitors' room into a storage facility for equipment, without notifying the Office of the Chief Inspector. This meant that residents and their loved ones were not able to use this room if they chose to, and that there was a reduction in communal space available to residents in their home.

The provider had some effective systems in place to monitor the quality and safety of the service. Audits were completed regularly, and they captured relevant data in relation to the quality of care and service provided. However, this inspection found that action plans for improvements were not reviewed or followed up on to drive and sustain improvement within the service. Regular management meetings were held, and there was good evidence that key issues and clinical care were discussed.

The registered provider maintained sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose.

Staff had access to mandatory training and worked hard, but improvements were required in the supervision of staff practices, staff allocation, and the delivery of care.

The inspectors reviewed a sample of staff files and found that they met the requirements of the regulations. All staff had appropriate Garda Síochána (police) vetting in place before they commenced working in the designated centre.

Records that must be maintained and available in the centre were held securely and were made available to the inspector for the purpose of this inspection. This included the regulatory schedule 4 records of the designated centre's charges to residents, including any extra amounts payable for additional services, and the amounts paid by or in respect of each resident.

Regulation 14: Persons in charge

The person in charge was a registered nurse and works full-time in the designated centre. The person in charge met the requirements of Regulation 14.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents living in the designated centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors found that nursing and healthcare staff were not appropriately supervised within their roles. On the day of inspection, it was observed that this led to a delay in some residents receiving care and support in the morning, and to inappropriate staff practices in respect of infection control and prevention, managing

behaviours that are challenging, restrictive practices and safeguarding of vulnerable adults.

Judgment: Not compliant

Regulation 21: Records

The registered provider had ensured that the records set out in Schedules 2, 3 and 4 of the Regulation were kept in a designated centre and they were made available for inspection. The inspectors reviewed records under Schedule 2 and Schedule 4 of the Regulation.

Judgment: Compliant

Regulation 23: Governance and management

The staff resources allocation required review to ensure effective care delivery. For example:

- Two healthcare assistants were allocated to care for and support 14 residents with various dependency needs. As a result, the inspectors observed that six residents were awaiting care and support from staff at midday, which delayed the start of their day.

The management systems in place did not ensure the service was safe, appropriate, and consistent. This was evidenced by: The inadequate management of admissions and discharges within the designated centre. For example:

- This centre is registered for 43 beds, but the provider admitted one resident to the centre while another was in hospital, resulting in 44 residents being admitted, in breach of Condition 3 of the centre's registration.
- Furthermore, the inappropriate admission process negatively impacted oversight of residents' personal possessions and the provision of adequate support for residents' rights to privacy and dignity.
- Contracts of care were terminated by the provider without planning or timely consultation with residents or their nominated representatives, particularly when residents' care needs became more complex or their dependency levels increased. A review of contracts of care was required to ensure that their content meets the regulatory criteria.
- The supervision and monitoring of staff practices by management were not adequate in respect of infection prevention and control, safeguarding, and managing behaviours that are challenging, which could potentially negatively affect the care and welfare of residents.

- The management oversight of residents' individual care needs, assessments, care plans and health care needs was not fully effective. This is further detailed under Regulation 5: Individual assessment and care plan.
- The auditing systems and processes in place did not include any review of actions put in place to establish if improvements had been achieved.
- Strengthened oversight and management of safeguarding practices for all residents were required to ensure that all staff appropriately identified, responded to, and managed safeguarding risks to residents.
- A review of residents' experiencing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was required to ensure that they were appropriately managed.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The termination of contracts for the provision of services was not always discussed, planned for, or agreed upon with residents or their family, in accordance with the terms and conditions of their contracts. Residents and family members were formally notified in writing without prior discussion, planning, or agreement among all parties. Residents or family members did not consistently receive the minimum four-week notice period, as stipulated in their contracts.

On two occasions, a new resident was admitted to the centre. Despite another resident still having a valid contract of care in place, the decision was made that the provider would not accept the resident back into the registered centre from the hospital.

The provider had an addendum attached to their contract of care stating that the room assigned to each resident is theirs and that they will not be moved out of this room unless at the resident's request, for medical reasons, or due to an identified assessed risk to their safety or the safety of other residents. In such cases, discussions will be held with the resident or their nominated representative, and consent will be sought. However, the addendum also stated that this would not apply if the resident is transferred to the acute hospital. Inspectors found that on one occasion, when a resident was transferred to the hospital, the provider admitted another resident into their contracted bed. Furthermore, there was no evidence to suggest that consent was obtained from the original resident or their representatives in relation to this.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was a complaints policy and procedure in place; however, the details on display for residents and relatives to follow did not contain the correct information. The display advised residents or relatives to make a complaint to a member of staff who was no longer employed in the designated centre.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place but were not updated in line with regulatory requirements. Some policies referred to staff members no longer employed in the centre.

Judgment: Substantially compliant

Quality and safety

Overall, residents appeared happy living in the centre and their health, social care and spiritual needs were catered for. Residents were well-cared for, and their health and social care needs were assessed using validated tools, which were used to inform care planning. Residents were supported by staff and were able to choose how they spent their day. However, this inspection found that significant actions were required by the provider to come into compliance with several regulations, which had an impact on the quality and safety of the service provided. Improvements were required in relation to the premises as identified on previous inspections, personal possessions, the temporary absence or discharge of residents, infection prevention and control and residents' rights. These will be further discussed under their respective regulations.

For the most part, residents had their health care needs assessed using validated tools, which were used to inform care planning. The inspectors reviewed a sample of resident records and found evidence that residents had an assessment of their needs prior to admission to ensure the service could meet the assessed needs of the residents. Care plans were generally initiated within 48 hours of admission to the centre. However, not all care plans had been updated to guide staff in the current and most recent care required. Furthermore, not all care plans had been updated at the required four-monthly intervals, and some pertinent assessments had not been completed.

The premises were warm and welcoming, but privacy standards for residents in

shared rooms were compromised by the limited space available. Overall, the premises were generally well-maintained, but significant work was still required by the provider to bring 10 twin-occupancy bedrooms into compliance. Following an inspection in September 2024, the provider Ougham House Limited had committed to reducing the occupancy of bedrooms 20, 21, 22, 23, 24, 25, 26, 27, 28 and 29 by 31 January 2026. These works had yet to commence despite a restrictive condition being applied to the registration of the designated centres.

Some residents did not have secure amenities in the twin-occupancy bedrooms to safely store, access, or control their personal possessions.

There was a lack of planning and consultation by the provider and management team within the centre when it came to the pre-admission and discharge of residents from the centre as discussed under Regulation 25: Temporary absence or discharge of residents.

The centre was generally found to be clean throughout. Some good infection prevention and control measures were in place and monitored by the management of the centre. However, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), which will be discussed under Regulation 27: Infection control.

Inspectors found that staff did not consistently provide appropriate support and care for those residents who may display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). As residents' behaviours were not consistently responded to or appropriately de-escalated and managed by staff, it not only increased the distress for the affected resident but could also cause distress to other residents, and these incidents had the potential to also pose a safeguarding risk to other residents.

Although the provider had a safeguarding policy and processes in place to safeguard residents from the risk of abuse, inadequate oversight of their implementation did not ensure they were effective.

Residents had access to local and national newspapers and radios. Residents had access to independent advocacy services. However, the residents were not always provided with sufficient opportunities to participate in activities in accordance with their preferences, interests and capabilities.

Regulation 12: Personal possessions

Twin-occupancy bedrooms with built-in wardrobes did not enable residents to have full control over their personal clothing or possessions. The wardrobes were located in a communal area of the room, by the doorway of these bedrooms. This meant that the resident in the furthest bedspace did not have easy access to or control

over their personal possessions. This is a repeated finding from the last four inspections and has not been adequately addressed by the provider.

Additionally, not all residents were able to maintain their clothing and personal belongings. On one occasion, when a resident was in the hospital, their clothes and personal belongings were packed and left in the centre's storage.

Judgment: Not compliant

Regulation 17: Premises

The registered provider was not operating the centre in line with its current registration and statement of purpose. The visitors' room was converted into a storage room for residents' and hairdressing equipment, reducing the amount of communal space available to residents.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Discharges were not discussed, planned for or agreed with the resident or with their representatives. Inspectors reviewed two residents' records and noted that while a discussion was held with the family prior to the residents' admission to the hospital, there was no documented record of the provider discussing all available options and confirming that the residents could be safely admitted back to the centre or transferred to another facility. Additionally, there was limited evidence available to indicate that these discharges were completed in accordance with the terms and conditions of the contract, as agreed upon in accordance with Regulation 24.

Judgment: Not compliant

Regulation 27: Infection control

Actions were necessary by the provider to ensure compliance with the national infection prevention and control standards, and to ensure residents were protected from the risk of infection;

- Linen bags contained soiled laundry were stored on the floor in the sluice room.

- Used hip-protecting under garments were stored on the linen trolley and used for various residents as needed, instead of being specific to each resident, to reduce the risk of cross-contamination.
- Packets of incontinence wear were open in store rooms, which increased the risk of contamination to these items of personal care.
- Inspectors observed staff holding soiled linen without wearing gloves.
- Staff did not perform hand washing procedures on a number of occasions between resident care.
- Some carpets were stained and required deep cleaning.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Some residents' care plans did not ensure that the information was up-to-date, reflecting residents' current condition. For example:

- Two mobility care plans did not accurately reflect the resident's current mobility needs, nor did they accurately reflect their changing needs.
- A manual handling assessment was missing for two residents.
- The review of some of the care plans was not completed on a four-month basis.
- While staff completed the ABC chart (an observational tool to track behaviour by recording the Antecedent (what happened before), the behaviour itself, and the consequence (what happened after), they did not complete a behavioural analysis to help understand the context of the residents' behaviour, to develop more effective intervention strategies and to inform a medical or allied professional if another review and interventions are needed.
- There was limited evidence available that the residents or their nominated representatives were consulted in respect of residents' care plans.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The inspectors observed residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). While staff had an overall positive and supportive approach, in their care, inspectors had to seek help for one of the residents who continually exhibited behaviours such as shouting and loud banging in their room for more than 2 hours. Some residents stated that 'this is happening on a daily basis, which is very disturbing to listen to'. In this instance, staff were not attentive to the resident's

cues and needs for support and said to the inspectors that this is their usual daily behaviour. As a result, there was no evidence that the staff analysed the resident's behavioural patterns. Furthermore, this resident was in a twin occupancy bedroom sharing with another resident.

Two residents in the centre for respite care had bed rails attached to their beds. They told the inspectors that they were unable to get out of bed without seeking the assistance of staff because the bed rails were in position. Furthermore, these residents said that when they were in the hospital, they did not have these in place and were able to get in and out of bed independently with minimal assistance. The application and use of bed rails for these two residents was an overly restrictive practice and confined them to their beds despite their abilities.

Judgment: Not compliant

Regulation 8: Protection

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. However, staff spoken with did not have a good knowledge of the different kinds of abuse, their recognition and safeguarding strategies. Episodes occurred in which a resident was observed by staff repeatedly wandering into other residents' bedrooms, and other residents in those bedrooms reported to staff feeling afraid and not safe. Staff and management did not identify these as safeguarding concerns or incidents.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' rights to privacy and dignity, were negatively impacted by the layout of ten twin-occupancy bedrooms, as follows;

- The location of the beds and the bed screen curtains in some twin bedrooms did not allow staff to access both sides of the beds for personal care and support without negatively impacting residents' privacy and dignity or disturbing the resident in the other bed in these rooms.
- Residents could not undertake personal activities in private in some twin rooms.

Not all residents were provided with recreational activities, and residents were observed watching television for long periods during the day, with few activities taking place.

Furthermore, there was no evidence to suggest that residents who remained in their bedrooms had access to participate in activities in accordance with their interests and capacities.

Residents' assigned personal space, belongings, and bed assignments were not respected. For instance, on one occasion, when a resident was transferred to the hospital, another resident was admitted into their bed. All their personal possessions and clothes were packed and left in the storage, which compromised the residents' dignity and privacy.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bailey's Nursing Home OSV-0000316

Inspection ID: MON-0048140

Date of inspection: 10/10/2025

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge (PIC) will complete a review of all staff training records and will plan in line with service needs.</p> <p>Infection control and prevention workshops is planned, and all staff will be upskilled. Training and refresher training in behaviours that are challenging, restrictive practices and safeguarding of vulnerable adults will take place to further staff development.</p> <p>The nursing home is divided into Zone A and Zone B. The PIC, ADON, and CNM functions in supervisory roles, ensuring that all staff are appropriately supervised daily. Nurses are allocated to supervise each zone and there will also be a team leader health care assistant on each zone for every shift to ensure continuity of supervision. The PIC will ensure that all staff are appropriately supervised and the ADON and CNM will be responsible for the effective redeployment and supervision of staff on both zones. We are currently working with a local HEI and have been assessed as a practice learning environment for student nurses. First intake in March 2026</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The centre is registered as a 43-bed unit and is committed to not breach condition 3 of the centre's registration.</p> <p>Governance Structure and Oversight The governance and management structure has been reviewed in line with the SOP The roles and responsibilities of the Person in Charge (PIC), ADON, CNM, and senior staff will be clearly defined and communicated to staff.</p> <p>Staff Supervision and Monitoring An appraisal system is in place and those appraisals will continue as when needed. Daily supervisory oversight will be provided across all areas of the centre by the PIC, ADON, or CNM. Nurses are allocated to supervise each zone and there will also be a team leader health care assistant on each zone for every shift to ensure continuity of supervision. The PIC will ensure that all staff are appropriately supervised and the ADON and CNM will be responsible for the effective redeployment and supervision of staff on both zones.</p> <p>Oversight of Assessments and Care Planning All residents will have timely and comprehensive assessments completed on admission and reviewed as required. Care plans will be person-centred, reflective of assessed needs, and reviewed at least four-monthly or following any change in condition. CNM/ADON will conduct monthly care-plan audits to ensure accuracy, consistency, and implementation in practice.</p> <p>Quality Monitoring and Continuous Improvement There is a 2-tier system of audit in place. ADON and CNM carry out audits and the PIC will also continue to do the monthly oversight audit of the findings. Audit findings will be reviewed at monthly management meetings and used to drive quality improvement actions. We will continue to review this and discuss at monthly meetings.</p> <p>Management of Behaviours of Concern A centre-specific policy on the management of behaviours of concern will be reviewed and implemented in line with best practice. Residents identified as displaying behaviours of concern, dementia will have assessments completed. Residents are reviewed by G.P, old age psychiatry and geriatrician as needed. Medication review will be carried out as needed. Behaviour support care plans are in place and are implemented and evaluated to reduce risks and ensure residents' safety and dignity. ABC charts in place when needed and Behaviour analysis are now in place. All staff who are due to receive training or refresher training in the prevention and management of behaviours of concern will be upskilled.</p>	

Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Provider will ensure that the home will continue to operate as a 43-bed unit and is committed to not breach condition 3 of the centre's registration. The existing contract has been reviewed and updated to ensure full compliance with Regulation 24. The contract will outline: The services to be provided to residents Accommodation arrangements. Fees and any additional charges, Terms relating to absence, discharge, and termination of contract. Residents or their representatives will be informed in advance of any planned absence, discharge or change of circumstances, except in emergency situations. Use of residents bed's while in hospital will be preserved until we are advised of changes of circumstances. Signed copies will be retained in residents' records.</p> <p>There is also a respite record log in place to record for respite admissions and discharge. Admission process update The admission policy and checklist will be updated to ensure that contracts are issued, explained, and signed prior to or on admission. Contract of care updated admission and discharge policies reviewed to reflect same.</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 are investigated in line with our complaints policy. Correct name of designated officer for complaints is now correctly displayed.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Written policies and procedures are being updated presently to bring them in line with regulatory requirements.</p>	

Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Planning permission has been granted January 2026 for an extension of 8 single bedroom as well as storage room. This will help provide storage room for resident's personal possessions. Tendering process has commenced and extension will start when the tendering process is complete.</p> <p>1. Access to Personal Possessions Residents retain access to and control over their own belongings. We have implemented measures to ensure that residents can access their belongings. We are always open and committed to finding new solutions that enhance individual storage and privacy. As our residents are always at the forefront of any decisions there are ongoing discussions with residents about their needs, preferences and personal possessions.</p> <p>2. Support for Personal Belongings Residents are supported to bring their own belongings into the home. Our facility encourages residents to personalize their spaces by bringing items of significance or items that reflect their personality. We foster a culture and value the importance of personal belongings individuality, and we actively support residents in this aspect.</p> <p>3. Adequate Storage Space Residents report that they are happy with having adequate storage to maintain clothes and other possessions. We acknowledge that the current wardrobe situation in twin rooms has not met the desired standard. However, we have initiated discussions about reconfiguring storage solutions to provide better access and control for residents. We are committed to addressing this repeated finding through actionable plans.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Policy and Procedure Review The policy for temporary absences and discharge will be reviewed and updated to reflect the requirements of Regulation 25.</p> <p>Admission, Absence, and Discharge Documentation The procedure will clearly outline: Planned and unplanned temporary absences Planned and emergency discharges Communication requirements with residents and representatives Documentation and record-keeping requirements</p>	

Residents or their representatives will be informed in advance of any planned absence or discharge, except in emergency situations.
 Information will be provided in a format appropriate to the resident's needs.
 PIC/ADON/CNM will review all discharges and temporary absences to ensure compliance.

Regulation 25: Temporary absence or discharge of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
 Policy and Procedure Review
 The policy for temporary absences and discharge will be reviewed and updated to reflect the requirements of Regulation 25.
 Admission, Absence, and Discharge Documentation
 The procedure will clearly outline:
 Planned and unplanned temporary absences
 Planned and emergency discharges
 Communication requirements with residents and representatives
 Documentation and record-keeping requirements

Residents or their representatives will be informed in advance of any planned absence or discharge, except in emergency situations.
 Information will be provided in a format appropriate to the resident's needs.
 PIC/ADON/CNM will review all discharges and temporary absences to ensure compliance.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 PIC and 1 staff nurse are trained as IPC leads. The PIC and the IPC Lead nurse will monitor infection prevention and control procedures and hygiene within the centre to ensure they are consistent with the national standards.
 The PIC will ensure that IPC issues are discussed at handovers, safety pauses and as part of the monthly management team meetings to heighten staff awareness. Audits will be completed by the IPC link practitioners. IPC Link practitioner will conduct a weekly audit as well continuing with existing monthly audit.

Staff have completed HSEland, AMRIC training and staff refresher training has also been completed for all other staff. Staff will also complete a workshop in IPC and hand hygiene.

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The PIC will ensure that all residents' care plans will be reviewed at a minimum every 4 months, or as the resident's condition changes to ensure that their current care needs are accurately reflected in their care plans.</p> <p>All resident assessments will be reviewed and updated to include the residents' choices and preferences, where these are not included.</p> <p>Care plans will be updated following consultation to agree care plans with residents and their relatives to reflect the current person-centred needs of the residents.</p> <p>A behavioural analysis tool has now been introduced to help understand if there are any trends and to understand the context of the resident's behaviour. This is audited every month</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>All residents identified as displaying behaviours of concern will have a assessment completed to identify triggers, frequency, risks, and appropriate interventions. As referenced in report resident who was sharing a room exhibiting responsive behaviour is now occupying a single room.</p> <p>Person-Centred Behaviour Support Care Plans</p> <p>Individualised behaviour support care plans will be developed based on assessed needs. Care plans will outline proactive strategies, de-escalation techniques, and guidance for staff on responding to behaviours in a respectful and least-restrictive manner. Care plans will be reviewed at least four-monthly or sooner if circumstances change. Any restrictive practice e.g. bed rails will only be used at the resident's request, in line with legislation and best practice.</p> <p>Clear documentation, risk assessment, and multidisciplinary review will be completed where restrictive practices are used.</p> <p>Efforts to reduce and eliminate restrictive practices will be recorded and monitored. Staff will receive training in the prevention and management of behaviours of concern, including understanding triggers and de-escalation techniques.</p> <p>Training records will be maintained and reviewed to ensure staff competence. PIC/ADON/CNM will provide oversight of behaviour support plans and their implementation in practice.</p>	

Incidents related to behaviours of concern will be reviewed. Behaviour analysis will continue to identify trends, learning, and opportunities for improvement
Findings will be discussed at management meetings

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Safeguarding Policy and Procedures

We will review and update the centre's safeguarding policy to ensure it aligns with current legislation and HIQA guidance.

We will ensure the policy clearly outlines procedures for reporting, investigating, and responding to suspected or actual abuse.

Staff Training and Awareness

All staff will receive mandatory training in safeguarding and protection of vulnerable adults. Refresher training will be scheduled annually, with attendance records maintained.

In house training will commence in March/April 2026. As part of these training/workshops behavioural care plans will be discussed, triggers & escalations factors (such as lack of appropriate interactions) will be identified and de-escalation techniques shared, these will underpin the knowledge and understanding of the care plan for each resident.

Staff will have a good understanding of the different types of abuse and recognise safeguarding strategies. Staff will be trained in recognising signs of abuse and following reporting procedures.

Reporting and Documentation

Clear reporting system for safeguarding concerns.

All incidents or allegations will be documented and escalated to the PIC and Registered Provider. Reports will be submitted to relevant authorities in line with regulatory requirements.

Resident Awareness and Support

Residents will be informed, in an appropriate format, about how to report any concerns e.g. abuse. We also hold in house safeguarding team meeting quarterly and residents' meetings monthly.

Opportunities will be provided for residents to discuss their safety and wellbeing in resident meetings or individual consultations.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Privacy and Dignity in Shared Rooms

Measures will be implemented to ensure residents in shared bedrooms have their privacy

and dignity are always respected. Following the inspection, further discussions and consultations took place with both residents and their families regarding bed screen curtains, and all residents have expressed their contentment with the screens for privacy.

Privacy curtains/screens will be checked and replaced where required.

Staff will be reminded of the importance of maintaining privacy during personal care and conversations. Residents' preferences regarding shared accommodation will be documented and reviewed.

Assigned Personal Space

Each resident in a shared room will have clearly defined personal space, including individual storage for personal belongings.

Residents will be supported to personalise their space in line with safety requirements.

Opportunities for Meaningful Activities

An activity programme is developed and will continue to be implemented to reflect residents' interests, abilities, and choices.

Residents will have access to both individual and group activities, including social, recreational, and meaningful daily activities.

Residents' participation and preferences will be recorded and reviewed regularly.

Resident Consultation and Choice

Residents will be consulted regarding daily choices, activities, and use of communal spaces.

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	31/01/2027
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Not Compliant	Orange	31/10/2026

	and other personal possessions.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	28/02/2026
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/10/2025
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	30/04/2026
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	31/03/2026
Regulation 24(1)	The registered provider shall agree in writing	Not Compliant	Orange	30/04/2026

	with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 25(4)	A discharge shall be discussed, planned for and agreed with a resident and, where appropriate, with their family, and in accordance with the terms and conditions of the contract agreed in accordance with Regulation 24.	Not Compliant	Orange	31/03/2026
Regulation 25(3)	The person in charge shall ensure that, in so far as practicable, a resident is discharged from the designated centre concerned in a planned and safe manner.	Not Compliant	Orange	31/03/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards	Not Compliant	Orange	30/04/2026

	published by the Authority are in place and are implemented by staff.			
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	28/02/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2026
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	Not Compliant	Orange	31/03/2026

	it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Not Compliant	Orange	31/05/2026
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/04/2026
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/10/2025
Regulation 7(3)	The registered provider shall	Not Compliant	Orange	30/05/2025

	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.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/12/2025
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	31/05/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	31/03/2026
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	03/10/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise	Not Compliant	Orange	31/03/2026

	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	31/01/2027