



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

## Issued by the Chief Inspector

Name of designated centre:	Roseville House Nursing Home
Name of provider:	DSPD Limited
Address of centre:	Killonan, Ballysimon, Limerick
Type of inspection:	Unannounced
Date of inspection:	12 March 2026
Centre ID:	OSV-0000427
Fieldwork ID:	MON-0049939

## About the designated centre

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

Roseville House Nursing Home is a designated centre located in a rural setting a short distance from Limerick city. It is registered to accommodate a maximum of 44 residents. It is a single-storey facility set on a large mature site. Residents' bedroom accommodation consists of single (36) and twin rooms (8), some with en suite facilities. Communal areas consist of a bright spacious reception/ foyer with 2 private alcoves, a meeting room, a dining Room, two day rooms, a smoking room and a seating area along the bright wide corridor. Residents have access to secure paved courtyards with garden furniture and raised flowerbeds. There are well maintained unsecured gardens around the centre. Roseville House Nursing Home provides 24-hour nursing care to both male and female residents whose dependency ranges from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	44
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 12 March 2026	09:00hrs to 16:45hrs	Sean Ryan	Lead

## What residents told us and what inspectors observed

Residents living in Roseville House Nursing Home spoke positively about their experience of living in the centre and described it as a safe and comfortable place to live. Residents said they were treated with dignity and respect by staff, and were supported to make choices about their daily lives. They expressed satisfaction with the nursing, health and social care provided to them. Many residents described the centre as a "home from home", and said they felt well supported in their day-to-day lives.

The inspector arrived at the centre unannounced and was met by the person in charge. Following a brief introduction, the inspector completed a walk-through of the centre. During this time, the inspector reviewed the premises and care environment, engaged with residents and staff, and observed interactions between staff and residents throughout the centre.

Residents were observed spending time in the communal day rooms, the reception and foyer area, and in the dining room during the breakfast service. Other residents were also seen walking independently around the centre.

The inspector met with residents in communal areas, and also spoke with residents in the privacy of their bedrooms. While the inspector met with all residents during the inspection, some residents spoke in more detail about their experience of living in the centre. Residents residing in the older part of the building confirmed that they were warm and comfortable, and said their bedrooms met their needs. They reported that their rooms had adequate heating, hot water, television and storage facilities for their personal belongings. Residents said they were free to leave their rooms during the day to attend activities of their choosing and they could return to their rooms whenever they wished. They also said that staff were available to support them if assistance was required. Residents described how staff would knock before entering their rooms and would offer support with their personal care needs in the morning, including assistance with selecting clothing and maintaining their rooms.

Residents told the inspector that staff regularly sought their views and feedback about the service. Residents said that staff would ask them, through day-to-day conversations, if there was anything that could be done differently or better for them. In addition, residents were provided with opportunities to meet as a group to discuss aspects of the service and raise suggestions. For example, one resident spoke about a recent meeting where residents discussed breakfast options and requested changes to the menu. Catering staff confirmed that this feedback had been received and was in progress as part of a review of the menu. Residents also spoke about requesting a karaoke machine, which had since been purchased for use during activities. Residents said that when they raised suggestions or concerns,

these were generally responded to, and where a request could not be facilitated, an explanation was provided.

The dining experience within the centre was observed to be positive and social, with residents appearing relaxed and engaged with one another during mealtimes. There were sufficient staff available to support residents with their nutritional care needs, and staff were observed providing assistance in a discreet and attentive manner. Most residents were offered a choice of meal options. However, it was observed that some residents who required a modified texture diet were not always offered a choice of meal.

In addition, some residents chose to have their lunch in the communal day room, where staff were available to provide support as required. During the meal service, it was also observed that residents were served their main meal and dessert at the same time. In two instances, residents consumed their dessert but did not eat their main meal. Residents spoke positively about the food provided and were complimentary about its quality.

Significant actions had been taken to address issues previously identified with the premises. Equipment observed during the inspection was well-maintained and clean. New floor covering had been installed in the older part of the building, which gave this area a fresh appearance. The provider was also progressing a scheduled programme of maintenance works within the centre. However, some areas of the premises remained in a poor state of repair, including sections where plumbing works had been completed and openings or gaps remained in walls or flooring where pipes had been installed or where flooring had been removed to facilitate these works.

It was also observed that the provider had taken action to enhance the use of space within the main reception area. A section of this large area had been partitioned to create a more private communal space for residents and visitors. Large wooden dividers had been installed to provide screening and separation from the main reception area. Throughout the day of the inspection, this space was observed to be used by residents, staff and visitors. Some residents who did not wish to participate in group activities chose to sit in this quieter area and described it as an enjoyable additional space within the centre. Visitors were also observed meeting residents in this area. Overall, the reception space was observed to provide a calm and comfortable environment for residents and visitors.

The inspector also reviewed the layout of two multi-occupancy bedrooms, where the number of beds had previously been reduced. While some actions had been taken to utilise the space created following the removal of beds, the configuration of these rooms did not ensure that the available space was used equitably by residents and did not fully support residents' privacy.

There was a designated smoking room available for residents within the centre for residents who wished to smoke indoors. However, some residents told the inspector that they preferred to use the outdoor smoking area. Residents said that while this area was suitable on fine days, it was not pleasant to use during periods of poor

weather. One resident described the outdoor area as private and peaceful, but said that there was no shelter available. The inspector observed that while a small seating area was provided outside the door, there was no shelter from wind or rain and no call bell available for residents using this area.

Residents were provided with a variety of opportunities to participate in social and recreational activities throughout the day. A dedicated member of staff coordinated the activities programme and was supported by other care staff to encourage residents' participation. Residents were observed taking part in a range of activities in the main day room, and the atmosphere was lively and social, with music, conversation and laughter evident. Residents were also preparing to watch the Cheltenham horse racing, with betting slips organised and small prizes arranged as part of the activity. Some visitors joined residents during these activities, which further contributed to the social environment. Residents told the inspector that they particularly enjoyed the activities programme and described it as an important and enjoyable part of their day.

Visiting arrangements within the centre were flexible, and visitors were observed coming and going throughout the day of the inspection. Visitors were most present during the afternoon and evening periods, where they were seen spending time with residents in communal areas. Visitors engaged not only with the resident they were visiting, but also with other residents present, which contributed to a calm, relaxed and homely atmosphere within the centre.

Throughout the day, staff were observed engaging with residents and asking about their preferences in relation to their daily routines. Residents were asked where they wished to have their meals, including whether they preferred to dine in the dining room, remain in the day room or return to their bedrooms. Staff were observed to be familiar with residents' preferences and routines, and supported residents in making choices about how they spent their day.

The following sections of this report detail the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the action taken by the provider to address issues identified during the previous inspection of the centre in August 2025. This included a review of the actions taken by the provider in response to an urgent compliance plan request issued following that inspection in relation to the heating and hot water

supply. The actions identified had been completed and the issues previously identified had been resolved.

The findings of this inspection were that the centre had an established management structure that was responsible and accountable for the delivery of care and services to residents. Since the previous inspection, the provider had taken actions in a number of areas, including works to the premises, measures to ensure that residents' care plans were informed by appropriate assessments and reflected their needs, and ensuring that all residents were issued with a contract for the provision of services. However, while improvements were noted in a number of regulations reviewed, this inspection found that the oversight of residents nutritional care and the provision of health care to residents were not fully effective. In addition, the provider did not always ensure that staff recruitment practices ensured that residents were safeguarded and protected or that staff were appropriately trained to support them to carry out their roles.

DSPD Limited, a company comprised of three directors, and represented on this inspection by one director, is the registered provider of Roseville House Nursing Home. The provider representative attended the centre on a weekly basis and carried out monthly operational and clinical reviews with the on-site management team. Through these arrangements, the provider maintained oversight of the service and provided governance and support to the person in charge.

The nurse management structure within the centre remained unchanged since the previous inspection. The person in charge had overall responsibility for the governance and management of service on a day-to-day basis, and was supported by a clinical nurse manager. The clinical nurse manager had a dual role within the centre, providing direct nursing care while also supporting the person in charge in a supervisory capacity. As part of this role, responsibility was delegated to the clinical nurse manager for monitoring aspects of the quality and safety of care provided to residents through completion of audits and general supervision. Regular meetings were held between the person in charge, clinical nurse manager and staff to ensure the person in charge was kept informed of operational and clinical matters within the centre.

The provider had reviewed some of the systems in place to monitor aspects of the service. A premises audit was conducted at frequent intervals to monitor and assess the quality of the physical environment, including residents bedrooms and communal areas, and action plans were developed and completed to address identified issues. A system was also established to monitor residents' access to and reviews, by their general practitioner (GP), which was found to be effective in ensuring that residents were reviewed by their GP at appropriate intervals. In addition, a number of other audits were in place to assess aspects of the quality of care provided to residents, including audits relating to care planning, residents' weight management, skin integrity and wound care. However, these oversight and monitoring systems were not fully effective to ensure that residents' health care needs were consistently identified and responded to in a timely manner. For example, pressure relieving equipment was not provided to one resident in a timely

manner, and monitoring of such equipment was not carried out to ensure its appropriate and effective use.

Records were maintained using a paper-based and electronic system, and records requested during the inspection were made available for review. However, a review of a sample of staff personnel files identified that not all files were complete, and did not fully align with the requirements of Schedule 2 of the regulations. In addition, records relating to specialist nursing care for residents were not consistently maintained, particularly for residents at high risk of impaired skin integrity. These findings reflected insufficient oversight of this aspect of the service.

An incident management system was in place to record incidents and accidents that occurred in the centre, including those involving residents. Records reviewed showed that incidents were subject to review by management to identify contributing factors and inform the development of care plans to reduce the risk of recurrence, including falls. Incidents were also discussed with the provider at governance meetings, and staff were informed of any actions required to mitigate the risk of similar incidents occurring.

All residents were issued with a contract for the provision of services which outlined the terms of their residency within the centre. The contracts also detailed the fees payable by residents, including any additional charges that may apply for services provided.

A programme of training was in place for staff, which included area such as fire safety, safeguarding and supporting residents living with dementia. However, a number of staff had not completed training or were not appropriately trained for the roles they were undertaking. The was identified in staff with responsibility for food preparation.

Arrangements were in place for the supervision of staff within the centre. The inspector found that oversight of staff in relation to the completion of residents' assessments and the updating of care plan records had been strengthened. However, the supervision of staff to ensure that residents received nutritional care in line with their assessed needs was not fully effective. In addition, oversight of the care of wounds did not ensure that residents received care in line with their assessed needs.

## Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff were not appropriately trained to deliver effective and safe care to residents. This was evidenced by;

- Staff did not demonstrate appropriate knowledge in relation to modified consistency diets to ensure that all residents received meals in line with their prescribed dietary requirements.
- Some staff working in catering roles had not received appropriate training to support them in the safe preparation and handling of foods, including the preparation of modified and therapeutic diets for residents.
- Some staff had not completed, or had expired, training in the delivery of emergency life-saving interventions such as cardio-pulmonary resuscitation, in line with some residents care plans.
- One staff member had not completed fire safety training, despite working in the centre in a role that required them to be familiar with fire safety procedures.

Staff were not always appropriately supervised. For example;

- Staff were not supervised to deliver appropriate nutritional care to residents, in line with their assessed needs and care plans.
- Staff were not appropriately supervised to ensure that pressure care management interventions were consistently implemented, and records maintained to provide assurance that these interventions were carried out as required.

Judgment: Not compliant

## Regulation 21: Records

The management of records was not in line with the regulatory requirements. For example;

- A review of staff personnel files identified that records were incomplete as they did not contain all of the information required under Schedule 2 of the regulations.
- Records of specialist treatment and nursing care provided to residents were not accurately or appropriately maintained in line with the requirements of Schedule 3(4)(b). For example, records of repositioning charts for residents at high risk of impaired skin integrity were not maintained in line with the residents care plan.

Judgment: Not compliant

## Regulation 23: Governance and management

The management systems in place to monitor the quality of the service were not fully effective to ensure the service provided to residents was safe and effectively monitored.

Systems of oversight and monitoring in place for record management including staff personnel files, residents' nutritional care, staff training and development, and health care were not fully effective. While audits were in place in relation to records, these were not effective to identify issues in practice. In addition, monitoring arrangements in relation to residents nutritional care and health care were not sufficiently developed to ensure that issues were identified and addressed in a timely manner. Consequently, those systems had not identified that these aspects of the service were not in full compliance with the requirements of the regulations.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

A review of the contracts for the provision of service found that all residents had a contract of care in place.

Judgment: Compliant

## Regulation 31: Notification of incidents

Notifiable events were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Judgment: Compliant

## Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints.

A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant, and the satisfaction of the complainant recorded.

Complaints were analysed for areas of quality improvement and the learning was shared with the staff.

Judgment: Compliant

## Quality and safety

Residents were supported in a manner that promoted their safety and well-being, and enabled them to enjoy a good quality of life. The provider had taken action since the previous inspection to address issues identified in relation to residents' individual assessments and care plans. While some action had also been taken to address premises-related matters, these were not sufficient to achieve full regulatory compliance. In addition, the health care provided to residents was not always timely, particularly for residents at risk of impaired skin integrity, and the nutritional care provided did not always ensure residents needs were fully met.

A review of food and nutrition found that arrangements were in place for residents to access the expertise of health care professionals such as dietetic services, and speech and language therapists for further expert assessment. Residents were provided with access to adequate quantities of food and drinks, and meals were prepared, cooked and served on-site. However, this inspection found that residents were not consistently offered choice at mealtimes and, although the food provided was wholesome and nutritious, it did not always align with residents' prescribed modified consistency diets.

Residents were supported to access a general practitioner (GP) of their choice and had access to GP services as required. Arrangements were also in place for residents to be referred to other health care professionals for further assessment and treatment, including dietitians, speech and language therapists, physiotherapists and tissue viability nursing expertise. The inspector found that the recommendations from these professionals was generally implemented. However, nursing interventions to support residents at risk of pressure-related skin injuries were not always provided in a timely manner and were not consistently monitored, particularly in relation to the provision and use of pressure-relieving equipment.

A sample of residents' individual assessment and care plans were reviewed. There was evidence that residents needs had been assessed using validated assessment tools. Care plans were reflective of residents actual care needs and updated following a change in their needs.

Action had been taken in relation to the premises since the previous inspection. A consistent supply of hot water and heating was available and monitored through thermostats. Equipment used by residents was maintained in a satisfactory state of repair, and an ongoing programme of painting and redecoration was in place. In addition, the provider had undertaken works to replace floor coverings in older parts of the building. However, while action had been taken to review the layout of multi-occupancy bedrooms, where the number of beds had been reduced, the measures implemented did not ensure that available space was used in a way that enhanced residents' privacy or usable space.

Residents' rights were promoted and respected in the centre. Residents were supported to exercise choice and control in their daily lives, including decisions about their routines, activities and care. Opportunities were provided to residents to participate in social and recreational activities, and to engage with others in a manner that suited their preferences. Residents' privacy and dignity were upheld, and residents were consulted about the running of the centre, with systems in place to support them to provide feedback and raise any concerns.

### Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 17: Premises

There were aspects of the premises that did not fully comply with the requirements of Schedule 6 of the regulations.

- In three bedrooms, where occupancy had been reduced from multi-occupancy arrangements, some reconfiguration of the rooms had taken place. However, the changes implemented did not ensure that residents were afforded additional or equitable usable space. In addition, the revised layout in one bedroom impacted on residents' access to sink facilities and affected the privacy of other occupants.
- In a small number of areas, floor coverings, as well as sections of walls and ceilings where plumbing works had been carried out, were damaged or left unfinished following these works.
- The external grounds were not fully suitable for use by residents. While some residents chose to sit in the internal courtyard, there was no shelter available and no call bell facilities in place in this area.

- A loose wire was observed hanging from the ceiling at an exit into the internal courtyard, which was also used as a smoking area for residents.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Food and nutrition was not always delivered in line with the regulatory requirements. For example;

- Residents' dietary needs were not consistently met, as prescribed by allied health care professionals. A number of residents who were prescribed a modified textured diet did not always receive the correct consistency diet.
- Residents were not offered a choice at mealtimes. Some residents who required a modified consistency diets were not consulted regarding their meal preferences or provided with a choice.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Residents were not always provided with appropriate health care, including evidenced-based nursing care in line with professional guidance. For example, interventions were not implemented in a timely manner for a resident who had developed a pressure-related wound, and measures in place to support wound management were not consistently implemented to prevent further deterioration.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they choose.

There were facilities for residents to participate in a variety of activities such as art and crafts, exercise classes and live music events. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer.

Residents attended regular meetings and contributed to the organisation of the service. Residents felt that they could provide feedback about the centre, and they told the inspector that they felt that their opinion would be listened to. A review of minutes of residents' meetings evidenced that, where residents made suggestions for improvement, these were acted upon by staff in the centre.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Roseville House Nursing Home OSV-0000427

Inspection ID: MON-0049939

Date of inspection: 12/03/2026

## 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>A comprehensive training programme will be implemented to ensure all staff complete mandatory training to include, modified diets, food safety, CPR, and fire safety. The PIC will monitor compliance and prevent training from expiring. All relevant staff will receive role-specific training in the preparation and management of modified and therapeutic diets and pressure care management to ensure residents' needs are safely met in line with their care plan. Ongoing audits and supervision will be carried out to ensure staff maintain the required knowledge and competencies in practice</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>A review of record management practices will be undertaken to ensure full compliance with regulatory requirements, including updating all staff personnel files to meet Schedule 2 standards. The PIC will send the Provider a Schedule 2 audit prior to any Staff member starting employment. Staff will receive training on accurate and timely documentation, with particular focus on maintaining records of specialist treatment and nursing care in line with Schedule 3 requirements. Regular audits and supervision will be implemented to ensure records, including repositioning charts, are consistently maintained in accordance with residents' care plans.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new monitoring system is in place for staff files to ensure all information required under schedule 2 is in place.</p> <p>Roboust auditing by PIC continues of residents files.</p> <p>All staff are to complete training to ensure residents nutritional needs are meet.</p> <p>PIC and CNM will remind staff daily to report any changes in residents needs at handover and safety pauses and ensure that any issues are addressed in a timely manner.</p> <p>Regular staff meetings continue and these issues will also be discussed at the meetings.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A review of the premises will be undertaken to ensure full compliance with Schedule 6 requirements, including reconfiguring affected bedrooms to provide adequate usable space, maintain privacy, and ensure appropriate access to facilities. All identified maintenance issues, including damaged flooring, unfinished walls and ceilings, and exposed wiring, will be addressed without delay. The resident using the external courtyard to smoke will be reminded to use the internal smoking area when the weather is not favourable. A bell will be provided for residents using the courtyard, they will also be supervised appropriately</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>All residents are offered a choice at meal times, this is monitored by PIC and CNM. All staff have completed IDDSI training on modified diets and are kept informed daily at handover if any change to residents, daily handover sheet is updated to reflect resident's needs.</p>	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: A review of clinical care practices will be undertaken to ensure all residents receive evidence-based nursing care in line with professional guidance, including the timely implementation of interventions. Staff will receive targeted training and supervision in wound care management, with clear care plans put in place and adhered to consistently. Ongoing clinical audits and management oversight will be strengthened by the PIC to ensure early identification of issues and to prevent deterioration in residents' conditions.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	20/04/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/04/2026
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.	Substantially Compliant	Yellow	20/04/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	20/04/2026
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is	Substantially Compliant	Yellow	20/04/2026

	provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	20/04/2026
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.	Substantially Compliant	Yellow	20/04/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health	Substantially Compliant	Yellow	20/04/2026

	care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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