



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

Issued by the Chief Inspector

Name of designated centre:	Powdermill Nursing Home & Care Centre
Name of provider:	JCP Powdermill Care Centre Limited
Address of centre:	Gunpowdermills, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	27 January 2026
Centre ID:	OSV-0004456
Fieldwork ID:	MON-0048695

About the designated centre

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

Powdermill Nursing Home and Care Centre is located close to the town of Ballincollig, which is approximately nine kilometres west of Cork city. It is a two storey premises with resident' accommodation on the ground and first floors. The upper floor can be accessed by both stairs and lift. Bedroom accommodation on the ground floor comprises 19 single bedrooms, one twin bedroom and three triple bedrooms. Bedroom accommodation on the first floor comprises four single bedrooms and two triple bedrooms. The centre offers 24 hour nursing care to both long term and respite residents that are predominantly over the age of 65 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	36
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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
Tuesday 27 January 2026	09:00hrs to 17:30hrs	Breeda Desmond	Lead
Tuesday 27 January 2026	09:00hrs to 17:30hrs	Louise O'Hare	Support

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. There was a relaxed atmosphere, and residents gave positive feedback about staff, meals served, activities and their life in the centre.

Residents reported they were very happy. One resident said they had come from another centre and were so much more content here as the service catered for their specific needs better. All interactions observed between residents and staff were friendly, calm and respectful. Over the course of the inspection, inspectors met many residents and spoke with 10 residents in more detail to gain insight into their lived experience in Powdermill. In general, feedback was very positive where residents said they felt safe and could talk with staff if they had a worry or concern. They explained that there was a lovely menu choice but if they did not like anything offered there was no problem asking for something different. Inspectors also met two visitors and they were complimentary of staff and the service provided.

Powdermill Nursing Home and Care Centre is a designated centre registered to accommodate 40 residents. It is a two-storey building; the upstairs is split-level with stairs and lift access to these rooms. The residents' guide was displayed in each bedroom. Bedrooms were seen to be personalised in accordance with residents' wishes and preferences. Some additional personal items seen in bedrooms were writing table and chair, and a leather Chesterfield armchair for example. One resident had an I Pad floor stand which could be manoeuvred while the resident was in bed to support them. Staff reported that the resident liked to watch Netflix and this stand was very effective in the independent use of the I Pad while the resident was in bed.

Residents were seen to have bedside lockers, and double wardrobes. In some multi-occupancy bedrooms, it was difficult to determine which wardrobe belonged to what resident due to the positioning of the privacy curtains. In addition, there were no bedside chairs in some multi-occupancy bedrooms. One resident did not have access to a television in their bedroom.

Views from some bedrooms windows were of a rubbish skip overflowing with items to be disposed and looked very unsightly. There were several store rooms to the side of the building which had open doorways that contained lots of items for disposal. Other open store rooms had bags of new sheets; some of these were unsealed and the sheets were damp to touch. Others contained large boxes of disposable cups, and these also were damp.

Communal space comprises two large rooms combining day and dining facilities, and a long foyer with seating where residents were seen to relax. There was a quiet

space where one resident preferred to relax. Inspectors spoke with that resident and they were enjoying the live-streamed Irish mass on the television radio.

The designated smoking room was located at the end of the foyer corridor. It had a fire safety blanket, fire retardant apron, metal bin for disposing of cigarette ends. One resident spoken with said it was very accessible for them.

Throughout the morning residents were observed to come to the dining room for their breakfast following personal care. Designated staff managed each dining room during the day and served meals, snacks and beverages to residents and visitors all day. Residents reported they had lots of choice for breakfast such as porridge, boiled eggs, cereal, a variety of breads and juices. The main meal was observed and meals were well presented and the food served appeared nutritious and appetising. Residents said they loved the soup and the main meal was gorgeous. Residents requiring assistance were helped in a discreet and respectful manner. Medications rounds were completed either before or after meals to ensure residents meals were uninterrupted. A variety of drinks and snacks were offered to residents mid morning and mid afternoon.

The two dining rooms on either side of the building had kitchenettes for serving meals; these had handwash sinks as well as kitchen sinks. Staff from the kitchen brought soup and deserts to the dining kitchenettes at 12:15pm. Deserts were cold choices of jelly and mouse, and while these were covered, they were left on the kitchen worktop in the heat.

There was discreet signage placed on the bedroom doors indicating when personal care was being delivered to ensure residents' privacy and dignity. Residents were seen to be smartly dressed in accordance with their wishes and preferences.

A range of activities was facilitated throughout the day with social interaction, newspaper reading, games and in the afternoon there was an interactive baking session. Residents were observed to really enjoy this and the activities staff gently encouraged residents to mix and stir different ingredients. This was a lemon drizzle cake and following preparation of the lemon drizzle icing, the activities person encouraged residents to smell the beautiful scent of the icing. Residents and staff chatted while the cake was baking and when it was ready it was served on beautiful tiered platters. Residents were thrilled with their efforts and enjoyed the cake with added custard. Residents had access to Headway Ireland and staff from Headway were on site during the inspection providing support to relevant residents.

Assistive and specialist equipment was seen in many bedrooms such as low low beds with mats, pressure relieving mattresses, wheelchairs and hoists. Rooms where oxygen was stored was clearly signed as part of their safety precautions.

Information regarding advocacy services and the complaints procedure were displayed throughout the centre. There were two notice boards in the main foyer, one to display the schedule of activities, and this was updated during the inspection to enable residents have information on the proposed activities for the week. The second residents' notice board was to display general information but had very little

information, such as local news, upcoming events such as the bank holiday, coffee mornings for different charities, or Valentine's day for example.

CCTV was in operation in the centre and had signage alerting people to its presence. CCTVs were confined to exit doors and corridors, and not placed in communal rooms, in line with a rights' based approach to care regarding privacy. Rooms such as the clinical room, housekeeping and sluice rooms were secure to prevent authorised access. Stored on the floor underneath the sink in the nurses' station were several boxes of food supplements; also left here was a large box of old books, ledgers and folders.

In general, the centre was observed to be clean. The sluice room had a bedpan washer, sluice hopper and hand wash sink. Hand gel sanitisers were displayed throughout the centre. While there were designated clinical handwash hubs, just one of these sinks complied with mandated national standards; this was located in the main nurses station. In the laundry, one sink was designated for hand-washing with handwash signage displayed above it, however, this sink was for laundry purposes; the second sink was the hand-wash sink with soap, paper towel dispenser and domestic waste bin.

Fire safety equipment was seen to be serviced in March 2025. Emergency evacuation plans were displayed throughout the centre. They had points of exit and location of fire fighting equipment. The legend included as part of the emergency plans denoted primary and secondary escape routes, however, these routes were not routinely included in the floor plans to inform people of the possible evacuation routes. As part of fire safety upgrades, emergency lighting had been installed in all bedrooms as part of phase one of the project; phase two comprised installation of external emergency lighting. The provider representative explained that this was a three-phase project and the last phase was in progress to ensure completion of works.

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

Capacity and capability

This unannounced inspection was carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations with a focus on safeguarding, and to follow up on the previous inspection judgements. Findings of the last inspection relating to staffing and dining were addressed; fire safety works were seen to be ongoing. Issues that remained outstanding were aspects of infection control. Concerns identified on this inspection related to overall safeguarding including responsive behaviour care documentation,

safeguarding plans, management of complaints, and auditing. These will be discussed under the relevant regulations in the report.

Powdermill Nursing Home and Care Centre is operated by JPC Powdermill Care Centre Limited. There is a clearly defined management structure in place, with identified lines of accountability and responsibility. There are two directors in the company who are involved in the management of the centre. The general manager supports the service and is on site daily. The general manager is a named person participating in the management of the centre. The person in charge is also one of the directors of the centre and is supported in the delivery of care by the assistant director of nursing and a clinical nurse manager (CNM), nurses and a health care team, as well as household, catering, maintenance, administration and accounts staff. All staff spoken with were aware of their role and responsibilities and to whom they were accountable. Deputising arrangements are in place for times when the person in charge is absent from the centre.

Regarding oversight of the service, while audits were completed, the scope of these were very limited and did not reflect the inspection findings. For example, the restrictive practice audit, showed 100% compliance over all audits completed, and issues highlighted on inspection were not identified.

While there was a quick reference document providing good oversight of residents' care needs, key performance indications (KPIs) were not maintained to provide information on the status of care in the centre to enable trending and analysis of information as part of a quality improvement strategy. Some records were labelled audits, however, information contained within these were data and did not reflect an analysis of the particular field.

Schedule 5 policies and procedures were reviewed and policies relating to safeguarding were available to staff such as safeguarding, managing behaviours that challenge, and use of restraint. The health and safety statement was readily available. Clinical and non clinical risks were identified along with individual risk associated with specific residents, in line with regulatory requirements.

The registered provider had supported staff by providing training. However, from review of documentation such as behavioural support plans, safeguarding plans and complaints, transfer of knowledge of safeguarding and complaints' training was not assured. This is further discussed under the relevant regulations.

A sample of staff files were examined and these had the requirements as specified under Schedule 2. Assurance was provided that vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act, were in place for all staff prior to commencement of work in the centre as part of their safeguarding strategy. Contracts of care were updated during the inspection to include the rooms numbers residents were occupying.

Regulation 15: Staffing

Inspectors reviewed the staff rosters and these showed that there were two activities staff, with one on duty on a daily basis to ensure residents had access to meaningful activation during their day; there were household cleaning staff seven days per week. Currently, there appeared to be adequate staff for the size and layout of the centre, and assessed needs of residents. Following findings from the previous inspection, there was an additional staff rostered for twilight hours every evening up to either 10pm or 11pm to ensure support for late evening time care duties.

A review of a sample of Schedule 2 staff files records showed that these were comprehensive. Assurance was provided that vetting disclosures were in place prior to staff commencing employment in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff have access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management 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).

Judgment: Compliant

Regulation 23: Governance and management

Action was required to assure that management systems in place ensured the service provided is safe, appropriate, consistent and effectively monitored:

re Audits:

- an annual schedule of audit was not in place as part of their management system to enable consistent and effective monitoring,
- audits complete in 2025 and 2026 were very limited and many of the results showed 100% which was not reflective of inspection findings.

re Safeguarding:

- better oversight of records relating to safeguarding plans, complaints and responsive behaviour was required to ensure they were comprehensive and

to demonstrated understanding of safeguarding (these are further expanded upon under the relevant regulations).

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Action was required to ensure the complaints procedure was effective and that staff were aware of how to identify a complaint:

- some feedback from a resident was recorded as a complaint and did not have comprehensive information detailed regarding the investigation undertaken to ensure the resident was safeguarded,
- one resident complained about one meal and this was recorded in an ABC behavioural support chart as challenging behaviour, it was filed as part of their medication management chart, and not recognised as a complaint, in line with specified regulatory requirements.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available to staff. These were reviewed and policies relating to safeguarding were available such as protection from all forms of abuse, managing behaviours that challenge, use of restraint and recruitment of staff for example. The policy relating to temporary absence of a resident was updated at the time of inspection to ensure it complied with regulatory requirements to enable residents could be cared for in accordance with their changed needs following discharge from hospital for example.

Judgment: Compliant

Quality and safety

The purpose of this inspection was to review the measures in place to promote and protect people's human rights, their safety and well-being. This involved assessing the quality of service being provided to residents to ensure a safe service that protected them as part of adult safeguarding.

Observation on inspection showed that staff had good insight into residents, their life histories and care needs. Staff interactions were seen to be respectful and kind, and staff encouraged residents in accordance with their abilities. However, as mentioned heretofore, documentation reviewed did not provide assurance that staff recognised some safeguarding concerns, and because of this, safeguarding issues were not responded to appropriately. For example, one complaint read by inspectors, reported that a member of staff allegedly shouted at the resident, however, this was seen as just a complaint and not an inappropriate interaction. Another record reviewed showed feedback from a resident was recorded as an episode of challenging behaviour rather than just a complaint about food.

A sample of medication charts were examined and these were seen to be comprehensively maintained in line with best practice professional guidelines. Controlled drugs records were also in compliance with professional guidelines.

Residents had personal emergency evacuation plans that detailed the assistance required for both day and night time to ensure their safety. Inspector reviewed a sample of residents' care records. While some had valuable information to inform individualised care, others were generic. Notwithstanding this, observation on inspection showed that staff had good knowledge of the resident, their interests and past lives, and used this information to actively engage with residents. Inspectors viewed a sample of residents' safeguarding care plans, however, these were generic and did not assure residents' safeguarding.

In general, residents were referred in a timely manner to allied health professionals such as speech and language therapy (SALT), dietician and physiotherapy, as well as community ophthalmology, and audiology. Reports from these allied health professionals were included in the care documentation to inform the care planning process to ensure residents received the correct food and fluid consistency for example. However, one resident's care documentation reviewed did not demonstrate that the resident had been timely referred despite the food and nutrition assessment showing the resident was high risk of malnutrition.

Daily flow sheets were in place to record the personal care given; these were generally completed for day and night times, and included information regarding activities the resident participated in.

Following the findings of the last inspection a register of multi-drug resistant organism (MDRO) was implemented in accordance with mandated national standards.

Resident questionnaires were currently being undertaken to seek feedback from people about the service and how it can be improved. It was outlined to inspectors that following completion of these questionnaires, information would be collated and an action plan developed with responsibilities assigned to address anything raised.

Regulation 10: Communication difficulties

From observation during the inspection it was apparent that staff were familiar with residents and their individual communication needs; communication aids and devices were available for residents' use. Associated care plans showed excellent insight into residents' communication needs and observation on inspection demonstrated that staff knew residents well and provided appropriate assistance when required. Visual aids and an I Pad were available to residents to translate to enable effective communication.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises conformed with regulatory requirements, as:

- the positioning of some privacy bed rails in multi-occupancy bedrooms required review as some wardrobes were not fully accessible and within the individual resident's bed space.
- views from some bedrooms windows were of a rubbish skip overflowing with items to be disposed and looked very unsightly
- there were several store rooms to the side of the building which had open doorways that contained lots of items for disposal. Other open store rooms had bags of new sheets; some of these were unsealed and the sheets were damp to touch. Others contained large boxes of disposable cups, and these also were damp,
- there were no bedside chairs in some multi-occupancy bedrooms. One resident did not have access to a television in their bedroom.

Judgment: Substantially compliant

Regulation 26: Risk management

There were policies in place relating to risk management, hazard identification and emergency planning. There was a separate policy relating to infectious diseases as part of the infection control information folder. Risk registers were available; as part of the risk register, individual risks were reported with control measures to mitigate identified risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was necessary to ensure that care records were maintained in accordance with regulatory requirements:

- while some assessments and care plans showed excellent insight into residents and their care needs, others were generic and did not include this detail to enable individualised care delivery,
- a sample of end of life care plans stated that the resident was not at end-of-life so they did not discuss their wishes and preferences, even though people were relatively well and possibly could provide this information regarding their care wishes should they become unwell,
- 'A Key To Me' was a snap-shot of the resident, their family and life history. One resident's document reviewed did not have significant information about the resident that informed their daily life,
- two care records seen referred to palliative care services in Dublin and not palliative care near-by the centre even though both residents were from Cork and lived there all their life
- some residents had two or three care plans associated with the same care needs such as three COVID-19 plans
- one resident had a nutrition assessment which deemed them at high risk of malnutrition, however, there was no associated care plan to support their care needs, or referral to the associated allied health professional.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Action was required to ensure staff had up to date knowledge and skills regarding responding to and managing challenging behaviours:

- a responsive behaviour record was part of a resident's PRN (as required medication) medication documentation even though the behaviour recorded was just feedback about food, demonstrating that staff lacked knowledge or understanding of responsive behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

Action was required to ensure that all reasonable measures were taken to protect residents from abuse:

- two allegations of inappropriate interactions by staff (one verbal abuse and the second an allegation of neglect) included in complaints records were followed up as part of safeguarding and investigated by the person in charge, however, the associated records did not reflect the information provided by the person in charge to the inspector regarding the thorough investigation undertaken,
- a sample of safeguarding plans were reviewed and these were generic, and in one safeguarding plan where the resident was subject to a safeguarding concern, the type of safeguarding required was not detailed,
- the system in place to enable residents have access to cash was not robust. While there was a requirement for two people to sign transactions, routinely, there was either one signature or no signature this practice did not protect the resident or staff. Individual transaction sheets per resident were not maintained to enable records to be retained in accordance with regulatory requirements.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were seen to have access to a varied activities programme in accordance with their wishes and preferences. Staff were observed to actively engage with residents, they were very familiar with their past lives and incorporated this information into the activities and daily interactions. Residents' independence was seen to be supported and encouraged throughout the inspection.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Powdermill Nursing Home & Care Centre OSV-0004456

Inspection ID: MON-0048695

Date of inspection: 27/01/2026

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Regulation 23: Governance and Management – Compliance Plan</p> <ul style="list-style-type: none"> • A safeguarding register records all alleged or suspected abuse, with all allegations reported via NFO6 within required timeframes – ongoing. • Allegations are reviewed at weekly clinical governance meetings to ensure compliance, thorough investigation, and team learning – ongoing. • The complaints log is reviewed weekly to ensure abuse allegations follow the Safeguarding process, not the complaints procedure – ongoing. <p>Clinical Audits</p> <ul style="list-style-type: none"> • Issues identified in care plan audits by inspectors have been addressed – completed. • The Director of Nursing will review all January–February 2026 audits, present findings at clinical governance, and implement improvements – Timeline 31st March 2026. • The 2026 quality improvement plan will expand the audit schedule to include all departments. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p>	

All Nursing staff will complete the handling of complaints training in the HSE land Timeline 31st March 2026. A folder containing a list of common responsive behaviors will be placed in both nurses' area for reference in identifying responsive behavior from complaints. This will help to clarify issues that have arisen where alleged complaints were treated as a form of responsive behavior – completed

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Outline how you are going to come into compliance with Regulation 17: Premises: Multi Occupancy Bedrooms – Wardrobes. The positioning of wardrobes in multi occupancy rooms has been reviewed and adjusted to ensure full accessibility within each resident's designated space – completed

Skip Located Externally

While we acknowledge that the skip present at the time of inspection was visually unsightly, it was in place to facilitate an external contractor who was upgrading works in the basement, specifically fire-slabbing and associated construction upgrades. The skip was required to safely manage and remove construction debris - completed

Store Rooms

The door to the linen storage room was quite stiff and not easy to close. This was repaired immediately after inspection and a notice has been placed to remind all staff to close the door after use. Two new additional storage rooms have been constructed as part of our 2025/2026 upgrades. Both are one-hour fire rating with fire detection in each room. On the day of inspection one store room was awaiting a contractor to fit a new one-hour fire door - completed

Bedside Chairs

An audit has been completed of all multi-occupancy rooms to ensure that residents/visitors/nurse have access to appropriate seating when visiting the resident. Timeline 30th April 2026.

Television Access

The resident who previously did not have access to a television now has a television installed in their bedroom – completed

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Care Plans The Nursing team have been made aware of the findings on the draft inspection report. They have been instructed to be diligent in completing care plans to ensure they are person-centred, specific and reflective of the resident's needs and preferences – ongoing</p> <p>All residents are being facilitated to have Advance care planning discussions. These have already been started with the residents and or the representative where the residents requires an advocate – ongoing</p> <p>The palliative care plan highlighted on inspection has been rectified to reflect local allied services – completed</p> <p>The COVID-19 care plan has been updated to ensure a single comprehensive plan for each residents identified needs – completed</p> <p>Immediate referral to the Dietitian and SLT for any resident identified as having moderate/high risk of malnutrition/weight loss – ongoing.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>Staff have been retrained on the appropriate recognition of responsive behaviours and the purpose and correct use of ABC charts in documenting these behaviours. Medication management and assessment and care plan audits will ensure that staff are adhering to this in practice - completed</p>	

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Supplementary documents detailing the investigation report done by the person in charge with regard to the alleged verbal abuse and neglect were emailed to the Inspector post inspection – completed.</p> <p>The safeguarding issue reported in the NFO6 has been amended to reflect the type of safeguarding concern and action plan - completed.</p> <p>SAGE and the HSE Safeguarding Team have been involved since the initial reporting of the allegation of abuse - completed.</p> <p>Financial Protection: The cash advance system used by the nursing home allows residents to have access to cash at very short notice. An individual transaction sheet for each resident is implemented and retained in accordance with regulatory requirements - completed</p> <p>The staff has been informed through a memo to ensure that each transaction is signed by 2 staff.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	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.	Substantially Compliant	Yellow	31/03/2026
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to	Substantially Compliant	Yellow	31/03/2026

	identify a complaint.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/05/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	13/03/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate	Substantially Compliant	Yellow	13/03/2026

	that resident's family.			
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	31/03/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	05/03/2026