



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Care Centre
Name of provider:	Health Service Executive
Address of centre:	Coosan Road, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	29 September 2025
Centre ID:	OSV-0000483
Fieldwork ID:	MON-0044372

About the designated centre

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

St Vincent's Care Centre is registered to accommodate a maximum of 36 residents, both males and females, over the age of 18 years who require long-term and respite care, ranging in care needs from low to maximum dependency, and including the care of residents with dementia, parkinson's disease and multiple sclerosis. The centre is arranged over two floors. Residents' bedroom accommodation consists of a mixture of single, double and three-bedded bedrooms. Communal facilities include dining rooms and day rooms on both floors, a family room, a hairdressing room and an enclosed garden courtyard. The designated centre's Statement of Purpose states that the philosophy of the centre is to provide resident-centred care by a knowledgeable, skilled, vigilant and proactive team who are positively motivated by caring for older people. Care is aimed at preventing untoward events and negative experiences for the resident and ensure that each resident receives optimum quality holistic care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Monday 29 September 2025	09:15hrs to 16:30hrs	Catherine Connolly-Gargan	Lead

What residents told us and what inspectors observed

Overall, the inspector's observations concurred with residents' feedback that they were supported to live comfortably in the centre and that staff were attentive to their needs for support and assistance. However, residents' rights and quality of life were impacted by limited opportunities available to them to participate in social activities in line with their capacities and interests.

On arrival, the inspector was met by the person in charge, and completed a walk around the centre. This gave the inspector an opportunity to meet with residents and to gain insight into residents' experiences of living in the centre. The inspector observed that a number of residents were up out of their beds and eating their breakfast. Other residents were preparing to get up, either by themselves or with the assistance of staff. A small number of residents who preferred to get up later in the morning were still sleeping. Residents who were already up told the inspector that they liked to get up early, and this preference was always respected by staff.

St Vincent's Care Centre is located in Athlone town, a short distance from the main shopping streets. The designated centre premises are located on a campus housing a number of other community services, including the Westmeath Hospice facility, which is accessible from the designated centre. Residents' bedroom and communal accommodation is provided on two floors. Sonas unit on the ground floor has bedroom accommodation for 22 residents in one bedroom with three beds, seven single and six twin bedrooms. The Auburn unit is located on the first floor and has bedroom accommodation for 14 residents in one bedroom with three beds, five single and three twin bedrooms. As only one bedroom has en suite shower and toilet facilities, communal toilets and showers were conveniently located on both floors to meet residents' needs. A communal sitting room and dining room, and rooms for residents who wished to rest in a quiet setting were available on both floors.

Staff who spoke with the inspector were aware of each resident's individual preferences and routines, and staff sought consent from residents regarding their care delivery. Residents who spoke with the inspector were complimentary in their feedback regarding the service provided, the standards of care they received, and the staff caring for them. Residents told the inspector that the staff were 'so good', 'know me and what I like well' and 'go the extra mile to care for me'.

The inspector observed that there was a staff member on each of the two units with assigned responsibility for facilitating residents' social care. A social activity schedule was displayed, and other than hairdressing by the centre's hairdresser did not describe the availability of any social activities for residents up until lunch-time on the day of the inspection. However, the inspector observed that the residents who chose to rest in the sitting room on the ground floor were participating in a Mass on the television in the morning, reading the newspaper and doing artwork. In the

afternoon, these residents were enjoying live music facilitated by a local musician. Residents resting in the first-floor sitting room received support from the activity coordinator during the morning to participate in games and artwork on a one-to-one basis. These residents remained in the sitting room on the first floor with the television on during the afternoon. The inspector observed that three of these residents were asleep in their chairs throughout the afternoon. Although the inspector was told and observed in their social care assessments that another resident in this sitting room enjoyed music, they were not provided with an opportunity to attend the live music taking place in the ground floor sitting room.

Overall, the inspector observed that staff were responsive to residents' needs for assistance and support, including to the cues of residents who experienced difficulties with communicating their needs. However, improvements were necessary in the allocation of staff to ensure that there was staff available in the sitting rooms to meet residents' safety and assistance needs without delay. The inspector observed that staff were not available to meet residents' needs in the communal sitting rooms for prolonged periods of time. This observation was particularly evident in the sitting room on the first floor, where four residents resting in high-support chairs around a table, spent prolonged periods of time alone, including during staff meal-breaks. The inspector observed that the call-bell in this sitting room was out of the residents' reach, and this sitting room was located at the end of a corridor off the main corridor in this unit.

The centre's environment, including residents' bedrooms and communal areas, was well-maintained, visibly clean, bright, homely, warm and comfortable. Residents told the inspector that they were 'happy' living in the centre and that they were 'very comfortable'. The inspector observed that the layout of the residents' bedrooms met their needs and they had sufficient storage for their personal belongings. The provider had made specially modified tables available in the sitting and dining rooms to support residents in wheelchairs to sit comfortably at a table for their meals and social activities.

Many of the residents had personalised their bed areas, and they had suitable space to display their family photographs and other personal items. Residents' lockers were within close proximity to their beds to support them to easily access their possessions when they were in bed.

Residents told the inspector that they would speak to a staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

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. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that there was a decline in compliance with the regulations, and this was having a negative impact on residents' safety, rights and quality of life. This inspection found that management oversight of this service was not effective, and the provider had ensured that the staffing resources provided were aligned with the centre's statement of purpose. Furthermore, the quality assurance processes in place did not ensure that this service was safe, appropriate and effectively met residents' needs.

This was an unannounced inspection completed over one day 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 registered provider of St Vincent's Care Centre is the Health Service Executive (HSE), and a general manager was assigned by the provider to represent it. As the provider is a national provider involved in operating residential services for older people, St Vincent's Care Centre benefits from access to and support from centralised departments such as human resources, information technology, staff training, and finance among others.

There was an established governance and management structure in place, and the quality assurance systems included monitoring and auditing of key clinical indicators, residents' documentation, the environment and infection prevention and control among others. However, oversight by the provider was necessary to ensure this system was effective. For example, the findings of this inspection regarding residents' care documentation, access to appropriate healthcare, social care, and fire safety did not provide adequate assurances that the monitoring systems in place were effectively identifying and addressing all areas requiring improvement. As a result, this was negatively impacting on the quality and safety of the service provided to residents.

There were a number of staff vacancies that the provider had vacancies in nursing and care staff, which were being filled at the time of the inspection. In the interim, these vacancies were covered by regular agency staff who supported the staff team. This ensured continuity of care for residents from staff with whom they were familiar.

Staff vacancies, including planned and unplanned leave, were being replaced by agency staff, and this was not a sustainable staffing model. While there were sufficient numbers of staff, including agency staff available, the allocation of staff and their supervision to ensure they carried out their assigned roles to the required standards was not effective. This resulted in staff not being available to respond to the needs of residents with assessed increased dependencies, and was negatively impacting on residents' quality of life and wellbeing.

The provider ensured that all staff had attended mandatory training and that they were facilitated to attend professional development training to ensure that they had the necessary skills and competencies to meet the complex needs of residents.

Records and residents documentation were held securely and were made available to the inspector for the purpose of this inspection.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the office of the Chief inspector of Social services as required by the regulations.

Regulation 15: Staffing

The registered provider did not ensure that sufficient staff were available to meet residents' needs. This was evidenced by the following inspection findings;

- Staff allocation in both units did not ensure that there was sufficient staff available at all times to respond to residents' needs in the communal rooms. The inspector observed that there was no staff with the residents in the communal sitting rooms for prolonged periods during the day, including during staff meal breaks. This increased the risk to residents' safety and did not ensure that their needs for assistance by staff would not be responded to without delay.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles to ensure that they carried out their work to the required standards. This was evidenced by the following findings;

- Staff were not completing residents' assessment and care plan documentation to the required standards and in line with the provider's own policy and procedures. For example, residents' care documentation did not provide sufficient information to guide staff on the care and support they needed to meet their needs and preferences.
- Staff did not ensure that residents had opportunities to participate in a meaningful social activity programme that was in line with their capacities and interests. This finding was negatively impacting on residents' rights and quality of life.

- Staff did not remain with residents who had increased needs in the communal rooms for prolonged periods throughout the day of inspection, and were therefore not available to respond to residents' needs for assistance.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed a sample of staff employment files and found that they contained all of the information required under Schedule 2 of the regulations, including assurances that appropriate vetting procedures were completed by the provider for staff.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had failed to ensure that staffing resources in the centre were planned and managed to ensure person-centred, effective and safe services in line with the designated centre's statement of purpose. A definitive plan was not in place to recruit staff to 10 vacant healthcare/multi-task full-time roles. The inspector's findings are also discussed under Regulation 15: Staffing

The registered provider's oversight and management of risk in the centre was not effective. Consequently, systems in place to identify, manage and respond to risk were not effective. This was evidenced by the following findings;

- The provider's oversight and management of fire safety in the centre was not effective, and the provider could not be assured that residents would be safely evacuated in the event of a fire in the centre.

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

- Auditing of residents' care plans failed to identify that care plans were not in place to inform a number of residents' care needs and that a number of residents' care plan information did not reflect their assessed needs. As a result, some residents' care documentation was not completed to the required standards, and posed a risk that relevant information regarding each resident's needs and care interventions would not be available to staff.

- Oversight and monitoring of residents' social care delivery were not effective, and as a result, residents' rights and quality of life were negatively impacted. The inspector's findings are discussed under Regulation 9: Residents' Rights.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required and within the time frames specified by the regulations.

Judgment: Compliant

Quality and safety

Overall, this inspection found that actions were necessary by the provider to ensure that a safe and good quality service was provided for residents. While residents' rights were generally respected, significant actions were necessary to ensure residents' social care needs were adequately met and that residents were adequately supported and empowered to live their best lives.

Residents' records and their feedback to the inspector provided assurances that they had timely access to their general practitioners (GPs), specialist medical and nursing services, including psychiatry of older age, community palliative care and health and social care professionals as necessary. While most residents' communication needs were assessed and effective communication strategies and tools were in place to meet their needs, appropriate access to specialist speech and language therapy services for assessment of need for assistive technology was not provided for one resident to effectively support them with managing their communication difficulties. The strategies and tools in place for this resident were not effective, and this was impacting on this resident's rights and quality of life.

Residents' nursing needs were comprehensively assessed, and their corresponding care plans were sufficiently detailed, with person-centred information that clearly informed their clinical care and safety needs as they preferred. However, actions were necessary to ensure residents' social activity needs were adequately assessed and that their social activity care plans directed staff on a social activity programme in line with their preferences and capacities. There was incomplete documentation maintained regarding the social activities each resident participated in. Therefore, the provider and person in charge could not be assured that residents were being

provided with sufficient opportunities to participate in meaningful activities in line with their preferences and capacities.

This inspection found that residents were not provided with sufficient opportunities to participate in meaningful social activities to meet their interests and capability needs. There were limited meaningful social activities available on the day of the inspection for most of the residents, especially residents living with cognitive impairments and dementia. This finding was negatively impacting on residents' quality of life and well-being. The inspector's findings are discussed further under Regulation 9: Residents' Rights.

The provider had measures in place to protect residents from risk of fire but had not adequately ensured that residents would be safely evacuated in the event of a fire in the designated centre. The inspector's findings are discussed under Regulation 28: Fire safety.

While the provider had measures in place to safeguard residents from abuse, there was insufficient information in a safeguarding plan to effectively protect residents from harm. Safeguarding plans were not sufficiently detailed to ensure that the risk posed by residents' 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), which caused and continued to pose a risk of harm to other residents, was effectively mitigated. Furthermore, residents' behaviour support care plans did not clearly guide staff on the triggers to residents' responsive behaviours and the most effective person-centred strategies to de-escalate the behaviours.

The provider ensured that the premises were maintained to a good standard and all areas of the centre were visibly clean. The provider had completed actions since the last inspection to ensure the layout of residents' bedrooms meets their needs, and that they could store and access their personal belongings in their bedside lockers and wardrobes.

Residents had access to local and national newspapers, televisions and radios as they wished.

Regulation 10: Communication difficulties

Although residents who had communication difficulties had their communication needs assessed and care plans were developed, the assistive equipment, and tools provided to support one resident with meeting their communication needs were not effective. As a result, this resident was not adequately supported to communicate as they wished.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Each resident was provided with adequate storage space for their belongings and could access and maintain control of their personal possessions and clothing in their wardrobes and in bedside lockers, placed by their bedsides. Additional storage was provided for some residents in their bedrooms, as needed to ensure they could store their possessions safely and as they wished.

Residents' clothing was laundered in the designated centre's laundry as necessary, and residents' clothing was returned to them without any reported delays.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the centre premises were appropriately maintained and that the layout of the residents' bedrooms and communal accommodation was appropriate to the number and needs of the residents and in accordance with Schedule 6 of the regulations and in line with the centre's purpose.

Residents had access through unlocked doors in the sitting room on the ground floor to a safe outdoor area that promoted their rights, safety, positive risk-taking and quality of life.

Judgment: Compliant

Regulation 28: Fire precautions

Assurances were not available regarding residents' safe emergency evacuation in the event of a fire in the centre. The simulated emergency evacuation records available did not reference the simulated evacuation of all residents' in the centre's largest compartments. Therefore, the provider could not be assured that the emergency evacuation needs of the residents would be met in the event of a fire in the centre. Furthermore the records of the simulated drills completed did not include sufficient assurances regarding the following;

- did not accurately reflect the staffing resources available in the night-time evacuation drill procedure
- that the simulated procedures reflected the assessed equipment and staffing needs of each of the residents evacuated
- supervision of residents post evacuation to ensure their safety

- limited information was recorded on the procedure completed, and therefore, the provider could not be assured that staff were completing the procedure as directed by the centre's emergency evacuation policy.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed the care documentation for a number of residents, including one resident aged under 65years, and found actions were necessary to ensure residents' care plans clearly detailed the care and support each resident needed from staff to meet their assessed needs. This was evidenced by the following findings;

- Behaviour support care plans developed for a resident experiencing frequent episodes of responsive behaviours, some of which had negatively impacted on other residents' safety and comfort, were not sufficiently detailed to guide staff on effectively managing this resident's behaviours. For example, the triggers for the behaviours were not clearly detailed, and there was limited information to guide staff on the most effective de-escalation strategies they should use. Therefore, adequate guidance was not available for staff to ensure this resident's dignity was preserved with effective support to prevent the behaviours occurring, and where they occurred, to ensure this resident's and other residents' safety with effective de-escalation of the behaviours.
- There was a disconnect between the information in the assessments of many of the residents' social care needs, the information in their social activity care plans and the social activities available to them to meet their interests and capacities. As a result, these residents' social care plans did not describe a social activity programme tailored to meet their individual interests and capacities. Furthermore, many of the care records of the social activities that residents participated in did not reference that residents were provided with opportunities to participate in the social activities described in their care plans.

Judgment: Not compliant

Regulation 6: Health care

Nursing practices in relation to residents' social care documentation and management of residents' responsive behaviours did not ensure that they received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. The inspector's findings are discussed further under Regulation 5: Individual Assessment and Care

Plan, Regulation 7: Managing behaviour that is challenging and Regulation 9: Residents' Rights.

A resident with complex needs that were negatively impacting on their capacity to effectively communicate was not appropriately referred for assessment by specialist speech and language therapy services and assessment of their need for assistive communication technology to support them to meet their needs.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Although records were maintained regarding the incidents of residents' responsive behaviours, there was limited evidence that the information in these records was reviewed at regular intervals, and that this information was utilised to identify trends in the behaviours and to evaluate the effectiveness of the behaviour management, treatment and support plans in place. Therefore, the provider could not be assured that residents' responsive behaviours were being effectively managed.

Judgment: Substantially compliant

Regulation 8: Protection

The safeguarding plan developed for a resident who experienced responsive behaviours that posed a safeguarding risk to other residents did not contain adequate information regarding the measures in place to mitigate the risk of harm posed to other residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had failed to ensure that residents were provided with adequate opportunities to participate in meaningful social activities in line with their preferences and capacities. This was evidenced by the following findings;

- The inspector observed that the social activity programme for residents was limited and social activities were only available to a small number of residents.

Although some staff had training in facilitating a sensory-focused social

activity programme suitable for residents with dementia, this was not made available to residents.

- Many of the residents sitting in the sitting rooms, especially in the sitting room on the first floor, on the day of the inspection, were not offered sufficient opportunities or supported to participate in suitable meaningful social activities that interested them, including an opportunity to attend a live music session taking place in the sitting room on the ground floor.
- The inspector's observations were supported by the absence of a record available of the social activities residents participated in on the first floor. Furthermore, review of the records available for a resident receiving enhanced care by two staff at all times of the day and night did not provide assurances that this resident's social care needs were considered.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Vincent's Care Centre OSV-0000483

Inspection ID: MON-0044372

Date of inspection: 29/09/2025

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A full review of both Activity and Healthcare Assistant rosters across all units was conducted, we have adjusted staff meal times and implemented alternating shifts to ensure that three HCA's are present on first floor and ground floor at dinnertime, with dedicated staff continuously supervising communal areas, thereby ensuring resident's needs are met promptly and safely and residents are adequately supervised at all times throughout the day.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: There is a CNM rostered to each unit in the Centre for supervision to monitor staff work practice. There is an out of hour's governance structure in place for night duty and at the weekends. The CNM's is allocated on the roster in charge of each Unit for management purposes and supervision of staff.</p> <p>A refresher care planning Workshop has been organized for all staff nurses facilitated by the Nurse Practice Development Coordinator for Older Persons Service. Care plans are being reviewed and updated to ensure accurate information to meet residents' social and care needs.</p> <p>Social activity care plans for all residents have been reviewed to reflect their current needs and abilities. Daily records are maintained by staff on activities participated in by residents and these will be checked by CNM's to ensure accurate records are maintained</p>	

A full review of both Activity and Healthcare Assistant rosters across all units was conducted, we have adjusted staff meal times and implemented alternating shifts to ensure that three HCA's are present on first floor and ground floor at dinnertime, with dedicated staff continuously supervising communal areas, thereby ensuring resident's needs are met promptly and safely and residents are adequately supervised at all times throughout the day.

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Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

One WTE MTA conversion has been completed, with the MTA previously working as an agency staff member and now commencing as a permanent staff member on December 15th .

Five WTE HCA's posts were offered and accepted by the candidates with recruitment now in progress. The other remaining posts are being progressed through the recruitment process.

Any unplanned leave or shortfall on a daily basis is managed by offering additional shifts from the existing HSE staff cohort in the first instance and then regular agency.

The fire drill procedures in each unit have now been reviewed, and a new reporting template has been put in place. This template captures key elements such as staffing levels, designated staff responsibilities, scenarios of fire evacuation drill. All future drills will be documented on this template to ensure the information captured during drills informs learning and identifies any lessons for implementation.

Each nurse is assigned as a key worker for a maximum of two to three residents for care planning purpose. All nurses have been instructed to review and update their care plans for their assigned residents at a minimum of four monthly intervals or sooner if required based on a change in their healthcare status. The CNM's are now auditing updated care plans to ensure they are person-centered and reflect the current assessed needs of residents.

A refresher care planning Workshop has been organized for all staff nurses facilitated by the Nurse Practice Development Coordinator for Older Persons Service.

Quality Care metrics (MEG platform) audit of care planning by the Clinical Nurse Managers is in place, with recommendations for any actions required and timeframes for these - notified to the allocated staff to complete. This will be reviewed by the Person in

Charge to ensure if actions required have been implemented

The activities program has been reviewed by the PIC and nurse management team with the activities coordinators to ensure suitable opportunities for activation are scheduled to meet the interests and capacities of all residents.

Social activity care plans for all residents have been reviewed to reflect their current needs and abilities. Daily records are maintained by staff on activities participated in by residents and these will be checked by CNM's to ensure accurate records are maintained

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Regulation 10: Communication difficulties

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication difficulties:

A communication assessment has been completed by the Speech and Language Therapist, as the resident is already under their care. The Speech and Language therapist has arranged a two-week loan of a communication device from a company for trial- after which, if successful, the appropriate device will be ordered. The resident has a hearing aid; a detailed care plan outlining the appropriate communication approaches is in place and being followed by all staff currently. If the communication tool on trial is successful the care plan will be updated to guide staff in its use.

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Regulation 28: Fire precautions

Not Compliant

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

The fire drill procedures in each unit have now been reviewed, and a new reporting template has been put in place. This template captures key elements such as staffing levels available on day/night scenarios, designated staff responsibilities, scenarios of fire evacuation drill.

All future drills will be documented on this template to ensure the information captured during drills informs learning and identifies any lesson for implementation.

A fire drill has been carried out in the largest compartment. The simulated fire-evacuation procedure was carried out in line with the residents Personal Emergency Evacuation Plans (PEEPs), using the supports identified on the assessed equipment and staffing needs of each resident, with appropriate supervision provided post-evacuation to ensure their safety.

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Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A refresher care planning Workshop has been organized for all staff nurses facilitated by the Nurse Practice Development Coordinator for Older Persons Service.

The responsive behavior care plans for residents have been reviewed to include additional details on the triggers and de-escalation techniques to guide staff appropriately at the earliest possible stages to ensure appropriate interventions to mitigate any risk to the resident's own safety and those of others accommodated.

Behavior monitoring charts are maintained to record each episode and these are being reviewed for any patterns and to inform the responsive behavior support plan

The 'Key to Me' and 'PAL' assessment tools are utilized to document for each resident their likes, dislikes interests and hobbies. The social activity care plans for residents will be reviewed in conjunction with the weekly program of activities provided to ensure it reflects the individual interest and capacity of all residents and each resident has access to activities of their preferred choice.

The template to document and record the activities offered to each resident and their participation in the activity schedule is being reviewed

Quality Care metrics (MEG platform) audit of care planning by the Clinical Nurse Managers is in place, with recommendations for any actions required and timeframes for these, notified to the allocated staff to complete. This will be reviewed by the Person in Charge if actions required had been implemented/achieved and to ensure that residents' documentation is completed to a high standard at all times.

Continuation of care planning training with the staff nurses by the Clinical Nurse Facilitator. One to one workshops on care planning by the Clinical Nurse Facilitator for staff members if indicated following audit/care plan reviews will be undertaken.

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Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

A refresher care planning Workshop has been organized for all staff nurses facilitated by the Nurse Practice Development Coordinator for Older Persons Service.

Care Planning is now a part of the standing agenda for the Clinical Nurse Manager's meetings.

A communication assessment has been completed by the Speech and Language Therapist as the resident is already under their care. The Speech and Language therapist has arranged a two-week loan of a communication device from a company for trial- after which, if successful, the appropriate device will be ordered.

The responsive behavior care plans for residents have been reviewed to include additional details on the triggers and de-escalation techniques.

The social activity care plans for residents will be reviewed in conjunction with the weekly program of activities provided to ensure it reflects the individual interest and capacity of all residents.

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Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Behavior monitoring charts are maintained to record each episode of behavior and these are being reviewed for any patterns and to inform the responsive behavior support plan. All behavior monitoring charts will be reviewed at a minimum monthly by the PIC and signed off. The responsive behavior plan will be updated if required based on monthly reviews of behavior monitoring charts completed.

The behavior support plan has been reviewed by the Behavior support analyst, a specialist in this area who is in agreement with the plan of care in place.

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Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

The resident's safeguarding plan has been reviewed and now adequately details the measures in place to mitigate risks to others. The safeguarding plans has been updated in conjunction with the review of the responsive behavior support care plan also in place.

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Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Each resident has a PAL assessment completed. Social activity care plans for all residents have been reviewed to reflect their current needs and abilities. Daily records are maintained by staff on activities participated in by residents and these are checked by CNM's to ensure accurate records are maintained on a daily basis and the activities offered are in line with the assessed needs of residents.</p> <p>The activities program has been reviewed by the PIC and nurse management team with the activities coordinators to ensure suitable opportunities for activation are scheduled to meet the interests and capacities of all residents.</p> <p>There is a Resident's Forum which meets quarterly with residents and family members. Feedback on the choice and variety of activities is obtained from residents through the residents' committee meetings.</p> <p>A full review of both Activity and Healthcare Assistant rosters across all units were conducted, we have adjusted staff meal times and implemented alternating shifts to ensure that three HCA's are present on first floor at dinnertime and on both floors throughout the day, with dedicated staff continuously supervising communal areas, thereby ensuring resident's needs are met promptly and safely.</p>	
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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 10(1)	The registered provider shall ensure that a resident, who has communication difficulties is facilitated to communicate freely in accordance with the residents' needs and ability.	Substantially Compliant	Yellow	29/12/2025
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	29/12/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	26/01/2026

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	26/01/2026
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	26/01/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	26/01/2026
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.	Not Compliant	Orange	26/01/2026

Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	29/12/2025
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.	Substantially Compliant	Yellow	26/01/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	15/01/2026
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	15/01/2026