



**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:	Glyntown Care Centre
Name of provider:	Zealandia Limited
Address of centre:	Glyntown, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	17 November 2025
Centre ID:	OSV-0004921
Fieldwork ID:	MON-0048474

About the designated centre

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

Glyntown Care Centre is located on an elevated site overlooking the village of Glanmire and is a 38 bedded care facility. The bedroom accommodation consists of 18 single bedrooms and ten twin bedrooms. The centre accommodates residents requiring the following: general nursing care, respite care, convalescence care, palliative care, and any other care following a comprehensive pre admission assessment. All residents admitted to Glyntown Care Centre will be over 18 years of age and can be either male or female. 24 hour nursing care will be provided which is supported by a team of nursing staff, health care assistants and other support services. Initial admission assessment and short-term care plans will be completed with 24 hours of admission.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	35
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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 17 November 2025	17:45hrs to 21:45hrs	Ella Ferriter	Lead
Tuesday 18 November 2025	09:30hrs to 16:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed over one evening and one day. Overall, the 15 residents spoken with over the course of the two days told the inspector they were content living in Glyntown Care Centre and stated that their care and support needs were met to a good standard. Residents were also very complimentary when giving their feedback about the staff team caring for them, and this feedback concurred with the inspector's observations of staff and resident interactions. Residents and staff were observed to enjoy being in each other's company, and it was evident that staff were respectful and kind to residents. The inspector also had the opportunity to meet with five visitors, who all praised the compassionate care that staff delivered, one stating that the staff were "exceptional". There was a number of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre and these residents appeared to be relaxed and content in their environment.

On arrival on the first evening the inspector observed many of the centres residents were relaxing in the sitting room. Residents told the inspector that they enjoyed their evenings and could choose what time they would like to retire to bed. The inspector also spent time walking around the centre to meet with residents who were already in their bedrooms and to observe the care environment. Residents were seen to be assisted by staff in a respectful and unhurried manner, both in their rooms and in the sitting room throughout the evening. The inspector observed that some of the residents had developed friendships with each other, and liked to sit together in the communal rooms during the evenings. These residents told the inspector that they could make their own choices and staff always asked them how they would like to spend their day. The inspector saw that there were sufficient staff rostered in the evening to attend to residents needs and residents stated that staff always came to check on them and were quick to respond to them if they called.

Glyntown Care Centre provides care for both male and female adults, with a range of dependencies and needs. The centre is situated outside Glanmire Village, on the outskirts of Cork City. It is a single storey facility that has been renovated and extended, to reach its current capacity of 38 residents. There were 35 residents living in the centre on the day of inspection. The centre was divided into three wings, namely, Beech, Ash and Oak.

Bedroom accommodation in the centre comprises of 18 single and ten twin bedrooms. Seven of the single rooms and one twin room have en suite facilities. The inspector saw that some of the bedrooms had recently been redecorated with new flooring and corridors had been painted and new pictures decorated the walls. However, some actions in relation to inappropriate storage, location of televisions in multi-occupancy rooms and privacy curtains required attention. These and other findings in relation to premises are actioned under Regulation 17: Premises. It was also evident that some areas of the centre and manual handling equipment did not

appear clean. These and other findings pertaining to Infection Control are further detailed under Regulation 27.

The inspector also observed on the walk around that emergency lighting was not functioning at one of the fire exits and one smoke alarm was covered with a plastic glove. These observations were brought to the attention of the nurse on duty, and are actioned under Regulation 23: Governance and Management.

Communal space in the centre comprises of a large sitting room, a library, a small tranquillity room and a dining room. The inspector observed that there was good use of the communal rooms available for residents' on this inspection. There was a varied schedule of social activities taking place in the two sitting rooms for residents on day two of the inspection, and the inspector observed that the majority of residents were enjoying and engaged in the various social activities taking place. Yoga, meditation and relaxation sessions were available for residents and residents were seen to enjoy them. A dedicated activities coordinator provided a variety of social stimulation for residents Monday to Friday in the centre. A small number of residents chose to spend their time in their bedrooms and their choices were respected. Staff were observed regularly checking in on these residents and were heard by the inspector encouraging and supporting them to engage in various activities that interested them in their bedrooms. Two residents told the inspector that although there was great variety during the week, the weekends can sometimes be quiet as there was not a schedule of activities. A review of residents meetings found that this feedback had also been submitted as an area which residents would like to have addressed. This is actioned under Regulation 9: Residents rights.

The inspector observed that residents enjoyed their meals in the centre and told the inspector that the food was "lovely" and they always had a choice. Residents were seen to attend the main dining room or eat on a large table which was situated in the library. Many of the residents were seated with residents they had developed friendships with and were observed chatting and laughing together. There was enough staff available to assist individual residents as needed. However, the inspector noted that residents with high care needs, requiring assistance were served their lunch in the day room and did not attend the dining room, with the other residents. Therefore, these residents were not afforded the same choice and dining experience as other residents. This finding is actioned under Regulation 9: Residents Rights.

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

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. Overall, findings of this inspection were that the management oversight of the service required action, to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. These findings related to governance and management, notification of incidents, protection, care planning, healthcare, and residents rights and they will be discussed under the relevant regulations of this report.

Glyntown care Centre is operated by Zealandia Ltd, a company comprising two directors. Both directors are engaged in the day to day operation of the centre, one of whom works in the centre full time as the person in charge. There were clear governance arrangements and structures in place that set out the lines of authority and accountability. From a clinical perspective care is directed via the person in charge, who was in post since 2015. They were supported in this role by an assistant director of nursing. However, there was a gap in the internal management structure with the absence of the clinical nurse manager, which is actioned under Regulation 23.

There were adequate numbers of staff with appropriate skills rostered and on-duty on the days of this inspection to meet the health and social needs of the residents. Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. However, a review of the staff rosters found that there was only one members of housekeeping staff rostered at the weekends, even though there was no evidence of any reduction in residents' needs. This arrangement did not ensure adequate cleaning staff resources were available each day to ensure cleaning requirements were completed. This is further detailed under Regulation 15: Staffing.

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to additional training to inform their practice, such as infection prevention and control, and training in end of life care. Systems were in place to ensure all new staff who joined the service were inducted and staff working in the centre had appropriate vetting in place prior to commencing employment, in line with the National Vetting Bureau requirements.

This inspection found that there were inadequate systems in place to monitor the ongoing quality and safety of the care delivered to residents. Inspection findings reflected the need for enhanced oversight of the day to day operation of the centre, by the management team, to ensure that issues identified for improvement on this inspection were captured through the centre's own audit process. Auditing was found to be inconsistent and was not being used to drive quality improvement within the centre. This is further detailed under Regulation 23: Governance and Management.

There was a complaints policy and procedure in place in the centre which was updated as required and was reviewed by the inspector. Residents spoken with were aware how to raise a complaint. Complaints received were appropriately recorded and the outcome was discussed with the complainant. An appeals procedure was in place. Information on the complaints procedure was on display in a prominent position within the centre and methods of accessing support was communicated to residents at meetings. On review of the complaints submitted since the previous inspection it was evident that one complaint was not recognised or investigated as a safeguarding incident. This had also not been reported to the Chief Inspector as required by the regulations. These findings are detailed under Regulation 8 and 31 of this report.

All residents were issued with a contract for the provision of services. The contracts outlined the services to be provided and the room the resident would reside in. Details pertaining to weekly service charges required to be updated on the contract to reflect the increase in charges for services, which is actioned under Regulation 24: Contracts of Care.

Regulation 15: Staffing

Although there were adequate staff rostered on the days of this inspection to meet residents' care and social needs the inspector found that the household staffing numbers reduced from three to four staff during the week, to one person at the weekends. This did not ensure adequate cleaning staff resources were available each day. The inspector was informed that there was a reduced cleaning schedule in place on Sundays to support reduced staffing levels.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff in the centre were facilitated and encouraged to attend both mandatory and other professional training in order to meet the needs of residents. A small number of staff were due refresher training in manual handling and fire safety, however, this was booked to take place the week following this inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider has a contact of insurance against injury to residents, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Action was required pertaining to the overall governance and management of the service. Specifically:

Management systems required action to ensure that the service provided is safe, appropriate, consistent and effectively monitored as evidenced by the following findings:

- The management systems in place to recognise and respond to safeguarding incidents did not ensure that these were acted upon in a timely manner or investigated as per the centres safeguarding policy.
- The oversight of the fire safety in the centre by local management required action as evidenced by the observations of the inspector. Emergency lighting observed as not being functioning had initially been detected ten days prior to this inspection. However, this had not been actioned by the provider. The provider had addressed the issues identified on day two of this completion inspection.
- Although there were processes in place to oversee the quality and safety of the service, which included a yearly audit schedule for 2025 and collection of key performance indicators weekly. A review of completed audits found that where deficits in the service had been found these had not been effectively actioned or addressed. For example; care plan audits had identified low levels of compliance, yet there was not action plan developed to address these findings. These finding correlated with the findings of this inspection and non compliance in individual assessment and care planning.

There was a gap in the management structure for what the centre was registered. This related to the absence of the clinical nurse manager since July 2025, due to a resignation. The inspector acknowledges that the provider was actively recruiting for this position since this time.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Although all residents had a contract of care in place, the fees outlined in the contract of care pertaining to the weekly service charge did not reflect the amount residents were charged per week.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One incident which related to an allegation of abuse had not been reported to the Chief Inspector as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures required by Schedule 5 of the regulations were available to guide staff, for example the policies on use of restraint, fire safety management and end-of-life care. These policies were centre-specific and were up to date with relevant information and national and international guidance.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were supported and encouraged to have a good quality of life in Glyntown Care Centre and they reported they were happy in

their home. However, improvements were required in individual assessment and care planning, protection, healthcare, the premises, residents rights and infection control. These findings will be further detailed under the relevant regulations.

Residents had timely access to a general practitioners from a local practice who attended the centre weekly as well as access to other allied health professionals such as speech and language therapists, community palliative care and community mental health services as required. The centre also had access to the local Integrated Care Programme for Older Persons (ICPOP) via the Health Service Executive. This service provided residents access to a multidisciplinary healthcare team, including a geriatrician. The aim being to manage these residents medical care needs within the centre, and avoid hospital attendance. Some actions required pertaining to wound care assessments and referral to dietetics services where residents were found to be at an increased risk of malnutrition. These findings are further detailed under Regulation 6: Healthcare.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. The inspector reviewed a sample of residents' assessments and care plans. Findings were that significant action was required to comply with the requirements of the regulations as some residents did not have care plans developed and others did not reflect the care required. This is required to provide guidance to staff, with regard to residents specific care needs and how to meet those needs. This and other findings pertaining to care planning are actioned under Regulation 5. Residents were offered a varied nutritious diet. Some residents required special diets or modified consistency diets and these needs were met. The daily menu was displayed and choice was available at every meal. There was sufficient staff available at mealtimes to assist residents.

The provider had implemented some systems to safeguard residents from abuse. The service was pension agent for five residents and records examined demonstrated appropriate safeguards to protect these residents. Where residents' money were stored in the centre a log recorded deposits and withdrawals of monies and contained two staff signatures. The inspector was satisfied that the deposits recorded correlated with what was held in the centre. There was a safeguarding policy in place and staff were facilitated to attend safeguarding training. However, the safeguarding processes that were in place were not robust. Records demonstrated that a concern in relation to the protection of a residents was not investigated as per the centres safeguarding policy and followed up appropriately. This and other findings are detailed further under Regulation 8: Protection.

Residents' were encouraged to maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. There were opportunities for residents to participate in meaningful social engagement and activities through one-to-one and small group activities during the week. Advocacy services were available for residents to access if required.

Regulation 11: Visits

Visiting arrangements were flexible in the centre. The inspector saw that residents could meet with their visitors and friends, including in private or outside of their bedrooms, as they preferred.

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises conformed with the matters set out in Schedule 6, evidenced by the following findings:

- The privacy curtains around one residents bed, who resided in a twin room, were broken and observed to be hanging off the curtain rail.
- The handles on a chest of drawers was broken.
- The layout of some twin bedrooms did not allow for residents to access their wardrobes independently.
- There was inappropriate storage of equipment such as mattresses in shared bathrooms. Therefore, this may make access to these facilities difficult for residents.
- Although grab rails were available on corridors these were seen to be impeded by equipment such as laundry bins, and a standing scales, which may make mobilising on these corridors more difficult for residents.
- In one unit the lighting was operated by a sensor on the corridor. However, the light was seen to switch off even if a person may still be walking on this corridor. This required attention to ensure there was adequate lighting.
- One resident's bedrooms ceiling and wall was observed to be cracked.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus were developed in consideration of residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practices in the centre were not fully in line with the national standards for infection prevention and control in community services and other national guidance, for example:

- Equipment such as a hoist was observed not to be clean and three urinary catheter stands were observed to be rusted. This had the potential to impact on the effectiveness of infection prevention and control within the centre.
- Some en suite bathrooms were not cleaned to an appropriate standard as observed by the inspector on the first evening of this inspection. A review of cleaning records evidenced gaps in cleaning for up to two days.
- The one designated clinical hand-wash sink in the centre, located in the clinical room, did not meet the recommended specifications for clinical hand-wash basins.
- There was one sluicing facility on the premises which was over crowded making access to sluicing facilities and the hand washing sink difficult for staff to access.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Significant action was required to ensure that residents had a care plan in place which reflected their care requirements and assessed needs, evidenced by the following findings:

- Resident's assessments were not always completed within 48 hours of admission to the centre and some residents residing in the centre did not have a care plan in place. This was contrary to regulatory requirements.
- A comprehensive assessment on admission to the centre was not always completed to inform care delivery, as required by the regulations.
- Care plans were not always informed by an accurate and up-to-date assessment of the residents needs following an adverse incident such as a fall. Therefore, care plans did not reflect the current care needs of the residents.
- Care plans were not always reviewed following a change in the residents' condition. For example, where a resident's risk of skin breakdown had been identified via a standardised scientific tool, this had not been addressed. Therefore, the care plan had not been updated to reflect this increased risk and implementation of a plan to address this had not been developed.

Judgment: Not compliant

Regulation 6: Health care

Action was required to ensure care delivery was in line with evidence based nursing practice, evidenced by the following findings:

- On review of wound assessments the inspector found that that there was not always consistency in the frequency of photographic assessment and measurement of wounds. This process required review to ensure that information was obtained and recorded to assist in determining if a wound is healing or not. This was a repeat finding.
- The malnutrition universal screening tool (MUST), was used to assess and identify any resident at risk of malnutrition. Where one resident had been identified as requiring referral to a dietitian this had not been actioned, to ensure this professional expertise was made available.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was not assured that the registered provider had taken all reasonable measures to protect residents. For example:

- The registered provider had not identified an allegation of abuse through an act of neglect and act of omission, as a safe-guarding issue. Therefore, this was dealt with through the complaints process and did not have an appropriate investigation, actions or learning outcomes in place. This was contrary to the centres own safeguarding policy.
- A review of the providers system of invoicing residents for products, such as dressing materials used for wound care were unclear. Specifically, they did not detail the amount of products used in the month and the cost of these products. Therefore, residents were not afforded accurate information with regards their monthly charges.

Judgment: Not compliant

Regulation 9: Residents' rights

Some actions were required pertaining to residents rights evidenced by the following findings:

- Although there was a comprehensive activities programme Monday- Friday in the centre there were no arrangements in place for social stimulation at the weekends. Records of residents meetings evidenced that this had been brought to the attention of management and two residents gave this feedback to the inspector on the day of this inspection.
- The provision and location of one television in a number of twin bedrooms did not support both residents' choice of programme viewing or listening.
- Residents who required assistance with their meals were not afforded a dining experience and were observed to consume their meals in the sitting room, where they spent the majority of their day.

Judgment: Substantially 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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Glyntown Care Centre OSV-0004921

Inspection ID: MON-0048474

Date of inspection: 18/11/2025

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: We have met with the household staff and reviewed the household roster to ensure more household cover at the weekends. The revised roster will be implemented from January 2026.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Safeguarding Governance The incident referenced in the report was responded to promptly when it was raised by the resident as a complaint. On reflection, management accepts that, although the issue was acted upon in a timely manner, it was not investigated in accordance with the centre's safeguarding policy and notified to the Chief inspector. Management will robustly review all incidents and complaints and ensure any safeguarding concerns are investigated and reported as per statutory regulations.</p> <p>Fire Safety Oversight New fire safety checklists have been implemented to ensure that any fire-safety issues are escalated to management without delay.</p> <p>Quality and Safety Monitoring</p>	

An action plan has since been developed to address the care plan deficits identified and has been shared with the relevant nursing staff.
 Management has reinforced internal processes to ensure that all audits include a completed action plan before sign-off, that responsibilities and timeframes are clearly assigned, and that management oversight is strengthened to ensure timely completion of all required actions.

Management Structure
 The Clinical Nurse Manager (CNM) resigned in July, immediate steps were taken to maintain clinical oversight by promoting an experienced staff nurse to the position of Senior Staff Nurse. The Statement of Purpose was updated in July to reflect this change. This ensured continuity of leadership and support within the nursing team during the recruitment period. The Senior Staff Nurse resigned in October. Recruitment efforts for the CNM/Senior Nurse positions are ongoing.

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Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 The provider will undertake a full review of residents' invoicing details in January 2026 to ensure that all fees outlined in the contract of care accurately reflect the charges detailed in the monthly service statements.

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Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 The incident referenced in the report was fully investigated through the complaint's procedure rather than through the safeguarding process. Management will robustly review all incidents and complaints and ensure any safeguarding concerns are investigated and reported as per statutory regulations.

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Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The layout of the twin room referenced at the time of inspection will be reviewed to ensure residents retain appropriate access to personal storage.</p> <p>The broken privacy curtains and damaged drawer handle were repaired promptly.</p> <p>Equipment previously stored in shared bathrooms has been removed, and staff have been reminded of correct storage practices to maintain full bathroom accessibility.</p> <p>Laundry bins and standing scales have been relocated to ensure grab rails and corridors remain unobstructed, supporting safe corridor mobility.</p> <p>The electrical contractor was informed and will review the corridor sensor light issue in early January 2026.</p> <p>The cracked ceiling and wall in one resident's bedroom have been reported to maintenance, and repairs are scheduled in early 2026.</p> <p>]</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Equipment requiring attention was dealt with promptly. The hoist was cleaned immediately and staff reminded to clean the hoist after each use.</p> <p>New catheter stands were purchased before the end of the inspection. This ensures that all equipment in use meets appropriate hygiene and safety standards.</p> <p>A meeting with the household staff reinforced the importance of completing and signing daily cleaning schedules especially at weekends. Nightly cleaning schedules have been revised to ensure equipment is consistently cleaned</p> <p>]</p>	

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The management has reinforced the requirement that assessments and care plans are completed within the required timeframe and that care plans are updated following any change in a resident's condition. Nurses have received care-plan training and care plan templates to ensure assessments, reviews, and updates are completed accurately and consistently as per regulatory requirements.</p> <p>]</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>Photographs are taken weekly in line with Tissue Viability Nurse (TVN) guidance. Staff monitor wounds closely, and any variation is escalated promptly. Management acknowledges the importance of consistent measurement and documentation. TVN input is sought as required, and staff use both structured assessment and clinical judgement to ensure that wound care remains responsive and evidence-based.</p> <p>In relation to nutritional assessment, management confirms that the Malnutrition Universal Screening Tool (MUST) is used routinely but recognises that it must be interpreted alongside clinical judgement. The resident referenced had increased frailty, and although their MUST score was 3, staff were proactive in implementing nutritional supports, including supplements and a fortified diet, to ensure timely nutritional intervention. A dietician referral was sent post inspection and the recommendations received matched our interventions.</p> <p>]</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The matter referenced by the inspector had been reviewed, investigated, actioned and learning outcomes were completed through the complaints pathway rather than screened under safeguarding protocols. Management will robustly review all incidents and complaints and ensure any safeguarding concerns are investigated and reported as per</p>	

statutory regulations.

The provider will review the monthly invoicing process to include costs and quantity for products supplied to residents in early January 2026

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Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The care staff facilitate activities throughout weekend shifts, e.g. film afternoons, crafts and games. Residents have expressed that they enjoy these interactions.

Management in conjunction with the electrician will review the set up and location of the TVs in the shared rooms in quarter 1 of 2026.

On the day of the inspection, some residents who required assistance with meals were supported in the dayroom. This was reflective of that particular day's routine and resident preference. The centre provides flexible dining arrangements that adapt to residents' wishes. Dining locations vary daily, and residents regularly choose alternative spaces such as the library supporting resident-led dining choices. Residents requiring assistance are also offered varied dining locations and supported to choose where they would like to eat, ensuring dignified assisted dining experiences

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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 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	12/01/2026
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	31/03/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines	Substantially Compliant	Yellow	31/03/2026

	of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	12/01/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/01/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	01/01/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs,	Not Compliant	Orange	01/01/2026

	the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.			
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.	Not Compliant	Orange	01/01/2026
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	01/01/2026
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	Not Compliant	Orange	01/01/2026

	consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	01/01/2026
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	01/01/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	01/01/2026
Regulation 8(3)	The person in charge shall	Not Compliant	Orange	01/01/2026

	investigate any incident or allegation of abuse.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/01/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/03/2026