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:	Dunmanway Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Dunmanway, Cork
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0000599
Fieldwork ID:	MON-0049313

About the designated centre

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

Dunmanway Community Hospital is a designated centre registered to accommodate 23 residents. It is a 2 storey facility, with all residents accommodation located on the ground floor. Bedroom accommodation comprises 3 four bedded wards, 3 two bedded wards, 4 single bedded rooms and a palliative care room. Wheelchair accessible, en-suite toilet and shower facility are attached to each room/ward. A separate maximum dependency bath is available to residents. The communal spaces comprises a dining room, 2 sitting rooms, a recreation room, resident/visitor meeting room and an oratory. 24 hour nursing care is provided for both male and female residents receiving long term care, respite care, palliative care, rehabilitation/convalescence/community support

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22

How we inspect

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
Wednesday 7 January 2026	09:00hrs to 17:30hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed over one day. There was 22 residents accommodated in the centre on the day of the inspection. The inspector spoke to seven of the 22 residents in detail. Residents who were spoken with, commented on the kindness and attentiveness of staff who care for them. One resident commented how well staff knew them and that residents were very lucky to have such good care. Inspectors also spoke with three relatives who were visiting on the day of the inspection. They were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

However, opportunities for social engagement within the centre was reported by residents as minimal. The centre had access to an "Arts for Health" programme who visited the centre for two hours in the afternoon to provide residents with music therapy or art therapy dependant on the proposed schedule. The centre did not have a staffing complement for providing social engagement and six residents spoken with were unhappy with the lack of social engagement. One resident commented that the social aspect of living in the centre was poor and it would be nice to have something socially planned throughout the day to look forward to whilst another stated "there is a lack of things to do which makes the days spent in the centre monotonous".

The inspector was welcomed to the centre by the person in charge. Following a walk around, where the inspector had an opportunity to observe what life was like for residents living there, a short introductory meeting was held with the person in charge.

Dunmanway Community Hospital is situated on a large site which also accommodates the community day centre, community dental clinic and the local ambulance service. It is a two storey building, however all residential accommodation is situated on the ground floor with community multidisciplinary teams working on the first floor.

Residents' accommodation is set out on one main corridor extending from the front entrance of the centre; there was a corridor to the right of the main entrance running parallel to the main corridor where nursing and administration offices, the oratory, the visitors parlour and the main kitchen were located. The day centre for the area, is adjoined to the centre. At the entrance, the HIQA registration certificate was displayed along with the complaints procedure for the centre.

Overall, the premises was bright and clean and communal areas were adequately decorated and provided a homely atmosphere. However, storage of large equipment was observed to be an issue in the centre. The assisted bathroom was cluttered with equipment such as walking frames and high support chairs and corridors

leading to the kitchen and parlour were lined with large equipment items as there was no central area to store these.

Resident accomodation comprised of three four bedded rooms, three two bedded rooms and five single rooms all with ensuite shower, toilet and handwash facilities. Residents who required it, had access to profiling beds, air mattresses and specialist seating equipment such as pressure relieving cushions for their comfort. Overhead hoists were available in bedrooms, if required, to maximise residents ability to transfer in and out of their bed with ease.

In all bedrooms, residents had access to adequate wardrobe space for their personal belongings. Shelving over beds was created to give residents the opportunity to display personal affects and photos as per their choice. A single room, St Anthonys Room, was designated as the centres palliative care room, this was a large bedroom with access to the outside spaces with an adjoining family room. There was communal seating areas or breakout areas around the centre for residents to sit and relax alone or with family members. On the day of the inspection, one resident was observed sitting in one of the breakout areas, enjoying the company of a visitor and chatting with staff as they passed by.

Since the last inspection, a call bell had been fitted in the oratory of the centre so residents who wished to attend the area for quiet reflection could call staff if they required assistance.

The dining room was bright with views of the surrounding gardens. Tables were set prior to residents coming to the dining room for their meals with china cups and saucers and menus were printed and displayed in menu folders on each table for residents to see the lunch time meal of the day. However, two residents reported they were not given choice for the main meal and stated they "find out whats for lunch when they get there". The lunchtime meal was served in two sittings, with residents requiring assistance served firstly and respectfully assisted by attentive staff. Whilst staff were attending to these residents, however, nine residents were sitting unsupervised in the dayroom. Throughout the day of the inspection, the inspector observed there were long periods throughout when the day room was unattended by staff.

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

Capacity and capability

This was an unannounced inspection conducted 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).

Notwithstanding some positive feedback from residents and visitors to the centre, the findings of this inspection showed that management systems required action to ensure effective monitoring of the service to ensure the quality and safety of the service provided. Areas which required action were in relation to fire safety precautions, resident rights, staffing, training and development, protection of residents from abuse and premises.

Dunmanway Community Hospital is a residential care setting operated by the Health Service Executive (HSE) and is registered to accommodate 23 residents. The provider had been granted a certificate of renewal of registration of the centre which had taken effect from June 2024. As part of this process, the Chief Inspector assesses the governance and management arrangements of the registered provider. Although evidence of a defined management structure was in place, and the lines of authority and accountability were outlined in the centres statement of purpose, the senior managers with responsibility for the centre were not named as persons participating in management on the centres registration. The provider was required to review these arrangements and was afforded until the 31st of October 2024 to do so. However, at the time of this inspection, these senior managers had yet to be named on the centres registration and the restrictive condition remained on the centres registration. This finding is actioned under Regulation 23: Governance and Management.

During the initial walk around the centre an immediate risk was identified by the inspector on the corridor leading to the main kitchen. This area was a designated fire route for residents and staff to evacuate; it was observed that the corridor was largely occluded with trolleys. A second immediate risk was also identified where a full set of chefs' knives were left on a table unattended in the visiting parlour. Iimmediate actions were issued to the provider. These findings will be discussed under Regulation 23: Governance and Management.

The person in charge was supported by a Clinical Nurse Manager (CNM2), senior staff nurses, care staff, catering staff, household staff (Multi task attendants) and administration. Staffing levels in the centre on the day of inspection were not appropriate to meet the assessed needs of the residents living in the centre. A roster of household staff to ensure adequate cleaning of the centre at weekends was not appropriately met. There was also a lack of staffing to provide social engagement to residents in the centre. This will be actioned under Regulation 15: Staffing.

The training schedule in place was reviewed and while most of the mandatory training was up to date for staff, training records were not accurately recorded to ascertain the level of staff requiring updated training in safeguarding and protection of vulnerable adults. This will be actioned under Regulation 16: Training and Staff Development.

Complaints management in the centre had improved since the last inspection however, further action is required in relation to the follow up and provision of a written response to the complainant. This is discussed under Regulation 34: complaints.

Regulation 15: Staffing

The number and skill mix of staff were not appropriate to meet the assessed needs of the 22 residents living in the centre.

- The inspector observed a lack of staff to provide and maintain social engagement for the residents.
- The current staffing level could not assure provision of supervision during the day in the day room facilities as observed on the day of inspection the day room was not supervised for long periods of time.
- Household resources were not available to provide consistent weekend cleaning in the centre as staff were required firstly to fill the care assistant roster for direct care provision therefore cleaning of the centre at weekends could not be assured. Staff on night duty were required to assume cleaning roles at weekends to assist with the deficit in day time cleaning staff which could take them away from resident care.

Judgment: Not compliant

Regulation 16: Training and staff development

Action was required to ensure that training records were up to date in the centre and training for all staff was completed as per the centres training policy.

- Training records in relation to safeguarding and protection of vulnerable adults were not available for review for 8 nursing staff and 11 multi task attendants. The person in charge, post inspection,submitted certificates for some staff but 10% of care assistants remained out of date with this training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider had not complied with the restrictive condition placed on the centres' registration. This condition stated that: "The registered provider shall, by the 31st October 2024, submit to the Chief Inspector the information and documentation set out in Schedule 2 of the Health Act 2007(Registration of Designated Centres for Older People) Regulations 2015 as amended in relation to any person who participates or will participate in the management of the designated centre".

Management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23, were not sufficiently robust as evidenced by the following:

- two immediate actions were issued on the day of inspection. The provider failed to provide oversight of designated fire routes where a corridor was occluded by equipment and would not give assurances that residents and staff could evacuate this area in the case of fire. A full set of kitchen knives was observed on a table in a visitors room which did not ensure safety to residents who could access this area with visitors.
- oversight of staffing rosters were not sufficiently robust in the centre to ensure adequate supervision and to ensure residents had access to meaningful activities. Arrangements for effective cleaning of the centre at weekends were also not consistently available. This is actioned under Regulation 15: staffing.
- residents were not afforded choice at mealtimes. This is actioned under Regulation 18: Food and Nutrition and is a repeat finding from the previous inspection.
- there was a lack of adequate systems of supervision and oversight of staff to ensure residents were protected in relation to safeguarding plans and risk assessments which were not being adhered to as observed by the day room being unsupervised for long periods throughout the day. This is actioned under Regulation 8: Protection.
- the electronic door locks were disabled on the day of the inspection which allowed residents to access all parts of the centre and in particular access to an automatic door to the front of the centre, which increased the risk of a resident with cognitive impairment eloping from the centre and therefore could not assure safety to residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

All incidents recorded in the centre which required notification to the Office of the Chief Inspector were submitted within the required timeframes as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints management in the centre required action as all follow up information and written responses were not furnished to the complainant within the required timeframes.

Judgment: Substantially compliant

Quality and safety

The findings of this inspection showed that while resident medical needs and personal care needs were being met to a high standard, action was required to ensure the service provided was safe, appropriate and consistent to enable quality care in relation to premises, resident rights, infection control, fire precautions and food and nutrition.

A sample of resident care documentation was reviewed. Validated risk assessment tools were available. Daily nursing notes were concise and maintained for both day and night duty and were seen to be comprehensive in the sample examined. Daily flow sheets for care requirements were reviewed and were adequately recorded to ensure all care needs were met on a daily basis. Residents had timely access to their General Practitioner daily. Referral pathways were evident to allied health professionals such as physiotherapy, speech and language and dietetics. There was evidence that reviews from these health care professionals informed care delivery to enable better outcomes for residents. There was a physiotherapist onsite twice a week.

Whilst residents spoken with were happy with the quality of food served in the centre, some reported they were not offered choice of meals to eat day to day. This is discussed under Regulation 18: Food and Nutrition.

Each resident had access to adequate storage for their personal belongings and had space to display personal items that were of value to them. Laundry was completed outside of the designated centre, and from speaking to residents and reviewing the complaints documentation, this service was working well in the centre and residents were satisfied.

Whilst the premises was mostly laid out to meet the needs of the residents, a number of issues were identified on the day of the inspection that required attention. Large equipment such as high support chairs, wheelchairs and walking frames were observed on corridors as there was inadequate storage areas within the centre. The electronic door locks were disabled on the day of the inspection which allowed residents to access to an automatic door to the front of the centre, which increased risk of a resident leaving the centre and could not assure safety to residents. Findings are actioned under Regulation 23: Governance and Management.

Infection prevention and control practices were seen to be improved since the last inspection, however, review of flooring in some aspects of the centre required replacement as they could not assure adequate cleaning.

One resident who required supervision was not supervised as per this plan during the day of the inspection.This is actioned under Regulation 8: Protection and is a repeat finding from the previous inspection.

Residents meetings were held in the centre every six months were residents could contribute to discussions around the running of the centre. Resident surveys were available and these surveys displayed that a number of residents were not satisfied with the activities on offer to residents in the centre, which would be in line with findings on the day of inspection. Some high dependency residents were noted to be nursed in bed and were not given opportunities to participate in any meaningful activities either in the dayroom or one to one at the bedside. This is discussed under Regulation 9: resident rights.

Regulation 12: Personal possessions

Residents in the centre had access to sufficient space to store and display their personal belongings. An external laundry service was provided to residents and residents spoken with were generally happy with the service provided.

Judgment: Compliant

Regulation 17: Premises

While the premises was designed and laid out to meet the number and needs of residents in the centre, some areas required action to conform to matters set out in Schedule 6 as follows:

- Large equipment such as high support chairs, wheelchairs and walking frames were observed on corridors as there was inadequate storage areas within the centre. Assurances could not be provided in relation to adequate cleaning due to the large volume of equipment covering these areas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required in relation to ensuring residents were offered choice at mealtimes as per regulations:

- Residents were not offered choice in relation to their main meal at lunchtimes. A menu was placed on the tables with one main meal option. Upon review, there was only one choice of main course available. The inspector spoke to the kitchen and care staff in the dining room and was informed that the kitchen always had an option of chicken available but it was not offered as an option on the menus to residents. When asked if the resident did not like this option, the inspector was told that the kitchen would facilitate requests but it would take time to prepare this meal.
- Tables were set for lunchtime early in the morning; staff stated residents chose to stay in their rooms for breakfast. One resident who spoke to the inspector stated they were not aware they had the choice to go to the dining room to have their breakfast meal. Residents were all served in their bedrooms. This is a repeat finding from the previous inspection.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

Where a resident had been transferred to a hospital, the inspector noted the sharing of relevant information about the resident with the receiving hospital to support the safe transfer of care.

Judgment: Compliant

Regulation 27: Infection control

The provider did not meet the requirements of Regulation 27: Infection prevention and control and the National Standards for Infection Prevention and Control in Community Services (2018):

- The assisted bathroom was inappropriately cluttered with chairs and large equipment which could not assure adequate cleaning of the floor surface areas.
- Flooring in a resident bathroom in Shehy ward was heavily stained around the toilet area which could not assure adequate cleaning could take place.
- Lack of dedicated cleaning staff at weekends did not provide assurance that adequate cleaning of the centre could take place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was clear, concise and the centre was using validated assessment tools. Any change in a residents' condition was documented and assessments and care plans were updated to reflect these changes to direct care delivery to residents.

Judgment: Compliant

Regulation 6: Health care

Residents had very good access to medical assessment and review by the General Practitioner (GP). A range of allied health professionals were also available to residents such as physiotherapy weekly, dietetics, speech and language and occupational therapy seating assessments as required upon referral. Records reviewed showed ongoing referral by these services for the benefit of the resident. At the time of the inspection, the provider had sourced a new dietician to assess residents in the centre as required and the centre was awaiting a start date for this service.

Judgment: Compliant

Regulation 8: Protection

Action was required to ensure all residents were protected from abuse as evidenced by:

A safeguarding plan detailed the necessity for increased supervision of one resident when out of their room and in communal areas, however, the dayroom was unsupervised for large parts of the day, so the residents safeguarding plan was ineffective and the welfare of other residents could not be assured. This was a repeat finding from the last inspection.

Judgment: Not compliant

Regulation 9: Residents' rights

The registered provider had not ensured the rights of residents could be upheld as follows:

- The lack of meaningful social activities in the centre meant that a number of residents spent greater time in their bedrooms or in the day room watching TV unattended. There was only one activity per day displayed for residents which was provided by an external agency.
- Residents who were high dependency were observed to have their personal hygiene needs met and were repositioned in the bed rather than the option for some of being transferred to the dayroom for a period of time. These residents were observed in bed asleep mid-morning where it was noted that lights were off in their bedrooms with some windows having curtains or blinds closed which blocked daylight and decreased visual stimulation. Opportunities for these residents to have access to meaningful activities and social engagement via group settings or one to one sessions were not afforded to them.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Dunmanway Community Hospital OSV-0000599

Inspection ID: MON-0049313

Date of inspection: 07/01/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Nursing Management completes daily and weekly review of staff rosters, to ensure the number and skill mix of staff provided is adequate to ensure that the residents assessed care needs are met to a high standard. The PIC will continue to monitor staffing, resources and the supervision of residents on an ongoing basis, to ensure that all services provided are safe and meet the assessed needs of the residents. Vacant posts are identified and business cases submitted for replacement. All current vacant posts are being backfilled by Agency staff awaiting replacement as per recruitment process.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A training plan has been devised to address the outstanding safeguarding and protection of older adults training. The PIC will monitor delivery, and attendance , to ensure that all staff outstanding have completed training(completed 1/2/2026)	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Engagement between HIQA and Senior Management took place last week, and a decision re PPIM has been agreed.
The PPIM for Dunmanway Community Hospital has been identified as Marian Walsh, Operations Manager HSE Southwest.
NF31 and personal information form are currently being completed.

The person in Charge has discussed with the catering staff the importance of safely storing all kitchen utensils including knives correctly to prevent access to same by residents or visitors.
The person in Charge will audit kitchen practices to ensure compliance.
The person in charge supervised the decluttering of the corridor immediately. (completed 7/1/2026)
Nursing management will walk the center daily, ensuring appropriate and safe storage of all healthcare related items, also ensuring designated fire corridors are not occluded by equipment.

The person in charge contacted Estates immediately to review the Hospital electronic security system. The doors were temporarily deactivated to facilitate the remedial works underway at the main entrance. The system was re enabled immediately to reduce the absconcion risk to residents with a cognitive impairment. Remedial works completed.

The Person in Charge has addressed and actioned mealtimes under regulation 18 food and nutrition.
The Person in Charge has addressed and actioned staffing under Regulation 15.

The compliance plan from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The person in Charge will ensure that all complaints are recognised, recorded and actioned within the Designated Centre, in accordance with Legislation and Policy.
Complaints are reviewed by Management, all complaints are fully investigated, recorded and actioned appropriately in accordance with legislation and policy. The Complaints log will remain under review by Nursing Management to ensure that all aspects of the complaint are dealt with, to the satisfaction of the Complainant in accordance with legislation and policy. Recommendations and complaint findings are shared with staff at handover and via safety pause.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Person in Charge will walk the centre daily ensuring that all corridors are decluttered and rearranged to accommodate all necessary consumables and Equipment. Storage of equipment will be monitored by the Management team.

The Person in Charge will review the protocol for cleaning resident equipment and will ensure that cleaning takes place after each use, using audit tools.
The IPC Link nurse will monitor practice and compliance.
Regular environmental audits, will continue to monitor cleanliness, and will identify and address any issues.
This is communicated to all staff through Safety Pause.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
The Person in Charge will ensure that staff, on a daily basis confer with each resident and actively respond to residents' requests and preferences on dining location, either in the dining room or at their bedside. Residents are encouraged to have meals in the dining room to provide a more social dining experience.
Residents' choice and preference around mealtimes and where the residents are served their meals is discussed with each resident and documented in each resident care plan.
The importance of offering menu choice is discussed on an ongoing basis with all staff including catering staff.
Input will be sought from newly appointed Dietitian as well as Catering team, it will be explicitly stated that there will be a choice for main meals on menus, new menus will be drafted to reflect the changes and displayed appropriately for residents.
Staff are instructed to ensure all residents have choice. The Person in Charge will include dining choices as a standing item at future residents' meetings.
The WCCAT, audits and residents' surveys will provide information to capture the residents lived experience.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The Person in Charge will ensure bathrooms are clutter free, storage of equipment will be monitored by management. Broken equipment will be decommissioned and disposed of appropriately.
The Person in Charge carried out a review of all flooring with Maintenance staff and IPC Link Nurse. Soiled flooring in Sheehy two en-suite awaiting replacement. Regular inspections with maintenance staff will identify areas needing attention and facilitate associated works.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Person In Charge will continue to monitor staffing, resources and the supervision of residents on an ongoing basis, to ensure that the services provided are safe and meet the assessed needs of all residents within the center.
After six pm, four staff on duty, and these staff will be responsible for the regular monitoring of the residents in the Sitting Room, depending on the residents needs and requirements.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Residents Meetings including one to one feedback will be used to enhance the range of activities on offer, with the programme adjusted as necessary following resident input.
Residents' activity preferences will be documented in each resident's care plan.
Planned activities identified and on display for residents and families on a weekly basis.
The Person In Charge will explore external activity providers and formulate a business plan as required for same.

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.	Not Compliant	Orange	01/06/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	01/02/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	01/04/2026

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	01/04/2026
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	01/06/2026
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	01/06/2026
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	01/04/2026
Regulation 34(2)(g)	The registered provider shall	Substantially Compliant	Yellow	01/03/2026

	ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and the reason for any delay in complying with the applicable timeline.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	01/04/2026
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	01/04/2026