

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

Issued by the Chief Inspector

Name of designated centre:	St Fionnan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Achill Sound, Mayo
Type of inspection:	Announced
Date of inspection:	11 June 2025
Centre ID:	OSV-0000650
Fieldwork ID:	MON-0044374

About the designated centre

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

St Fionnan's Community Nursing Unit is a purpose-built single-storey building which is registered to accommodate 30 male and female residents. The centre is located in Achill Sound and overlooks the coastline. It is close to the church and local amenities including hotels, shopping facilities and the library. Care is provided to persons aged 18 years and over who require long-term care or periods of respite care. Residents with dementia care needs and end-of-life care needs are accommodated. The environment is homely, comfortable and well maintained. A safe, well-cultivated courtyard garden is available for residents and this is accessible from several points of the building. Nursing and care staff are available 24 hours per day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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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 11 June 2025	09:30hrs to 16:45hrs	Celine Neary	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in this designated centre were supported and facilitated to enjoy a good quality of life and to live the best life that they could. Residents gave a positive account of the care that they were receiving from the staff team. One resident who spoke with the inspector said that " staff are kind and help me" and "I am happy here". Many residents told the inspector that they had previously lived in the local area and were pleased that they could continue to live in their local area, which they were familiar with.

Feedback from residents was that this was a good place to live, they felt safe, and they were well-cared for by staff who were kind and caring. Staff were observed to deliver care and support for residents, which was respectful, patient and kind, in line with their assessed needs. This care and support was carried out in a supportive and unhurried manner. It was obvious that staff were aware of residents' needs and that residents felt comfortable and safe in their presence. A number of staff have worked in the centre for many years and are well known to the residents. 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.

This was an announced inspection, and on arrival at the centre, the inspector was let into the centre by a member of the administration team at reception. A brief introductory meeting was held with the person in charge to get an overview of the residents' dependency needs and the support required. It also gave the opportunity to review and discuss notifications submitted to the Chief Inspectors of Social Services office, since the last inspection.

The centre is located on Achill Island, County Mayo. It is close to several local amenities, such as shops, a pharmacy, a medical centre and local transportation. It overlooks the coastline, which can be seen from some residents' bedrooms. The centre is a single-storey building, which can accommodate 30 residents, and there were 20 residents living in this centre on the day of inspection. It is complemented by courtyard gardens, which were well maintained and included shrubbery, flowers and garden furniture for residents and families to enjoy. The doors to these courtyard gardens were open and residents could access their garden freely.

The inspector walked around the centre and found that it was clean, odour-free and well-organised. It was bright and well-ventilated. Residents' bedrooms were nicely decorated, and residents were being supported to start their day, while others were in the sitting room. The decor in each resident's bedroom was varied, and many of the residents had personalised their bedrooms with their photographs and other personal items. Furnishings and fittings were of a good standard and provided a comfortable and homely living environment for residents. Although the bedrooms were small, they met the minimum requirements of the regulations. There was adequate space available for residents to store their personal belongings.

However, not all bedrooms could accommodate a bedside chair, and the inspector observed that chairs were placed in front of wardrobes, which impeded residents' independent access to retrieve their belongings.

Some painting and repair works to walls along the corridors were required, and there was a schedule in place to address this. There were enough communal toilets and bathrooms available for residents.

The day room in the centre had a relaxing ambiance, and staff were available in the communal areas to supervise residents and respond to their needs promptly. All communal areas of the centre were bright and had comfortable furnishings. Residents appeared to be relaxed and comfortable in the company of staff and in their surroundings. Staff were attentive, and residents did not have to wait for staff to attend to them. Call-bells were answered promptly.

The residents who spoke with the inspector said they enjoyed the activities provided in the centre. The inspector observed residents painting pictures and enjoying one-to-one activities with an art therapist in the sensory room.

The inspector spoke with staff throughout the day and found that they were knowledgeable and aware of their roles and responsibilities. Staff could tell the inspector what they would do if they had concerns regarding a residents' care and safety, and these measures reported were in line with the centre's safeguarding policies and procedures.

The inspector observed that the dining tables were well-presented with tablecloths, table settings and condiments. The inspector saw that residents were offered a choice at mealtimes, and a menu was displayed where residents could easily see it. The food was attractively presented and served. There were enough staff to ensure that residents requiring assistance were assisted appropriately. Residents could have snacks and drinks whenever they requested. The extension to the dining room into the conservatory area gave greater space and privacy for residents to enjoy their meals and the dining experience. The inspector sat with residents during a mealtime and observed staff interactions and support provided. The food stores and kitchen supplies were appropriately stocked and staff could access the kitchen outside of mealtimes, for residents if additional food and drinks were required. Catering staff were knowledgeable in their roles and were aware of each resident's specific dietary requirements. Residents were observed enjoying and finishing their meals. Some residents were served their meals in their bedrooms, as per their request. However, the inspector did observe that one resident was given their lunch but had not been assisted into a comfortable and safe position to eat. The inspector requested the assistance of a member of the care team to assist this resident and discussed it with the nurses in charge.

Residents had access to televisions and radios in their bedrooms and in the communal lounges. Newspapers and books were also available. Residents had access to the Internet if they wished to use it. Residents could use a telephone in private, and a number of residents had their own mobile phones to keep in touch with family and friends.

The inspector observed that each resident had a functioning call-bell in their bedroom. Staff remained with residents in the communal areas at all times to ensure their needs were responded to without delay.

Residents appeared well-groomed and appropriately dressed. Those residents who had mobility needs had comfortable seating and walking aids available, which supported their comfort and independence.

Residents' meetings were held at regular intervals, and relevant topics such as choices and satisfaction with food and social care activities were found to be discussed in those meetings. The centre had its own bus which facilitated day trips and outpatient appointments for residents. A member of staff in the centre was insured to drive the bus.

Residents reported that there were no restrictions in place regarding their visitors attending the centre. The inspector observed visitors coming and going throughout the day and the inspector observed that they were familiar with staff working in the home.

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

Capacity and capability

This is a well-managed centre, which ensures positive outcomes for residents through person-centred care that facilitates residents to lead a good quality of life and supports their independence and choice. This announced inspection was carried out to monitor compliance with the regulations and standards and to follow up on all statutory notifications received by the Chief Inspector of Social Services since the previous inspection.

The registered provider of this centre is the Health Service Executive (HSE). There is a clearly defined management structure in place that is accountable for the delivery of safe and effective health and social support to residents. The management team consists of a person in charge, a clinical nurse manager, a residential service manager and a general manager. The management structure has clearly defined lines of authority and accountability. The centre is managed by the person in charge, who demonstrated good levels of knowledge and experience in relation to the running of the designated centre and their regulatory responsibilities. The person in charge is known to residents and staff. The management team promoted an open culture where feedback was actively sought and used to improve care and services for the residents.

A team of nurses, health care assistants, household, catering, maintenance and administration staff were involved in the delivery of care and services for residents

in the designated centre. There are deputising arrangements in place for key management roles.

The current management systems in place assured the inspector that there was a good standard of service provided to residents living in this centre. There were systems in place to ensure the quality, safety and oversight of the service to ensure compliance with the regulations; however, improvements were required in relation to staffing, the governance and management of resources, the maintenance of the premises and fire safety precautions.

The registered provider for this centre had failed to provide resources to appoint staff to ensure the effective delivery of care in accordance with their statement of purpose. There were several ongoing vacancies for nursing and healthcare staff in the centre. The inspector identified that there were three whole-time equivalent (WTE) nursing staff vacancies and four WTE healthcare assistant staff vacancies in the centre. This was further impacted by eight core clinical staff members on long-term unplanned leave. Although staffing was supplemented by agency staff, this arrangement was not sustainable and placed added responsibilities and workload on the existing staff team. Due to ongoing issues with recruitment and staffing levels in this centre, the registered provider had voluntarily ceased new admissions to the centre until the core staffing levels were replenished. This centre is registered for an occupancy of 30 residents, but on the day of inspection had an occupancy of 20 residents. This arrangement was to ensure a safe and consistent service to residents. This is a repeat finding from the last inspection.

The registered provider had effective arrangements in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents. This was validated by the inspector by speaking with staff and confirming how they would address any concerns or issues that could arise.

The annual review for 2024 had been completed, and this included feedback from residents and their families.

Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. Supplementary training was also offered to staff, in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end-of-life care.

Regulation 15: Staffing

The registered provider did not ensure that the number and skill-mix of staff were 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. The provider had not replaced three vacant nursing positions, and healthcare assistant positions in this centre, and the centre was not operating in line with its statement

of purpose. The staffing resources in this centre were further impacted by the long-term unplanned leave of three nursing and five healthcare assistant positions. As a result, there was an over-reliance on agency staffing in this centre, which was not sustainable. Furthermore, it placed an additional workload on the existing staff members working within this centre. This is a repeat finding from the last inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff were facilitated to attend up-to-date mandatory training on fire safety, safeguarding residents from abuse and safe moving and handling procedures. The person in charge had also ensured that staff working in the centre were facilitated to attend professional development training, to update their knowledge and skills to competently meet residents' needs.

Staff were appropriately supervised according to their individual roles.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was up-to-date and included all of the resident information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider did not ensure that the records set out in Schedule 4 were kept in a designated centre or available for inspection.

A record of each fire practice, drill or test of fire equipment (including fire alarm equipment) conducted in the designated centre and of any action taken to remedy any defects found in the fire equipment was not available in the designated centre on the day of inspection.

Records of the servicing and maintenance of some fire safety equipment were not kept in the designated centre.

These records were submitted to the office of the Chief inspector of Social Services the day after inspection.
Judgment: Substantially compliant
Regulation 22: Insurance
The registered provider had a current certificate of insurance which indicated that cover was in place against injury to residents, staff and visitors.
Judgment: Compliant
Regulation 23: Governance and management
<p>The registered provider did not ensure that the designated centre had sufficient staffing resources allocated to ensure the effective delivery of care in accordance with their statement of purpose. There were seven vacant positions in this centre, which was further impacted by eight staff on long-term unplanned leave. These positions remained unfilled. As a result, this centre could not admit more residents and there was 10 vacant beds on this inspection. This is a repeat finding from the last inspection.</p> <p>The management systems in relation to fire safety in place required review to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</p>
Judgment: Not compliant
Regulation 31: Notification of incidents
A review of the incident reports and care records showed that Schedule 4 incidents were notified to the Chief Inspector within the required time frames of three days. Schedule 4 quarterly notifications were also submitted in line with the requirements of the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure

The centre had robust policies and procedures in place to manage complaints. There was a low level of complaints in this centre. There had been four complaints since the last inspection, all of which had been appropriately managed and resolved at local level. The complaints procedure was displayed in the communal area of the centre. Each complaint was documented in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing and social care. Residents told the inspector that when they asked for support, it was always provided in a kind and timely manner. They had timely access to health care in line with their assessed needs, with the exception of a dietetic service. Residents' rights were respected, and the service was person-centred. The provider continued to make improvements and was committed to bringing the designated centre into compliance with the regulations.

The premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated to provide a homely atmosphere. The centre had well-maintained internal courtyard gardens. On the day of the inspection, there were many shrubs and flowers in bloom, which created interest and an inviting garden area for residents and visitors to use. There were also comfortable and pleasant communal areas for residents. Notwithstanding these amenities available, some action was required to ensure full compliance with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

Residents were generally complimentary regarding food, snacks, and drinks. Food was prepared and cooked on site. Choice was offered at all mealtimes, and adequate quantities of food and drinks were provided during the day and in the evening. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discreet, respectful assistance in the dining room at mealtimes. However, the inspector observed that one resident was served their lunch in their bedroom and was left to eat their meal in a lying position in bed. This was inappropriate and unsafe. The inspector sought assistance from staff, for this resident, to ensure a safe and upright position, while eating their meal. This practice and the requirement for improved supervision of residents receiving meals in their bedroom, was discussed with the nursing staff responsible, on the day.

The centre's interior was exceptionally clean on the day of inspection. Housekeeping staff were knowledgeable and had adequate resources to perform their role. The inspector observed staff adhering to appropriate hand hygiene procedures

throughout the day.

The centre was provided with appropriate fire fighting equipment, such as fire extinguishers and fire blankets. The fire detection and alarm system was regularly tested to ensure it functioned properly. However, some fire safety checks were not completed in a timely and consistent manner due to a lack of maintenance staff attendance in the centre. Furthermore, records of fire drills completed were not held in the centre to provide assurances to management regarding the learning outcomes and any area's for further improvement.

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months. Records reviewed found residents and their families had been involved in care plan reviews.

Records reviewed found that residents who required specialist medical treatment or other health care services, such as mental health services, speech and language therapy, occupational therapy, chiropody and national screening programmes, could access these services in the centre upon referral. But residents did not have access to a dietetic service in this centre. Additional nutrition requirements were managed and prescribed by the general practitioner (GP), alongside nursing input.

Residents approaching end-of-life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Appropriate care plans were in place to support and guide care during these times. The records reviewed found evidence of liaison and support from the community palliative care team for the benefit of residents.

Residents could communicate freely, having access to telephones and internet services throughout the centre. There was a varied activities programme available within the centre. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents had access to independent advocacy services and other community voluntary groups.

Regulation 13: End of life

Staff provided end-of-life care for residents with the support of their general practitioner and the community palliative care service. An up-to-date policy was available to inform staff on the centre's procedures to ensure residents' end-of-life needs were met. Appropriate care plans were in place for residents requiring end-of-life care. Where additional input was needed, referrals and the involvement of specialist palliative care services, were readily available. Each resident's resuscitation status was assessed and appropriately discussed and recorded.

Residents' end-of-life wishes were assessed and documented regarding their

physical, psychological and spiritual care and preferences regarding where they would like to receive care at the end of their lives were established and regularly updated.

Each resident was accommodated in a single bedroom and this supported their end of life care and comfort needs. Residents' relatives were supported to be with them during this time as they wished. Overnight facilities and refreshments were available to residents' family members and friends during residents' end-of-life care.

Judgment: Compliant

Regulation 17: Premises

Some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- Paint was damaged, peeling and missing on the wall surfaces of a number of areas along the main corridors. This looked unsightly and did not ensure that these surfaces could be effectively cleaned.
- A number of doors were visibly marked and scuffed and required repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' hydration and nutrition needs were assessed and appropriately monitored. There was sufficient staff available to support residents who needed assistance with drinking fluids and with eating their meals. Food was varied and well presented. Residents had a choice at each meal, and modified diets were seen to be served, where this need had been identified. Staff were seen to support those who required help with their meals.

Residents with assessed risk of dehydration, malnutrition or with swallowing difficulties were referred for dietitian and speech and language therapy assessment and their recommendations were implemented. Residents requiring modified and fortified diets were provided with meals and snacks prepared as recommended.

Judgment: Compliant

Regulation 27: Infection control

The provider ensured that the requirements of Regulation 27: Infection control and National Standards for infection prevention and control in community services (2018) were met.

The centres environment and equipment were managed in a way that minimised the risk of transmitting healthcare-associated infections. Staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place and were completed by staff. Equipment and supplies were appropriately stored and segregated.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that the fire safety evacuation plans on display in the centre did not identify the compartments required to guide staff or visitors in the event of a fire evacuation emergency. The provider submitted these floor plans to the office of the Chief inspector of Social Services the next day and advised that they would be displayed within the centre with immediate effect.

Annual and quarterly certificates of servicing the fire alarm system and emergency lighting were not available in the centre for review on the day of inspection. These were submitted by the provider on the day following the inspection.

The inspector found that weekly fire safety checks were not consistently carried out or documented.

Records of fire drills completed were not maintained within the centre to provide oversight and identify learning and improvements required for management.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

It was evident that care was delivered to a high standard. Each resident had a comprehensive assessment of their needs when they were admitted, and these were updated regularly. The assessments were used to prepare a care plan with the resident, and where appropriate, their representative. Care plans were regularly reviewed with the resident and/or their representative, and as such, the care plans reviewed on inspection reflected the current needs of the residents.

Judgment: Compliant
Regulation 6: Health care
<p>Although residents did receive timely access to the majority of health and social care professionals in a timely manner, residents did not have access to the specialist services of a dietitian. This is a repeat finding from the last inspection.</p>
Judgment: Substantially compliant
Regulation 8: Protection
<p>Residents reported that they felt safe in the centre and could talk to a member of staff if they had any concerns. This centre had no incidents of alleged or confirmed abuse reported.</p> <p>Staff demonstrated up-to-date knowledge and skills regarding the protection and safeguarding of the residents. Staff were able to tell the inspector what they would do in the event of any allegations or concerns regarding the abuse of a resident in the centre and who they would report to.</p>
Judgment: Compliant
Regulation 9: Residents' rights
<p>Residents' rights were respected, and they were encouraged to make individual choices regarding their lives in the centre. Residents' privacy and dignity was respected in their lived environment and by staff caring for them in the centre.</p> <p>Residents' social activity needs were assessed, and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Staff had received training in the imagination gym and supporting residents with social activities. Residents were supported by staff to go on outings into their local community, in their new bus.</p> <p>Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.</p> <p>Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were supported to avail of advocacy</p>

services as they wished.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Fionnan's Community Nursing Unit OSV-0000650

Inspection ID: MON-0044374

Date of inspection: 11/06/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Agency conversions in place to fill vacant posts, that meet criteria for same, on or before 31/12/25	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All Fire records of servicing, maintenance , practice drills etc., are now stored on site 11/06/25	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Vacant posts prior to Dec 2023 were decommissioned. Vacant posts from Jan 2024, that meet criteria for same, have Agency conversions in place to fill on or before 31/12/25	

Approval has been given to continue to use Agency staff to back fill staff posts that that are vacant due to long term illness	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Outstanding paintwork contract will be completed on or before 31/12/25.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All records now kept onsite since 11/06/26 All weekly fire checks are documented 11/06/25 All Fire Drills are completed, recorded and maintained	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Recruitment in process for Dietician for OPS to support OPS CNU's All Dietetic referrals are currently sent to Primary Care.	

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	31/12/2025
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	31/12/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	11/06/2025

	designated centre and are available for inspection by the Chief Inspector.			
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	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	11/06/2025
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	11/06/2025
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	11/06/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan	Substantially Compliant	Yellow	15/08/2025

	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.			
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	15/08/2025