



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

Issued by the Chief Inspector

Name of designated centre:	The Residence Citywest
Name of provider:	Cubedale Limited
Address of centre:	Cooldown Commons, Fortunestown Lane, Citywest, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	10 March 2026
Centre ID:	OSV-0000692
Fieldwork ID:	MON-0049388

About the designated centre

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

The Residence Citywest is a purpose-built nursing home which can accommodate 119 male and female residents over the age of 18. There are 103 en-suite single rooms and 8 en-suite double rooms in the centre over four floors: Ground, 1st, 2nd & 3rd Floor. The building is T shaped which is divided into left, right and middle wing. The details of rooms, sizes and facilities are available in the centres statement of purpose. Each bedroom is fully furnished and has a television and a phone provided. The centre is designed to meet the individual needs of the older person in pleasant surroundings, whilst facilitating freedom and independence. The Residence Citywest is ideally located close to the Red Luas line, Citywest shopping centre and Saggart village. It is just off the N7 or the N81 in the other direction and within close proximity to Tallaght Hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	104
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 10 March 2026	10:05hrs to 18:30hrs	Aisling Coffey	Lead
Tuesday 10 March 2026	10:05hrs to 18:30hrs	Catherine Furey	Support

What residents told us and what inspectors observed

The consistent feedback from residents living in The Residence Citywest was very positive. It was clear that the residents spoken with greatly liked living in the centre, with one resident stating, "you couldn't get a nicer place", while another stated, it's a lovely place". The residents spoken with were highly complimentary of the centre and the care received. Residents praised the staff who cared for them, describing them as "lovely", "attentive" and "kind". Visitors also shared positive feedback, stating that their loved one was well cared for and that communication with the family was very good. Inspectors found that staff and management were knowledgeable about residents' needs, and that they promoted and respected residents' rights and choices. Inspectors observed many compassionate, warm, dignified, and respectful interactions with residents and their visitors throughout the day of the inspection by a kind and dedicated staff and management team.

This unannounced inspection was conducted by two inspectors of social services over the course of one day. During the inspection, the inspectors chatted with many residents and had the opportunity to speak in more detail with 13 residents and five visitors to gain insight into residents' lived experiences in the centre. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

The centre is a four-storey building located in West County Dublin. The basement floor contained staff facilities, laundry and storage for the designated centre. The basement level also accommodated a private clinic, a service separate from the designated centre. This clinic service used one of the centre's three passenger lifts. Residents' bedrooms and communal living accommodation were located on the ground, first, second, and third floors. Residents travelled between the floors using two of the centre's three passenger lifts. Residents were seen using the lifts and strolling the various floors of the centre without restriction. A hairdresser visited the centre three times a week, and there was an on-site hair salon on the ground floor.

Bedroom accommodation comprised 103 single and eight twin bedrooms. All bedrooms had en-suite facilities, including showers, toilets, and wash-hand basins. In addition, residents had access to one assisted bathroom with bath facilities, located on the third floor. Bedroom accommodation included a television, a call bell, a landline phone, a wardrobe with locked storage, and comfortable seating. Residents had personalised their bedrooms with photographs, artwork, religious items, ornaments, textiles and furniture from home. The size and layout of the bedroom accommodation were appropriate for residents' needs. Residents spoken with expressed satisfaction with their accommodation and storage. Inspectors observed that many residents had memory boxes mounted outside their bedrooms, each containing personal memorabilia selected by the resident or their family, which

helped them identify their bedrooms independently. Inspectors found that residents' privacy within their bedrooms was respected.

Internally, the centre was pleasantly decorated throughout, with paintings and photographs of residents and staff enjoying group activities displayed. The centre's design and layout supported residents' movement throughout the centre, with wide corridors, sufficient handrails, and comfortable seating in the various rest and communal areas. These communal areas included a large ground-floor dining room, two lounges, an activity room, and an oratory, offering residents space for quiet reflection. The first and second floors each had a lounge, a dining room and a sitting/dining room. The third floor had a living and dining area. The inspectors also observed rest areas in the lobby on the ground, first, and second floors. Residents were seen sitting in these rest areas watching the comings and goings.

There was an on-site laundry service that laundered residents' personal clothing. This area was observed to be very clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

The inspectors noted some fire safety concerns during the walk around the centre. For example, some fire doors did not close fully when released from their magnetised door holder, and oxygen was observed stored on escape corridors beside electrical equipment in use. These and other fire safety matters are discussed under Regulation 28: Fire precautions.

Regarding outdoor space, the centre had unrestricted access to a secure internal garden. This area was clean, tidy, and pleasantly landscaped, featuring raised flower beds, potted plants, bushes, and decorative ornaments. Within the garden, the centre had a designated smoking area with protective equipment, including a call bell, an ashtray, and a fire blanket.

On the morning of the inspection, residents were up and dressed in their preferred attire, appearing well cared for. The hairdresser was present, and residents proudly displayed their new hairstyles. The centre had an activities programme which took place over seven days. On the inspection morning, an exercise class was held in the ground-floor dining room, with 17 residents participating. There was a creative writing class in the ground-floor day room, with eight residents participating. After lunch, there was live music in the ground-floor dining room attended by many residents. Residents who did not attend these group activities were seen relaxing in their bedrooms, according to their preferences. These residents watched television, listened to the radio, read newspapers and books, or used the centre's internet services. All residents who spoke to the inspectors expressed high praise for the activities programme and entertainment available.

Visitors were observed coming and going throughout the day, spending time with their loved ones in the multiple comfortable communal areas. Residents and visitors confirmed there were no restrictions on visiting.

Lunchtime at 12:30pm was observed to be sociable and relaxed, with the majority of residents eating in the various dining rooms, while a small number chose to dine in their bedrooms. Meals were freshly prepared in the centre's onsite kitchen.

Residents were offered soup to start, followed by a choice of two main courses: roast chicken and white wine sauce or traditional beef pie. There were also a number of dessert options available after the main meal, including carrot cake, strawberry moose, and jelly with ice cream. There were ample drinks available for residents at mealtimes and throughout the day. Staff provided discreet, respectful dining assistance to residents who required it. Residents spoke positively to the inspectors about food quality, quantity and variety and stated they were also pleased with the timing of meals.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While robust governance and management systems were in place to oversee the quality of care delivered to residents, oversight systems to ensure fire precautions, residents' rights, staff training, and the implementation of policies in practice were insufficient.

This was an unannounced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's compliance plan arising from the previous inspection of 16 July 2025. Inspectors also followed up on unsolicited information submitted to the Office of the Chief Inspector regarding the care and welfare of a resident and charges billed to residents. The provider had implemented their compliance plan following the last inspection in July 2025, and this inspection found improvements in regulatory compliance across several regulations, including records and managing behaviour that is challenging. While the care and welfare of residents were found to be of a high standard, concerns regarding Regulation 9: Residents' rights were substantiated during this inspection.

Cubedale Limited is the registered provider for The Residence Citywest. There are four company directors, one of whom serves as the chief operations officer and represents the provider in regulatory matters. This person attended remotely for feedback at the end of the inspection.

There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge was responsible for the centre's day-to-day operations and reports to the regional director, who in turn reports to the chief operations officer. The person in charge worked full-time in the centre and was supported in their management role by three

assistant directors of nursing and four clinical nurse managers. Other staff members included nurses, healthcare assistants, a physiotherapist, catering staff, housekeeping staff, maintenance staff, and administration staff. The assistant directors of nursing deputise for the person in charge.

There was evidence that newly recruited staff had received an induction covering key aspects of care and procedures in the centre. This induction was followed by a probationary period during which the employee's performance was monitored by their line manager at three-monthly intervals. Staff were appropriately supervised by senior staff in their respective roles, and on-call management support was available at night and on weekends. The provider had a blend of online and face-to-face training modules. Records made available to the inspector indicated that staff members had completed training in manual handling, infection control, managing challenging behaviour, and safeguarding vulnerable adults from abuse. Notwithstanding this good practice, further review of the content of fire training was required to ensure that it included vertical evacuation techniques. This is discussed under Regulation 16: Training and staff development.

The registered provider had systems in place to monitor the quality and safety of care. There was documentary evidence of the communication systems in place. Records of fortnightly meetings between the regional manager and the chief operations officer were shown to inspectors. The minutes of the monthly clinical and corporate governance meetings were reviewed. These meetings discussed key aspects of care provision for residents, including human resources, finance, housekeeping, catering, premises, facilities, and clinical matters. The person in charge also prepared a monthly governance report for senior management, outlining matters including complaints, compliments, safeguarding, activities, audit findings, finances, and regulatory compliance. Within the centre, there was evidence of communication between the person in charge and their management team, as well as regular staff meetings. During these meetings, key issues related to the quality and safety of the service delivered to residents were discussed, including complaints, incidents, training requirements, resident surveys and safeguarding. The provider also held targeted staff meetings focused on quality and safety, and on person-centred care. The provider had arrangements in place for staff to raise concerns about the quality and safety of care and support provided to residents. Such arrangements were discussed at team meetings, and QR codes were displayed in staff areas, which facilitated staff in making a confidential protected disclosure.

The provider had systems to oversee accidents and incidents within the centre. A risk register was used to monitor and manage known risks. There was regular auditing across multiple areas, including housekeeping, food safety, catering, and call bell response times. The person in charge had conducted several out-of-hours visits to the centre and had similarly identified areas for improvement in observations, documentation, resident care, and fire safety. The provider undertook robust tracking and trending of falls and other incidents, pressure ulcer development and wound care, malnutrition and weight loss, and antibiotic usage. Records reviewed found that such incidents had been thoroughly analysed to identify causal and contributory factors, and that action plans had been developed to reduce the likelihood of recurrence within the centre and to promote the safety and welfare of

the individual residents affected. Notwithstanding these various assurance systems, some actions were required to enhance oversight mechanisms regarding fire precautions and adherence to the provider's policies, which will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2025. The inspectors saw evidence of the consultation with residents and families reflected in the review. In this review, the registered provider also identified areas requiring improvement.

Regulation 15: Staffing

Based on a review of the worked and planned rosters, as well as speaking with residents and visitors, sufficient staff with an appropriate skill mix were on duty each day to meet the residents' assessed needs. At least four registered nurses worked in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

While staff had access to a suite of training programmes to enable them to perform their respective roles, arrangements for staff in the centre to receive suitable training in vertical evacuation procedures in the event of a fire required review, for example:

- Despite regular fire drills being conducted, it was highlighted by an external training provider that staff needed training in the use of evacuation chairs and other stairwell evacuation aids to support the safe evacuation of semi-mobile residents and wheelchair users.
- Additionally, staff who spoke with inspectors reported a lack of confidence in using the available evacuation chairs located in the stairwells. The provider confirmed that training on these evacuation aids was last delivered in 2021 and that only three current staff members had received this training.

Judgment: Substantially compliant

Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the designated centre and made available to the inspectors on the day of inspection.

The inspectors reviewed records relating to four staff members. The registered provider had ensured that the necessary information, as required by Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications, required references and current registration details, was available for these staff members.

Judgment: Compliant

Regulation 23: Governance and management

The oversight of fire safety within the centre required review, as the provider had not identified and managed the following risks identified by inspectors:

- Four fire doors, including a cross-corridor compartment door, did not close fully. This meant that in the event of a fire alarm activation, the ability of these doors to contain the spread of smoke and fire in an emergency was compromised.
- Oxygen cylinders were stored at nursing stations located in escape corridors and close to plugged-in electrical devices, contrary to the provider's policy on oxygen storage. Additionally, one oxygen cylinder was found insecurely stored on the ground floor. The person in charge addressed this matter immediately upon being notified.

Additionally, the oversight systems had not ensured that practices were guided by, and fully aligned with, the provider's policies. For example, there was a policy requiring two nurses to check the stock balance for each transaction of controlled medicines. A review of the controlled medicines register found that this policy was not followed on the day of the inspection. The medicine had been administered on two occasions, but there were no signatures in the controlled drug register to indicate that two nurses had completed the stock balance check.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of four residents' contracts and found that they set out the allocated bedroom number and occupancy. The contracts outlined the services to be provided and the fees to be charged, and referenced other services that residents may choose to avail themselves of at an additional cost, such as hairdressing.

While the contracts met the requirements of this regulation, practices regarding the additional supplementary charge referenced in Schedule 1 of the contracts were not found to uphold residents' rights. This is discussed under Regulation 9: Residents' rights.

Judgment: Compliant

Quality and safety

Staff were observed speaking with residents in a kind and respectful manner, and they knew their needs well. The centre's statement of purpose outlines that the provider's overall aim is to ensure freedom of choice, dignity and respect within a safe, friendly and homely environment that respects the individuality of each resident. Inspectors observed that staff and management adopted this ethos, and as a result, residents had a good quality of life in a centre that met their needs. Residents' needs were met through comprehensive assessment, care planning and access to healthcare services. Residents told the inspectors they felt safe and happy living in the centre, and staff were knowledgeable about their role in responding to abuse. Notwithstanding these very positive aspects, further action was required to ensure full regulatory compliance regarding fire precautions and to uphold residents' rights.

Overall, residents' right to privacy and dignity were well respected. Residents were afforded choice in their daily routines. Residents had access to radio, television and newspapers. Residents could communicate freely, having access to telephones and internet services throughout the centre. There were regular religious services on-site. Independent advocacy services were available to residents, and their contact details were displayed. There was evidence that residents were consulted and participated in the organisation of the centre, as confirmed by residents' meeting minutes, satisfaction surveys, and speaking with residents on the inspection day. There were facilities available for occupation and recreation, as well as opportunities for residents to participate in activities that aligned with their interests and capacities. Dedicated activity staff were responsible for delivering the centre's schedule of activities, and inspectors observed large and small-group activities taking place in different areas of the centre in the morning and afternoon. Staff were trained and competent to provide one-to-one sensory activities to residents who could not participate in group activities or whose needs were more advanced. Residents stated that they enjoyed group exercises, bingo, movies and outings, and particularly enjoyed live music. Residents were happy with the choice and frequency of activities and told inspectors that staff go out of their way to facilitate their requests and needs. While acknowledging these good practices, inspectors observed that changes to additional service charges in residents' contracts did not consistently

demonstrate consideration of residents' rights. This is further outlined under Regulation 9: Residents' rights.

The provider had multiple systems to monitor fire safety. Preventive maintenance for fire detection, fire-fighting equipment and emergency lighting was conducted at recommended intervals. Procedures to be followed in the event of fire were prominently displayed. Staff had undertaken fire safety training and participated in regular fire evacuation drills. These fire drills were used to practice a range of scenarios, including evacuating a single room and the largest compartments, performing vertical evacuation using evacuation sheets attached to residents' mattresses, and simulating day and nighttime-staffing scenarios. Each resident had a personal evacuation plan to guide staff in an emergency requiring evacuation. There was a system for checking the fire alarm, fire doors, fire safety equipment and means of escape. Lint removal records were kept in the laundry room. The provider had arranged for a fire risk assessment of the centre in March 2025 and, more recently, had completed a compartmentation and building survey in January 2026. While there was evidence of these good practices, some further actions were required to protect residents from fire risk and to ensure staff could respond appropriately in the event of a fire. These findings are set out under Regulation 28: Fire precautions.

Regulation 18: Food and nutrition

Residents were highly complimentary regarding food, snacks, and drinks. Food was prepared and cooked onsite. Choice was offered at all mealtimes, and adequate quantities of food 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 at mealtimes. Inspectors observed that the food provided to residents was of high quality, and all meals, including those of a modified consistency, were nicely presented and served to residents. There was a system in place to identify residents' likes and dislikes, as well as their dietary and swallowing requirements, on admission to the centre. There was evidence of written communication between the nursing and catering teams to ensure that the dietary needs of each resident, as prescribed by healthcare or dietetic staff, were met.

Judgment: Compliant

Regulation 28: Fire precautions

While systems were in place to protect residents from the risk of fire, the oversight of fire safety within the centre required review, as the provider had not identified and managed some of the risks identified during inspection, as detailed below.

While fire evacuation drills were taking place, further assurances were required to ensure that all staff were aware of the evacuation procedures, including the building layout and the centre's fire compartment boundaries. For example:

- The inspectors found lack of clarity regarding fire compartment boundaries, reflected in the centre's fire drills compared with the provider's escape plan maps. For example, a fire drill on 11/03/2025 involved evacuating a full compartment on the third floor; however, only four of the seven bedrooms in that compartment were evacuated during the drill. Similarly, a second drill completed in May 2025 identified an additional compartment as having four bedrooms, when it actually had five.
- The provider's fire safety management policy and emergency response plan outlined some details concerning progressive horizontal evacuation approaches, but there was no reference to vertical evacuation procedures to guide staff if such a requirement arose.

Arrangement to ensure that all residents could be evacuated in a safe and timely manner in the event of a fire emergency required review. The inspector reviewed personal emergency evacuation plans (PEEPs) and found that many first and second-floor residents would not be able to mobilise down a set of stairs in a fire emergency. Therefore, the provider was required to review the number of evacuation aids in the centre to ensure adequate arrangements were in place to support a safe and timely vertical evacuation at all times if required.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that a pharmacist was available to each resident. The person in charge had facilitated the pharmacist in meeting their obligations, and the records reviewed indicated that the pharmacist had recently conducted an audit of medication management practices in the centre. The records reviewed indicated that medicines were administered in accordance with the prescriber's directions. There were robust measures in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

Notwithstanding these good practices, Inspectors observed that the provider's medication management policy was not adhered to by staff, as discussed under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive pre-admission assessment was completed prior to the resident's admission to ensure the centre could meet the residents' needs. A range of validated assessment tools were used to inform the individual care plans, relating to various clinical needs, including, for example, catheter care. Care plans were detailed and person-centred, and were informed by an assessment of clinical, personal and social needs. Care plans were formally reviewed at intervals not exceeding four months, and there was evidence of consultation with the resident and, where appropriate, their family during these reviews. Where there had been changes in the residents' care needs, reviews were completed to evidence the most up-to-date changes. Social assessments were completed for each resident, and individual details regarding a resident's past occupation, hobbies and interests were completed to a high level of personal detail. This detail informed individual social and activity care plans.

Judgment: Compliant

Regulation 6: Health care

Residents received a high level of evidence-based healthcare in the centre. There was evidence of good access to medical practitioners, with a doctor available on-site three days per week and access to out-of-hours services when required. Systems were in place for residents to access the expertise of health and social care professionals, including palliative care services, speech and language therapists, and dietitians. An in-house physiotherapy service provided group exercise and individual physiotherapy assessments. The appropriate delivery of evidence-based preventive skin assessments and regular monitoring for pressure-related skin damage was reviewed. Residents who were admitted with, or developed pressure ulcers or other wounds, were appropriately referred to specialist wound care nurses for additional expertise.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had a training programme in place to ensure all staff had up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour.

A small number of residents in the centre displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents had person-centred care plans in place to support staff in responding compassionately and empathetically. Records reviewed found that behaviour observation charts, such as antecedent, behaviour, and consequence charts, were also being used to understand the behaviour. The reviewed documentation was person-centred and described behaviours, potential triggers, and de-escalation techniques to guide staff in providing safe care. This allowed staff to provide person-centred care to the person and avoid an escalation that might require the use of restrictive practices.

The provider had ensured that adequate arrangements were in place for the oversight and review of restrictive practices. A restrictive practice register was maintained, accurately recording and monitoring the use of restraint. The centre's usage of restraint was in accordance with national policy, published by the Department of Health and the centre's restraint policy. The identified physical restraints, including 13 bedrails, were comprehensively risk assessed. Informed consent was sought and documented prior to the use of any restrictive practice. There was evidence that restraints were checked frequently when in use. Environmental restraints such as locked doors were also included on the register.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Síochána (police) vetting before commencing employment in the centre.

Safeguarding training was provided, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse.

From the records seen, it was clear that the person in charge had provided a robust and person-centred response when investigating and responding to allegations of abuse concerning residents.

Judgment: Compliant

Regulation 9: Residents' rights

While many aspects of residents' rights were upheld in the centre, practices regarding the increase in the additional supplementary charge referenced in Schedule 1 of the contract were found not to uphold residents' rights.

In three residents' contracts reviewed by inspectors, the provider had increased the additional supplementary charge on two occasions, in February 2025 and March 2026, without obtaining the resident's or their representative's written permission, despite this written permission being required under section 4.7 of the contract.

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	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for The Residence Citywest OSV-0000692

Inspection ID: MON-0049388

Date of inspection: 10/03/2026

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Ski Evacuation Pads have been purchased and are now in place at all stairwells – Complete</p> <p>Vertical evacuation techniques is now incorporated into all fire training with the external provider – Complete and ongoing</p> <p>At least one fire drill is scheduled each month and will incorporate both horizontal and vertical evacuation. All staff will have attended at least one drill involving vertical evacuation by 30 September 2026.</p> <p>Evacuation chairs have now been removed and replaced with ski evacuation pads. - Complete</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The issues with compartment doors identified during inspection has been rectified - Complete</p> <p>There is a monthly door check to ensure all doors are in working order and closing</p>	

correctly on fire alarm activation. This is recorded in the fire register and any actions arising are delegated to the maintenance/facility team for action. Progress on these actions will be monitored and overseen at the monthly governance meeting – Complete and ongoing.

Oxygen cylinders have been relocated to a more appropriate location – Complete

Safety pauses in relation to medication management policies were completed with all nurses – Complete

The centre completes regular internal audits and spot checks to ensure compliance with medication management policies; this is further supported by an external audit by the pharmacy. – Complete and ongoing

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The centre has updated the escape maps displayed in prominent locations, the external fire trainer has been informed to ensure training is planned and delivered using the most accurate information. – Complete

The centre's emergency evacuation policy is under review to ensure vertical evacuation is referenced and able to guide staff. This will be completed by 15th June 2026.

The Fire Policy is under review and will be completed by 30th June 2026.

Education will be provided to the staff on any changes/updates to the policies once finalized. This will be completed by 30th July 2026.

Ski Evacuation Pads have been purchased and are now in place at all stair wells – Complete

Vertical evacuation techniques is now incorporated into all fire training with the external provider – Complete and ongoing

At least one fire drill is scheduled each month and will incorporate both horizontal and vertical evacuation. All staff will have attended at least one drill involving vertical evacuation by 30 September 2026.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A full review of all current residents' contracts of care was completed and identified the number of residents that were impacted by this change to the contract of care. – Complete</p> <p>An addendum to resident's contract of care will be issued to all affected residents by the 30th June 2026.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	30/09/2026

	aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/09/2026
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2026