



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

Issued by the Chief Inspector

Name of designated centre:	Tinnypark Nursing Home
Name of provider:	Tinnypark Residential Care Limited
Address of centre:	Derdimus, Callan Road, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	31 July 2025
Centre ID:	OSV-0000707
Fieldwork ID:	MON-0047823

About the designated centre

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

Tinnypark Nursing Home is located approximately 2.5 miles from Kilkenny City, in a scenic rural setting. The nursing home is a large period house which has been extended to provide suitable accommodation for 47 residents. Bedroom accommodation comprises 39 single and four double rooms. All the bedrooms have full en-suite facilities with accessible showers. There are two dining rooms, and three sitting rooms for residents to use. The foyer is also a favourite place for residents and visitors to congregate. The walled garden to the rear provides a secure environment for leisurely strolls and residents also have free access to a number of enclosed patio seating areas. Tinnypark nursing home accommodates both female and male residents aged 18 years and over. The service caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum. The service provides full time nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	39
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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
Thursday 31 July 2025	09:30hrs to 17:15hrs	Helen Lindsey	Lead
Thursday 31 July 2025	09:30hrs to 17:15hrs	John Greaney	Support
Thursday 31 July 2025	09:30hrs to 17:15hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Overall, residents and visitors who spoke with inspectors, said they were comfortable in the centre, and were supported by kind staff.

On their arrival Inspectors walked around the centre, to observe the morning routine and the lived experience of the residents. Some residents were up and sitting in communal areas, others were in their bedrooms, with some still asleep. The activities person was returning from providing individual support to residents, and preparing for Mass to be streamed in the sitting room. Staff were busy supporting residents with morning care and support needs. The atmosphere was calm, call bells were answered quickly, and the premises were generally clean and well presented.

Engagement between residents and staff was seen to be positive, with the staff clearly knowing the residents and their preferred routines well. Staff were heard asking residents what they wanted to do, or where they wanted to go, or what refreshments they wanted, which indicated residents preferences were being respected.

Through the inspection, inspectors spoke with residents who confirmed they could follow their own routine, which included staying in their room, watching TV in the communal areas, or taking part in the activities provided. Overall residents expressed satisfaction with the care and support of staff. Lots of visitors attended the centre during the day, with overall positive comments. Where residents had raised concerns in relation to care issues, records showed these concerns had been followed up and addressed.

While residents were being supported in a timely manner during the inspection, one area of feedback from residents and relatives was that staff could be very busy, and sometimes there were delays as they were completing other tasks, such as supporting other residents.

Those residents who spoke with staff were positive about the activities, and said there was usually something going on. During the morning of the inspection around 12 residents took part in a seated movement to music session, which they said they enjoyed. Some residents preferred not to take part in group sessions, but the schedule allowed for some one-to-one sessions to take place also. Some residents had one-to-one support allocated to them through the day to support their preferred routines. Records of their days showed some social engagement was supported. The hairdresser was in the centre during the inspection, and residents were seen to enjoy the experience and were pleased with their fresh hair styles.

Residents bedrooms provided facilities for storing their belongings, and many had personal items on display, such as photographs, and ornaments. Where bedrooms were shared, there was storage and seating for both residents.

Due to staff absences on the day of the inspection, there were no housekeeping staff available to support the hygiene and cleaning needs of the centre. However, the premises were visibly clean overall, with the exception of one bedroom where a malodour was noted. Where residents had left their bedrooms, the beds were made, and the rooms were clean.

The premises consists of a period building, with a single storey ground floor extension. The bedroom accommodation is in the single storey area, and the communal rooms are both in the extension and period building. The premises were laid out to support residents moving independently or with support where required, this included clear corridors with handrails. Residents were seen to spend time in the entrance hall to the centre, which had a large table, and a range of seating. This was a busy and upbeat area in the day, and residents here were seen to be engaging with staff, and visitors as they moved about the building. There was a sitting room, which was used for relaxing, and also some of the group activities. The dinning room, in the period part of the building, provided a light area with plenty of space for people to enjoy their meal. Tables were set with colorful table cloths, and flowers, and the room was brightly decorated to create a pleasant environment for dining. The kitchen was large enough to cater for the residents needs, it was well ventilated and the fixtures and fittings were clean and in good repair. The kitchen had a separate area for cleaning products and cleaning equipment that included a janitorial unit.

Since the last inspection significant improvements were observed in the oversight of storage in the centre. Storage areas were organised, clean and tidy. There was an on-site laundry service where residents' personal clothing was laundered. This area was seen to be clean and tidy, and its layout facilitated the functional separation of the clean and dirty phases of the laundering process, however some improvements in the overall management of laundry is still required and this is discussed later in the report. The majority of residents and visitors spoken with were satisfied with the laundry service provided.

During the day residents were seen accessing the large walled gardens to the rear of the centre, which were well maintained. There were level access walking paths, and seating for residents to sit out and enjoy the rural surroundings.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre 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

There had been further improvement in the governance and management arrangements in the centre, resulting in improved regulatory compliance overall. The premises were clean throughout, and storage issues had been addressed. While significant improvement had been made, there were some areas identified during the inspection that required attention, including infection prevention and control practices, and one area relating healthcare. This will be discussed further in the report.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to review the registered providers compliance plan arising from an inspection carried out in March 2025. The inspectors followed up on unsolicited information that had been submitted to the Chief Inspector of Social Services about staffing levels, and infection control practices. This was partially substantiated.

The registered provider of Tinnypark Nursing Home is Tinnypark Residential Care Limited, a company comprised of two directors. The provider's senior management team is comprised of one company director and two persons who participated in the centre's management: a general manager and a quality and assurance lead. Both of these managers were present on the inspection day also. Within the centre, the person in charge worked full-time and was supported in their management role by clinical nurse managers, a team of registered nurses, healthcare assistants, activity coordinators, chefs, catering, housekeeping, laundry, maintenance and administration staff.

The provider had focused on strengthening governance and oversight arrangements in the centre. The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings and staff meetings took place regularly to discuss key performance indicators, and any clinical issues. There was also a clinical support meeting with the quality manager, person in charge and general group manager which focused on audit findings, staff training, and clinical oversight of residents needs. Since the previous inspection a range of audits had taken place including, care planning, nutritional audits, and a managing responsive behaviour audit had also been completed. There was an overall tracker in place to monitor the action plans from all audits completed, and to ensure any improvements identified were delivered within the agreed time lines, or reviewed to manage any delays. The provider had produced an annual review for 2024. It outlined the improvements completed in 2024 and improvement plans for 2025.

Inspectors reviewed staffing rosters, and allocations of staffing in the centre. While the staff were seen to be busy, residents confirmed they were receiving support in a timely way, and that staff were respectful in how they provided support. A review of staffing rosters showed that any vacant shifts were covered by other staff employed in the centre. The provider confirmed they did not use agency staff.

There was access to appropriate training for staff. Records showed that all staff had completed fire safety training, and also safeguarding vulnerable adults training. There was a range of other training made available to staff including manual handling, managing distressed behaviours, dementia care, and infection prevention and control. Kitchen staff had also completed relevant training, such as hazard analysis and critical point control (HACCP) training. To reflect the needs of residents, staff had also completed courses in relation to a degenerative neurological condition, provided by a national representative organisation.

The provider had systems to oversee the centre's infection prevention and control (IPC) practices. The provider had one registered nurse trained as an IPC link practitioner to guide and support staff in safe IPC practices and oversee performance. Further improvements were required in some of the practices that the inspectors observed on the day, this is highlighted under Regulation 27: Infection prevention and control.

Regulation 15: Staffing

While staff were busy carrying out their duties, there were sufficient to meet the needs of residents on the day of inspection. Healthcare assistants worked in pairs, and were allocated to support named residents, depending on their assessed needs. There were also additional staff allocated to support residents who required one-to-one support.

A review of rosters showed that there was a planned roster, and where there was staff absence, other staff members employed by the provider were asked to cover the shifts. On the day of the inspection there were no housekeeping staff available. The registered provider had not arranged for replacement housekeeping staff, but had re-deployed the maintenance person. This is addressed under regulation 23 Governance and Management.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to ensure all staff had completed relevant training, and also a system to identify when they were due to complete refresher training.

Supervision arrangements had improved in the centre since the previous inspection. For example, oversight of the premises, including the kitchens, ensured that the centre was clean and well presented on the day of inspection. Also, the hours for the clinical nurse managers had recently increased to a full day (8am-8pm)

every day, to ensure there was management presence in the centre. Two of their shifts per week were supernumerary, to support oversight of the delivery of care to residents.

Judgment: Compliant

Regulation 23: Governance and management

While there had been improvements in the overall governance and management arrangements in the centre, further action was required to ensure all areas of the service were meeting the requirements of the regulations, and ensuring consistent service for residents. Further focus was required on resources to ensure the following issues were addressed:

- The provider had not arranged for trained housekeeping staff to cover the cleaning of the centre on the day of inspection, when those rostered became unavailable. There is a risk where untrained staff are used, that cleaning practices may not be in line with best practice guidelines
- An assistant director of nursing post remained vacant since January 2025. While other arrangements had been made to provide sufficient nursing management in the centre, this was not in line with the statement of purpose.

The oversight arrangements included auditing of infection prevention and control arrangements. However, there were disparities between the findings of local IPC audits and the findings on the day of the inspection. This indicated that there were insufficient assurance mechanisms in place to monitor compliance with the National standards for IPC in community services. Also, the audits did not expand to all areas of standard precautions.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a clear complaints policy in place, and information about how to make a complaint was displayed in the centre. Recent resident forum meetings had also discussed the process to making complaints with residents to ensure they understood who to speak to and what to expect if they made a complaint. Records showed complaints had been made by residents, and families, showing they did understand how the system worked.

A review of open complaints showed that the complaints policy was being followed in practice. This included acknowledging the complaint in writing within 5 days, and

responding with the outcome in 30 days. In some cases where the review had not been completed within the 30 days, and a letter was sent advising of the delay, and the reason for it. Letters issued to complainants included the outcome of the review, and learning from the issue, and also the steps to take if they were not satisfied with the outcome. This included details for the review officer, and also the ombudsman office.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed two contracts for residents admitted in 2025. In the section setting out additional fees, it was noted the residents were charged for nursing home services that they could choose to avail of free of charge through the general medical services (GMS). For example a dietician.

Judgment: Substantially compliant

Quality and safety

Residents were receiving care and support in line with their identified need, and there was a range of opportunities for social engagement. Care records were seen to be person centred, and written to clearly direct care. While there was good practice seen in relation to oversight of residents needs, there was one area relating to healthcare that required improvement.

Inspectors viewed a sample of care plans. Residents' care plans and daily nursing notes were recorded through an electronic record system. Residents were assessed prior to admission to ascertain if the centre could meet their needs. Care plans were underpinned by accredited assessment tools to assess each resident's needs including, risk of falling, assessment of malnutrition, risk of pressure related skin damage and the support needed to ensure their safe mobility. Care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents.

Residents had access to medical, mental health, specialist nursing and various allied health services, such as speech and language therapy, occupational therapy and dietetic services. Records reviewed demonstrated evidence of ongoing referral and review by these healthcare services for the benefit of residents. However, inspectors found that action was required to ensure all residents received a high standard of evidence-based nursing care and timely access to medical care, when indicated. This is discussed further under Regulation 6: Healthcare.

Inspectors saw that a copy of transfer letters, when residents left the centre, were kept in the resident's file in the electronic system. This letter included information such as the resident's weight, any active infections, food and fluid consistency status and the presence of any wounds. Nursing staff also ensured that upon residents' return to the designated centre, all relevant information was obtained from the discharge service and saved in residents' files. This ensured residents needs were met, including where those needs had changed.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Since the last inspection this year the provider had improved the premises in relation to maintenance and storage practices. On the day of the inspection the centre was well maintained and storage areas were tidy and clean. A programme of redecoration was in progress, and it was noted the outside of the building had been painted, including the main entrance to the building, which was now tidy and inviting. The centre was clean and bright on the day of inspection, and there was equipment available to meet residents needs, such as hoists and wheelchairs.

There had been significant improvement in the oversight of infection prevention and control practices (IPC) since the previous inspection, and examples of good practice in the prevention and control of infection were identified. For example, staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. While there was significant improvement, further focus was required in relation to standard precautions was required. For example, the segregation of linen and the cleaning of residents' equipment. This is discussed under Regulation 27: Infection control.

The provider had ensured that hand hygiene facilities were available for staff in-line with best practice guidelines. For example, clinical hand hygiene basins were available on the corridors as well as alcohol gel dispensers.

Regulation 17: Premises

The registered provider ensured that the premises are appropriate to the number and needs of the residents and in accordance with the statement of purpose. A programme of decoration was ongoing, with the outside painting of the building completed.

Residents were observed to have access to suitable seating and storage in their bedrooms, and call bells were in easy reach of the bed and seating area. Residents had personalised their bedrooms and reported they found the rooms comfortable.

Storage areas throughout the centre were organised and tidy.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Adequate systems were in place to support the safe transfer and discharge of residents. A review of a sample of care records indicated that all relevant information about a resident was provided to the receiving facility when transferring residents out of the centre.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the *National Standards for infection prevention and control in community services* (2018), however further action is required to be fully compliant. For example;

- Urinals were used to empty catheter bags when necessary and to assist residents with their toileting needs. Some of the urinals found in the bathrooms were visibly unclean and had been repeatedly re-used without cleaning. This increased the risk of a catheter-associated infection.
- The inspectors were not assured that the bed pan washer was in good working order on the day of inspection. This was evidenced by some of the equipment that was on the clean rack was dirty and a cycle that had been completed had items that remained soiled. The inspectors acknowledge that when this was brought to the attention of the provider it was acted on immediately.
- The curtains in the twin rooms were not on a cleaning schedule, on the day of the inspection two of the curtains were visibly soiled.
- The provider had not substituted traditional needles with safety engineered sharps devices to minimise the risk of a needle stick injury in line with best practice guidelines.
- The handling of clean and used laundry was not managed in a way to reduce the spread of infection. For example:
 - linen skips were not brought to the laundry when full. Instead, used laundry was transferred from one skip to another in the hallway prior to being transported.

- Clean cloths were stored in the dirty section of the laundry room.
- Staff were observed transporting dirty laundry in their arms.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate systems in place for the safe storage and administration of medicinal products. Inspectors observed that the medicinal products were stored in accordance with the manufacturer's guidance and in a safe and secure manner. There was an electronic prescribing and administration record system in place. Arrangements were in place to ensure that prescribed medicinal products were securely stored and administered safely in accordance with the direction of the prescriber.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated nursing assessment tools. Inspectors reviewed a sample of residents' assessments and care plans regarding pressure ulcers, and catheter care and found that they were person-centred, detailed, and updated as a resident's condition changed.

Judgment: Compliant

Regulation 6: Health care

While residents generally had access to a high standard of nursing care, care records indicated that nursing staff did not always act in a timely manner in response to signs and symptoms of infection. More prompt action may have resulted in the initiation of appropriate medical treatment at an earlier stage in the illness and prevent the infection from progressing.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a positive and supportive approach evident in how residents who were predisposed to experiencing episodes of responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were cared for by staff. Staff were facilitated to attend training to ensure they had up-to-date knowledge and skills in meeting the support and care needs of residents who experienced responsive behaviours.

There was a commitment to minimal restrictions to residents, and the need for restrictive equipment in use was regularly assessed to ensure that use was appropriate and did not pose inappropriate or prolonged restrictions on residents.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents from abuse. The provider had a clear safeguarding policy in place that set out the action to be taken when a safeguarding concern was identified.

A review of records showed that when there was an allegation of abuse, or suspected abuse, the steps were followed as set out in the provider's policy. This included ensuring the resident was safe and supported, and referring to others, such as the HSE safeguarding team and An Garda Síochána.

Staff had completed on line training in relation to safeguarding adults, there was also face-to-face training being provided to supplement the on-line training. Staff were clear on the action to take when a report was made to them.

In addition to training the staff, sessions were completed with the residents to advise them about safeguarding arrangements, and their rights in the nursing home.

Judgment: Compliant

Regulation 9: Residents' rights

There was a well developed activities programme, which offered a range of activities from 9am-6pm each day. Some activities were in large groups, some smaller groups, and some individual one-to-one support. Residents who spoke with inspectors said they enjoyed the activities, and felt the staff created a good atmosphere. On the morning of the inspection, around 12 residents were doing chair exercises, which they said was enjoyable. Activities included arts and crafts, sports, board games, and TV shows, or movies.

Residents were seen with daily papers, and there was access to books, dvds, and music in line with people's preferences. There was also WiFi in the centre, with streaming services available on televisions.

Through the inspection residents were seen to be using the communal rooms and spending time in their bedrooms, depending on their personal preferences. There were well maintained grounds outside the centre, which residents were seen accessing at times during the day.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tinnypark Nursing Home OSV-0000707

Inspection ID: MON-0047823

Date of inspection: 31/07/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>1. ADON Post: Following a robust recruitment campaign for an Assistant Director of Nursing, no suitable candidate was recruited. In order to ensure sustained clinical leadership and oversight within the centre, a highly experienced CNM was successfully recruited, and a second CNM was subsequently appointed to strengthen the nursing management structure. The centre also benefits from an established and comprehensive head office support structure, including the Registered Provider, Group General Manager, Quality Assurance Lead, Clinical Nurse Specialist and Finance Department. This multidisciplinary support ensures effective governance, clinical oversight, operational management, quality monitoring and resource planning. This enhanced management model ensures continuous oversight, regulatory compliance, and proactive quality improvement in and aligns with the updated Statement of Purpose submitted for registration. This senior management support structure was not in place at the time of the previous registration.</p> <p>Point 1 of the compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended.</p> <p>2. House-keeping Cover: A cross-training programme will be established for Housekeeping / Catering / Laundry staff to support contingency cover. An emergency cover arrangement with staffing agency is available if needed.</p> <p>3. IPC Governance: Audits provide structured assurance and support continuous quality improvement; however, they represent a point-in-time review and therefore cannot reasonably be expected to identify every potential issue as situations and environments naturally evolve in a live care setting. Recognising this, we are further strengthening our assurance processes to ensure consistent and proactive oversight. To enhance the robustness and responsiveness of our IPC governance framework, the following measures are ongoing/ implemented:</p>	

- Quarterly comprehensive Health & Safety and Environmental IPC audit, aligned with national standards and covering all areas of standard precautions
- Ongoing regular environmental audits to complement scheduled reviews and monitor consistency
- Unplanned IPC / building walkthroughs by the senior management team to capture real-time practice and variation outside audit cycles
 - Monthly Quality Improvement Plan (QIP) tracker including IPC actions and documented evidence of completion for identified non-compliances
 - Audit findings shared at staff meetings, with key learning disseminated to strengthen knowledge, reinforce standards, and sustain improvement across the team

The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Inspectors noted that the contracts of care for residents admitted in 2025 included charges for services that can also be accessed free of charge under the General Medical Services (GMS) scheme, such as dietician review.

We wish to clarify that dietician services are not charged as an "additional service." As outlined in Section 4 of the Contract of Care, dietician services are sourced under Nursing Home Services, which apply to all residents regardless of funding model. This section covers the administration and management of auxiliary medical services (including dietetic, tissue viability and speech and language therapy services).

The same principle applies to other services listed under Nursing Home Services (e.g. physiotherapy group sessions, activities programme, basic toiletries, equipment to maintain a safe environment). These are not covered under Fair Deal or GMS and are therefore provided by the centre and transparently included in the Nursing Home Services fee.

Additional services (such as podiatry, hairdressing, transport, dental, or optical services) are offered separately on a pay-per-use basis and only charged where residents specifically opt in. This is in line with the Department of Health's Contracts of Care for Nursing Home Residents (2021), which permits nursing homes to charge for services not covered by the Nursing Home Support Scheme, provided they are clearly itemised in the contract.

This approach is consistent with Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, which requires that contracts of care set out the services provided, and the fees charged.

Accordingly, the centre is compliant with Regulation 24. Residents are not charged for services available under the GMS, and all fees are clearly set out, transparent, and relate

only to services not provided under the Nursing Home Support Scheme or GMS.

With this the contract of care is aligned with the Common Contract of Care Principles (CCP) and upholds the rights of all parties involved. It is presented in a manner that supports informed decision-making and ensures transparency. Importantly, residents are given the opportunity to review the contract and services provided under the contract allows them to make a voluntary and informed choice to reside at Tinnypark Nursing Home, in keeping with their right to autonomy, dignity, and participation in decisions about their care

The compliance plan response from the provider does not adequately assure the Chief Inspector that the action will result in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The provider acknowledges the findings of the inspection and welcomes the confirmation of significant improvement in infection prevention and control practices since the previous inspection

1. Urinals: urinals have been replaced, with checks of the sluice room and resident equipment are now carried out by the PIC and/or CNM to ensure cleanliness, correct usage, and timely replacement as required. Staff have been reminded of correct cleaning protocols for urinals.
2. Bedpan washer: The bedpan washer was confirmed as fully functioning. Its functionality has now been added to the maintenance checklist for routine monitoring. Staff have been reminded to report any equipment concerns immediately.
3. Curtains: All curtains in shared rooms have been cleaned/ replaced as required. Cleaning schedules will be updated to ensure routine laundering and replacement of curtains in shared rooms. A rolling curtain-cleaning programme and monitoring log will be introduced.
4. Sharps/ Needle Safety: The centre uses a closed safety vacutainer system for venepuncture in line with best practice. A review of all SC/IM needle devices has commenced with the pharmacy provider to source suitable safety-engineered sharps. Once finalised, GP prescriptions will be requested, and a transition to safer device will occur.
5. Laundry: Laundry procedures have been revised to ensure safe separation of clean and used linen. Linen skips are now transported directly to the laundry — no transfer between skips. No clean items are stored in the dirty laundry area. Staff have been updated on correct handling, PPE, and infection control precautions

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none">1. CNMs have been advised of the requirement for ongoing robust clinical oversight, including structured daily handovers and regular discussions throughout the day to review resident status and emerging concerns.2. Clinically unwell residents and actions taken are also reviewed at the weekly Operations/Clinical Support Meeting to ensure timely follow-up and escalation where required.3. A Clinical Deterioration Escalation Procedure has been introduced to support prompt recognition and response to changes in condition, and staff have been briefed on the use of this protocol and related documentation and escalation expectations	

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 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	31/01/2026
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any	Substantially Compliant	Yellow	03/11/2025

	other health entitlement.			
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	31/12/2025
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	03/11/2025