Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Farranlea Road Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Farranlea Road, Cork
Type of inspection:	Unannounced
Date of inspection:	04 September 2025
Centre ID:	OSV-0000713
Fieldwork ID:	MON-0048061

About the designated centre

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

Farranlea Road Community Nursing Unit is a designated centre located near the suburban setting of Wilton, Cork. It is registered to accommodate a maximum of 89 residents. It is a two-storey facility with stairs and lift access to the first floor. Farranlea Road is set on a large site with enclosed courtyards and gardens for residents to enjoy. Residents' bedroom accommodation is set out in four units, Oak, Sycamore and Willow each are 25-bedded units accommodating older adults; and Cedar is a 14 bedded unit accommodating younger residents. Each unit is self-contained with a dining room, kitchenette, day rooms, a quiet sitting room and comfortable resting areas along corridors.Bedroom accommodation comprised single, twin and multi-occupancy wards, all with wash-hand basins, and en suite shower, toilet and wash-hand basin facilities. There were additional shower and toilets and a bath room in each unit. Farranlea Road Community Nursing Unit provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, rehabilitation and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	85

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
Thursday 4 September 2025	07:30hrs to 15:45hrs	Ella Ferriter	Lead
Friday 5 September 2025	09:20hrs to 15:30hrs	Ella Ferriter	Lead
Thursday 4 September 2025	07:30hrs to 15:45hrs	Louise O'Hare	Support
Friday 5 September 2025	09:20hrs to 15:30hrs	Louise O'Hare	Support

What residents told us and what inspectors observed

Residents living in Farranlea Road Community Nursing Unit gave positive feedback about the quality of care they received in the centre. Residents were complimentary of the staff, who they described as "helpful, caring and kind". The inspectors met with many residents during this two day inspection and spoke with over 25 residents in more detail. Residents confirmed that Farranlea Road was a nice place to live and that the staff were very supportive and assisted them to maintain their independence, while at the same time providing necessary support. It was evident that the staff spoken with knew the residents well and were familiar with the residents' daily routines and preferences for care and support. Visitors inspectors met, ten in total, told inspectors that the care in the centre was excellent and the staff worked hard every day.

The inspectors arrived to the centre unannounced, in the morning time and were met by a nurse on duty. The inspectors walked through the four units and spent time observing the care provided to residents, talking to residents and staff, and observing the care environment. The majority of residents were in their bedrooms at this time asleep and a few were being assisted by staff with their morning care. Residents spoken with later in the morning told the inspectors that they could get up at a time of their choosing and if they would like to have a shower on any day, staff would always assist. Inspectors had the opportunity to attend the handover between day and night shift where comprehensive information was relayed in relation to residents specific care requirements, for the day ahead. There was a clinical nurse manager working on each of the four units and each of these staff members had worked in the centre for a minimum of three years. It was evident from speaking to them that they knew each resident well and they were observed checking on residents in their rooms and in the communal areas throughout the day.

Farranlea Road Community Nursing Unit is a two story designated centre situated in Wilton, Cork City, which is registered to provide care to 89 residents. The facility has one main entrance and the inspectors saw that there was a full time person available at the reception desk, who greeted residents, visitors and staff throughout the day. The entrance hall was seen to have been recently painted in a sage green and had a console table with flowers and ornaments, which made the area more homely and welcoming. There were also couches and large plants in the foyer area, where some visitors and residents were seen to use to relax during the day. It was evident to the inspectors that work was ongoing to make the centre comfortable and homely for residents with new paint colours chosen by residents and softer lighting installed.

There were 85 residents living in the centre at the time of this inspection. Operationally, the centre is divided into four distinct units, two on each floor. Units are named after types of trees, Willow and Cedar on the ground floor and Oak and Sycamore are situated on the first floor. Inspectors were informed that there were four beds on the Cedar unit currently closed to admissions and these beds had not

been opened since the centre was first registered in 2011. Each of the four units had its own dining room and two small sitting rooms. Over the course of the two days inspectors did not observe many residents using the sitting rooms in the centre. One of the units had a quiet room, however, this was not in use as there was no window and staff explained it got very hot as there was no ventilation. This is actioned under regulation 17.

Bedroom accommodation in the centre comprises of 65 single rooms, six twin rooms and three four bedded rooms, all with en suite bathroom facilities. The inspectors observed that single bedrooms were observed to be personalised with items of significance to each resident such as family photographs, ornaments, and soft furnishings. Residents spoken with living in these bedrooms, stated that they loved them and the privacy they were afforded. Some of these single bedrooms had direct access to the internal gardens and patio areas to the front of the premises. However, for residents residing in twin and four bedded rooms the inspectors observed that some privacy screens between beds did not provide appropriate coverage and televisions were not easily visible for all residents. These and other findings in relation to the premises are actioned under Regulation 17.

Residents had access to an oratory on the ground floor and internal courtyards and garden spaces throughout the centre. Inspectors were informed that plans were in place for development of these outdoor spaces via the Sustainable Buildings and the Green Environment programme within the Health Service Executive (HSE). Inspectors saw signage in the centre advertising a Summer BBQ, which was due to take place in the days ahead. The centres maintenance staff were busy erecting a marquee in one of the internal gardens for this event.

It was evident that residents were supported to leave the centre with their families and friends and a number of residents attended day centres or went out socially with their personal assistants for the day. On the first day of this inspection inspectors observed five residents being escorted to Little Island in Cork City to attend a specialist seating clinic for assessments, to ensure that they were allocated appropriate wheelchairs.

There was a calm atmosphere in the centre over the two days and the inspectors observed respectful interactions and a warm rapport between staff and residents. Residents stated they had choice about how they would like to spend their day and that activities provided were fun and enjoyable. The inspectors saw that there were some activities available for residents to partake in over the two days in the Atrium. There was a dedicated member of staff allocated to activities who had been working in the centre for over ten years. They regularly consulted with residents on what activities and events they would like to celebrate. Residents were seen to enjoy playing bingo. However, some residents told inspectors that there had been days in the past month when there were not any activities available and these days could be long for them. This finding is actioned under Regulation 9.

Staff spoken with over the two days were knowledgeable and interacted with residents in a kind and courteous manner. One resident told the inspectors that it was sometimes difficult to familiarise themselves with new staff as there were some

days when there were agency staff working. From discussions with the management team it was evident that this had been brought to their attention and they had put systems in place to ensure that if agency staff were required, due to staff shortages, that they would be assigned to work with a staff member familiar with each resident and they would be supervised by the nurse in charge.

Residents spoke positively with regards to the quality of food in the centre and told inspectors the evening meal choices had improved. Food was observed on the day of this inspection to be attractively presented. Menus were available on all tables and there were a sufficient amount of staff available to assist residents as required. Although assistance was seen to be offered discreetly and sensitively by staff, inspectors saw that there were a limited amount of chairs in the dining room and dining facilities on some units were overcrowded. This resulted in staff standing beside residents while assisting them, as opposed to sitting with them. These findings in relation to the provision of a sociable dining experience are actioned under Regulation 9.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Inspectors also reviewed the actions taken by the provider to address issues of non-compliance identified during the last inspection of February 2025. Findings of this inspection were that the provider had implemented and enhanced their monitoring systems since the previous inspection. This had a positive impact on the resident's quality of care. However, some further action was required with regards to staff training, restrictive practices, the premises, record management systems and residents rights, to bring the service in to compliance with the regulations. These findings will be detailed under the relevant regulations of this report.

Farranlea Road Community Nursing Unit is a designated centre for older people operated by the HSE, who is the registered provider. There was a defined management structure in place and the lines of authority and accountability were outlined in the centres statement of purpose submitted as part of the renewal of registration, which took effect from November 2023. Senior managers with governance over the centre included a general manager for older persons and a Head of Service for older persons. However, these senior managers with responsibility for the centre were not named as persons participating in management on the centres registration. The provider was required to review these arrangements to ensure that the person in charge is adequately supported by a

suitable management team and to be assured that there is a sufficient and clearly defined management structure in the designated centre. Coupled with this the centres current statement of purpose, which had been updated in September 2025, did not adequately reflect the reporting relationships within the centre, which is actioned under Regulation 3.

There was a change in the person in charge since the previous inspection, who had been appointed in April 2025. They are employed full-time in the centre and have the relevant qualifications and management experience, as required by the regulations to undertake the role. The person in charge was knowledgeable of individual residents' clinical needs. They are supported by an internal management team comprising of an assistant director of nursing, seven clinical nurse managers and a night superintendent. There is also a team of registered nurses, health care assistants, domestic, activities, catering and administrative staff. As a national provider involved in operating residential services for older people, this designated centre also benefits from access to and support from centralised departments such as human resources, information technology, finance, and fire and estates. External support from clinical practice development had recently ceased due to a vacant post, however, the inspector was informed that recruitment for this post was in progress and this person would provide additional clinical oversight to the team. The provider has also allocated specialist resources within the centre with a full time physiotherapist and occupational therapist employed, as well as a part time speech and language therapist and dietitian.

On the day of the inspection the centre had adequate staffing resources available to ensure resident's care and support needs were met. Arrangements were in place for the ongoing supervision of staff through senior management presence and through a formal induction and performance review processes, which had recently been enhanced. Although some improvements were noted by the inspectors with regards to the monitoring of staff training since the previous inspection, further action was required to ensure all staff had completed mandatory training and that there was a robust system in place for management to oversee staff training requirements. These findings are actioned under Regulation 16 and 23.

Record keeping and file management systems consisted of both electronic and paper based systems. A review of staffing records found that all staff personnel files contained a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. However, not all files contained the information specified in Schedule 2 of the regulations. For example, one staff member's personnel file did not contain a reference from the person's most recent employer. These findings and additional findings of this inspection in relation to records are actioned under Regulation 21.

The oversight arrangements and monitoring of the service had been strengthened since the previous inspection. A schedule of audits was being carried out in areas such as infection control, documentation and medication management. An area identified for improvement by the management team was in residents care planning. Inspectors noted training was provided to staff, and the person centred nature and quality of information included in care plans had improved. Clinical indicators were

being monitored in areas such as wounds, infection, restraint and dependency levels.

The procedure for making complaints was on display in each of the units. Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that an effective complaints procedure was in place and the complaints procedure was overseen by the person in charge, who welcomed feedback from residents and relatives. However, action was required to ensure the complainant was informed of the outcome of the complaint and actions taken, as per regulatory requirements, which is further detailed under regulation 34.

There was evidence of good communication processes within the centre which included a daily safety pause, and regular meetings with each department. Minutes of staff meetings reviewed by the inspectors showed that a range of topics were discussed such as staffing, risk, incidents, resident issues and monitoring of the service.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience and qualifications as specified in the regulations. They are full time in post and actively involved in the governance and management of the centre.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was the found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was an ongoing process of recruitment and the roster was being supported by the employment of agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

As actioned under Regulation 21 the record management systems with regards to training were found not to be maintained accurately as per the centres monitoring system. At the end of the inspection inspectors were provided with records from the Clinical Nurse Managers on each unit which related to nursing and healthcare assistant attendance at training. Notwithstanding, that there were some

improvements noted in the provision of training since the previous inspection some further action was required as on review of these records it was evident that:

- Fire training was due for 10% of staff.
- Safeguarding training was due for 14% of staff.
- Manual handling was due for 10% of staff.
- The management of responsive behavior was due for 10% of staff.

Judgment: Substantially compliant

Regulation 21: Records

The management of records was not in line with regulatory requirements. For example;

- Staff personnel files did not contain all the necessary information required by Schedule 2 of the regulations. One staff member did not have a reference from their most recent employer obtained prior to commencing employment in the centre and their file did not contain a full employment history. This is a requirement of the regulation.
- The directory of residents was being maintained on each unit electronically, however, it was difficult to review these records as there were different systems in place for the maintenance and storage and retention of them.
- On two of the units clinical records pertaining to residents were not stored securely, as they were situated on shelves behind an open desk.

Judgment: Substantially compliant

Regulation 23: Governance and management

The following required action to comply with Regulation 23:

- The governance and management arrangements of the registered provider required review. From discussions with the management team it was evident that there was a defined management structure in place and the lines of authority and accountability were understood. However, these were not outlined in the centres statement of purpose, dated September 2025. The senior managers with responsibility for the centre were also not named as persons participating in management on the centres registration.
- As found on the previous inspections of the centre the management systems in place to ensure that there was appropriate oversight of training for 150 staff was not robust. The training matrix reviewed was inaccurate and related to training dating back as far as 2017. Although records were provided at the

end of this inspection which provided some assurances, these did not include auxiliary staff working in the centre such as maintenance, domestic and administrators.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centres statement of purpose did not include all information as per Schedule 1 of the regulations. Specifically, it did not depict the organisational structure of the designated centre as the general manager for older persons and the Head of Older persons services were not reflected in the document, although the person in charge reported to these individuals.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were being submitted to the Chief Inspector of any incidents that occurred in the centre, within the required time frame. For example serious injuries, safeguarding concerns and missing persons.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints management system was not in line with the regulatory requirements as there was not always evidence that the registered provider had provided a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, improvements recommended and details of the review process.

Judgment: Substantially compliant

Quality and safety

Overall, residents in Farranlea Road Community Nursing Unit received a good

standard of care and support, from a team of staff who demonstrated an understanding of their individual needs and preferences. Improvements in the quality and safety of care for residents were noted since the previous inspection, particularly as regards care planning. However, action was required to ensure compliance with the regulations in regards to premises, managing behaviour that is challenging and residents' rights as outlined below.

Care plans were documented using a paper based record system. Inspectors viewed a sample of eight nursing care plans and health records. Residents had a care plan developed within 48 hours of admission to the centre. A range of validated assessment tools were used to inform care plans, and they were found to be comprehensive and person-centred. Inspectors found that care plans were updated in line with multidisciplinary recommendations, and that they were sufficiently detailed to direct care.

Inspectors were assured that residents' health care needs were met to a high standard. General practitioners attended regularly and residents were supported to access external services as required. A number of health and social care professionals were based in the centre, including full-time physiotherapy and occupational therapy (OT), as well as part-time dietitian and speech and language therapy. This was a significant advantage for residents, who had easy access to services which promote and enhance quality of life, as well as a range of assistive equipment including specialised seating and electric wheelchairs. Multidisciplinary meetings were held regularly in the centre, and there was evidence of discharge planning for residents who wished to return to community living.

Inspectors acknowledged the high level of complexity in the centre, with approximately 70% of residents considered as high or maximum dependency. However, there was a high use of restrictive practice, with 44% of residents using bedrails, as well as a number of residents having more than one restrictive practice in use at any given time. There was a register of restrictive practices maintained on each unit and improvements were noted as bedrail risk assessments were consistently completed. However, further action was needed to ensure risk assessments were completed for each type of restrictive practice, particularly for multiple restrictive practices. This is detailed further under Regulation 7: Managing behaviour that is challenging.

Residents told inspectors they felt safe and content living in the centre. Staff who spoke with inspectors reported they had attended training in safeguarding and demonstrated an awareness of their responsibility in reporting allegations of abuse. Inspectors observed positive interactions between staff and residents throughout the inspection. Residents who experienced responsive behaviours had person-centred care plans in place, and staff were observed supporting them in line with their care plans.

Residents' meeting were held every four months, and records indicated that feedback given by residents was acted upon to improve the service. Residents' rights to exercise choice was respected and facilitated. There was an activity schedule in place, however a number of residents expressed concern regarding the

recent vacancies in activity staff and the reduction in available activities. This, and other findings are detailed under Regulation 9: Residents' rights.

Regulation 10: Communication difficulties

Inspectors found that residents with communication difficulties had their communication needs assessed and had a care plan supporting resident and staff engagement. For residents with hearing and visual difficulties, their care plan referred to their use of glasses and hearing aids to enable effective communication and inclusion. The inspectors saw that the use of interpreters and assistive technology was encouraged and resourced for residents and there was a speech and language therapist on site weekly to provide expertise on communication. One resident inspectors met had frequent used words translated into their spoken language and these were displayed on a white board in the room. However, this board was not easily accessible to them, to enable them to use it freely. The management team were addressing this on day two of this inspection.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in their bedrooms or in the communal spaces.

Judgment: Compliant

Regulation 17: Premises

The premises did not fully comply with the requirements of Schedule 6 of the regulation as evidenced by the following:

- A number of arm chairs were observed to be torn and damaged.
- Mattresses were stored in communal bathrooms on some units, therefore making these areas inaccessible to residents.
- A number of support chairs were stored in the OT activities room. This room was registered as per the centres statement of purpose as an occupational therapy room for residents, however, it was not accessible to them as it was being used for storage.

- Privacy screens in shared bedrooms did not fully enclose the residents living space, and in one room contained gaps that could be seen through, thus not ensuring the privacy and dignity of the resident.
- Televisions in multi-occupancy bedrooms were not visible for all residents living in the room due to where they were situated.
- A number of handrails on corridors were observed to be broken, therefore they could not support residents while mobilising and posed a risk of injury for residents who did use them.
- The quiet room on the Willow unit was not accessible to residents as it was poorly ventilated, and therefore not in use.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspectors observed that residents were offered a choice at mealtimes, and there were sufficient staff to support and assist residents with their meals. Residents praised the choice and quality of food available to them. There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly and monthly weights, maintaining fluid and food intake monitoring charts and timely referral to dietetic and speech and language services, to ensure best outcomes for residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

As mentioned earlier in the report significant improvements were noted in residents assessments and care planning. Care plans were comprehensive and person centred, and used a range of validated assessment tools. They were sufficiently detailed to direct care and outlined the supports required to maximise residents' quality of life. Care plans were developed within 48 hours of admission and updated in a timely manner, as required by the regulation.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to appropriate medical care and health and social care professionals. Residents were supported to access external services as required,

including specialist medical services. A sample of care plans indicated that their recommendations were implemented. A review of residents' wound care charts found that recommended treatment as advised by a specialist wound care nurse was followed and there were consistent process in place with regards to assessments of wounds.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a high use of restrictive practice in the centre. Further action was required :

- Restrictive practices such as sensor mats did not have an appropriate risk assessment.
- Where there was multiple restrictive practices in use for a resident there was not a rationale for this and it was not evident that the least restrictive option was in use, in line with national policy.

Judgment: Substantially compliant

Regulation 8: Protection

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents who spoke with inspectors reported they felt safe living in the centre. Allegations or incidents of abuse were investigated and managed by the person in charge. The person in charge reported that clinical nurse managers were in the process of receiving training, to be named as designated safeguarding officers.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure the service enabled a rights-based approach to care as follows:

- Dining room facilities on three of the units where 25 residents resided did not have sufficient space for all residents, leading to overcrowding. There was

also an insufficient amount of chairs in the dining rooms, leading to some staff standing while to assisting residents with meals. This did not afford residents an appropriate dining experience.

- Residents told the inspectors that they were concerned by the reduction in activity staff which had impacted activities such as outings and on some days there was not activities available.
- Closed Circuit Television (CCTV) was seen to be in use in one of the units to record communal spaces. However, inspectors were not assured that residents were aware they were being recorded, as the use of this was not clearly signposted, impacting residents right to privacy.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Farranlea Road Community Nursing Unit OSV-0000713

Inspection ID: MON-0048061

Date of inspection: 05/09/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The service is currently developing a bespoke digital matrix to capture and monitor training compliance across all staff disciplines and grades .This matrix will be centrally managed within a shared folder to facilitate ease of reference ,review and updating .All outstanding staff training requirements have been scheduled for completion ,and monitoring will continue to ensure compliance .It is noted that some training programmers could not be incorporated into the training matrix due to limitation within the current system; however, these will be included within the new digital matrix once it is implemented by 08/12/2025	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • The resident directory is now recorded and maintained centrally in a shared folder as single document for the service for reference, rather than being distributed across all the four units during the inspection. • All staff files are reviewed to ensure that the necessary documentation is in place, with the arrangement established for regular review. As a part of recruitment process of new employees, staff files are also checked to confirm that all required documents are present, including relevant recent references to verify work experience as one of the newly recruited HCA had one reference from recent work experiences in Ireland, the other references in the staff file was from overseas. The service has confirmed the full employment history of the staff member with relevant employers as named by the	

employee. This has been escalated to relevant HR personnel.

• The service is in a the process of installing secure doors on the filing cabinets across all units in order to safeguard confidential records, including resident files and other sensitive documentation .

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• The service is currently developing a bespoke digital matrix to capture and monitor training compliance across all staff disciplines and grades .This matrix will be centrally managed within a shared folder to facilitate ease of reference ,review and updating .All outstanding staff training requirements have been scheduled for completion ,and monitoring will continue to ensure compliance .It is noted that some training programmers could not be incorporated into the training matrix due to limitation within the current system; however, these will be included within the new digital matrix once it is implemented by 08/12/2025

• The centre's statement of purpose will be updated with included all information as per Schedule 1 of the regulations and the person who is participating in the management of the centre is the Person in Charge and their qualifications have already been submitted to the Chief Inspector pursuant to Section 49(1)(b)(ii). The Person in Charge is supported by the Older Persons Services, HSE South West

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

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

•.The centre's statement of purpose will be updated with included all information as per Schedule 1 of the regulations and the person who is participating in the management of the centre is the Person in Charge and their qualifications have already been submitted to the Chief Inspector pursuant to Section 49(1)(b)(ii). The Person in Charge is supported by the Older Persons Services, HSE South West

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

with the regulations.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Procedures are already in place to ensure that all complaints recorded in the service's complainant record are addressed formally .This includes providing the complainant written response that indicates whether the complaint is upheld or not ,outlines the reasons for the decision ,and provides any recommendations arising from the review as some complaints did not have written responses. The procedures also includes a defined review process to ensure that all complaints are handled consistently, fairly and in accordance with governance standards.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The service is in a process of securing Queen Anne chairs for sitting room and standard chairs for the dining rooms to facilitate safe and comfortable seating for residents. All torn armchairs will be refurbished to an acceptable standard before reuse.

• NRE has been submitted to the GM's office for approval to install an external storage shed .This additional storage will provide space for equipment and mattresses currently stored in the communal bathrooms of the units as well as support chairs located in the OT therapy rooms. The objective is to optimize storage, improve accessibility, and ensure that these resources are available for greater use by residents.

• We are exploring options to repair/replace privacy screens in shared bedrooms. The service will review resident privacy, ensuring that each individual's personal space is respected within shared areas and implement different systems if necessary to support a more respectful and homely environment in the shared rooms, aligning best practice standard for resident care and privacy.

• We are reviewing the alternative options for the use of the quiet room in Willow unit in collaboration with the maintenance team. This includes exploring the feasibility of installing a ventilation system to ensure the room is safe and comfortable, thereby making it accessible for residents use.

• All handrails across all units have been reviewed by maintenance team, and plans are in place to replace any broken or damages handrails with new ones .this initiative is intended to ensure resident safety and provide support for safe mobilization throughout

the units.

• Options such as articulating televisions will be considered in the multi-occupancy bedrooms where the common television is not easily visible for all residents in the room due to where they are situated. The service will consider options with the aim of respecting resident's right and preferences by allowing them to watch different program according to their choice, thereby supporting their quality of life and enhancing their daily living experience.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
A full review of the restrictive practices within the service has been completed to ensure that the least restrictive options are being used, in accordance with national policy .For all restrictive practices applied across the units .appropriate risk assessments have been carried out to ensure that they are justified, proportionate, and implemented safely in best interests of residents.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
A comprehensive assessment of the dining room facilities across all three 25 bed units has been completed to explore options for different dining arrangements aimed at avoiding overcrowding .As part of this review ,foldable chairs are being provided in the dining room to enable staff to sit and assist residents as needed, and standard dining chairs for residents are also included in the proposal .These foldable chairs will be safely stored in locked cabinet when not in use .appropriate risk assessments have been completed to ensure the safe use and storage of these chairs .

Due to unavailability of staff within the in-house activity team, an external service provider has been engaged to cover the resulting gaps in the activity provision .This arrangement commenced on 3 September 2025 in FCNU with the approval of the GM and continues to be in place .Residents have responded to the activities and are satisfied with the support provided by the external staff.

Residents are informed about the CCTV camera recording in the communal areas .This

information is further reinforced through extra signposting within and outside the units, as well as through resident meeting and communications by ward managers .It should be noted that the CCTV in the Sycamore was removed on 7 September 2025.

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	08/12/2025
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.	Not Compliant	Orange	25/02/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Yellow	15/09/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to	Not Compliant	Yellow	30/11/2025

	be safe and accessible.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	30/11/2025
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	30/11/2025
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has	Substantially Compliant	Yellow	30/09/2025

	been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	30/09/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	15/09/2025
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	03/09/2025
Regulation 9(2)(b)	The registered	Substantially	Yellow	25/02/2026

	provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Compliant		
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	02/02/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	25/02/2026