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:	Moyglare Nursing Home
Name of provider:	Moyglare Nursing Home Limited
Address of centre:	Moyglare Road, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	04 November 2025
Centre ID:	OSV-0000072
Fieldwork ID:	MON-0048277

About the designated centre

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

Moyglare Nursing Home is a ground-floor purpose-built nursing home with a capacity of 53 residents located on the outskirts of Maynooth, Co. Kildare. A variety of communal facilities for residents are available, and residents' bedroom accommodation consists of a mixture of 37 single and eight twin bedrooms. Some have en-suite facilities, and all have wash hand basins. It intends to provide each resident with the highest quality standards of professional nursing care and a commitment to involve residents' families in the delivery of services and continuum of care. Staff strive to work effectively with the multi-disciplinary teams who are involved in providing care and services for residents. Nursing care is provided on a 24-hour basis. The philosophy of care is to maintain the basic values which underline the quality of life, autonomy, privacy, dignity, empowerment, freedom of choice and respect for the humanity of each individual resident. Quality of life and well-being is the primary aim of health care provision within this designated centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44

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
Tuesday 4 November 2025	07:00hrs to 15:30hrs	Geraldine Flannery	Lead
Tuesday 4 November 2025	07:00hrs to 15:30hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

This was an unannounced monitoring inspection, conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. In addition, this inspection would review infection prevention and control procedures in operation in the centre.

This inspection found that safeguarding was embedded into all aspects of care delivery. This ensured that the residents were living in a safe environment where their dignity, rights and well-being were protected at all times.

On the morning of inspection the atmosphere in the centre was quiet and calm. Staff were observed assisting some residents with their daily morning routines, in an unrushed and patient manner.

The inspectors met with many residents during the inspection, and spoke with 12 residents and seven relatives in more detail, to elicit their experiences of life in Moyglare Nursing Home. Overall, residents confirmed that they felt safe in the centre and that they were adequately cared for by staff who were attentive to their needs for assistance, and were aware of their needs and personal preferences.

Visitors spoken with said that they were satisfied with the standard of care their relatives received, and said that overall their interactions with the management and staff were positive. One visitor said that they had observed a definite 'improvement in care' in the past year.

Another visitor reported the positive effects that enhanced staffing levels had on the residents and the overall atmosphere in the centre. Due to the large volumes of staff, the provider had installed temporary external staff break facilities close to the centre. Despite the facilities provided, staff were observed to be using the main kitchen to access hot water and heat food.

The inspectors observed that staff greeted residents by name and residents were seen to enjoy the company of staff. One-to-one support care for some residents was provided in a discreet and respectful manner.

The premises was warm, welcoming and clean throughout; new furniture was noted in the communal rooms and equipment used for residents was clean and in good repair. The physical environment was designed to minimise risk including, secure entry systems. However, this inspection found that not all areas of the premises was used in line with the Statement of Purpose and will be discussed further in the report.

The centre had one sluice room for the reprocessing of bedpans and urinals. The hand hygiene sink in this room was very small and did not conform to the specifications of a clinical hand hygiene sink.

Hand sanitisers were available in wall-mounted dispensers along the corridors and at the point of care for each resident. Some barriers to effective hand hygiene practices were observed during the course of this inspection. Clinical hand-wash sinks that complied with the recommended specifications were not available in the areas of the centre where residents were living, this meant that staff could not easily wash their hands if visibly soiled.

All residents had access to call-bell facilities in their bedrooms. Call-bells were answered promptly, and the inspectors observed that residents did not have to wait long for assistance or support from staff.

The inspectors observed that staff endeavoured to keep residents safe, by providing supervision to them when in the communal living areas and in the dining rooms.

Lunchtime was observed to be a sociable and relaxed experience. Residents told the inspectors that the food was always very good. The inspectors observed that there was a good choice of food on offer, and residents confirmed that they could have alternatives to the menu if they wished.

Residents were supported to enjoy a good quality life in the centre. Activities provided were varied, and informed by residents' interests and capabilities. Some residents spoke about the various outings that they enjoyed over the past few months, including trips to a local historic castle and various museums.

The inspectors heard about the in-house safeguarding awareness campaign in operation in the centre; this included safeguarding toolbox talks at daily handover reports. Information posters on recognising abuse and accessing support services were on display in prominent areas throughout the centre.

Inspectors attended the 'mid-day report', where staff provided an overview of residents' day spent; up-to-date valuable information was shared and any items needing attention was actioned immediately.

A record of complaints was kept in the centre and appropriate action appeared to be taken to address any concerns. There were no open complaints at the time of inspection. Residents spoken with confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre and how governance and management affect 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

Overall, this inspection found that there was a clearly defined management structure in place. The management team were striving to improve practices and services to ensure residents were were kept free from harm in their home.

Some additional improvements were required in respect of the premises, managing behaviour that is challenging, infection control and the governance and management of the centre, which are outlined in the relevant sections of this report.

This was an unannounced inspection to monitor regulatory compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection had a specific focus on the provider's performance with respect to safeguarding vulnerable adults and a focus on infection prevention and control procedures in the centre.

The registered provider is Moyglare Nursing Home Limited. The management team included the provider representative, who supported the person in charge in the day-to-day running of the centre, and two clinical nurse managers. The management team were supported by staff nurses, health care assistants, activity, catering, household and maintenance staff.

The provider had nominated a staff member to the role of designated Safeguarding Officer, with responsibility for safeguarding oversight, reporting and compliance.

The person in charge had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had nominated an IPC link practitioner who had not completed the national IPC course but was intending to attend the next available one.

A review of the duty roster and observations on the day of inspection, indicated that adequate staffing levels had a positive impact on the quality, safety, consistence and person-centred care provided to residents.

Supervision of staff and residents was evident on the day of inspection. In addition, the management team conducted monthly night-time unannounced audits to ensure the effective and safe delivery of care at all times.

Training records were maintained and provided assurance that all staff working with residents in the centre had completed the required mandatory training, including safeguarding vulnerable persons.

Regulation 15: Staffing

The registered provider had ensured that the number and skill-mix of staff were suitable to meet the identified needs of residents while maintaining their safety and promoting their rights, at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role. Staff demonstrated an appropriate awareness of their training and their role and responsibility in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding that management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, further action was required to be fully compliant. This was evidenced by the following:

- The registered provider did not ensure that the designated centre was operated at all times in line with its statement of purpose. For example, four bedrooms that had smaller en-suite facilities were identified as not suitable to be used by residents with higher dependency needs. However, inspectors observed that not all residents accommodated in these rooms were of low dependency as required. Greater oversight of the premises was also required to ensure it was sufficient to meet the needs of the residents.
- The provider's internal audit systems required strengthening to prevent delays in submitting notifications to the Chief Inspector; a more proactive approach was required to ensure compliance with mandatory reporting in line with regulatory requirements to prevent recurrences.
- The oversight of care plans required further review as evidenced under Regulation 7: Managing behaviour that is challenging.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors were assured that residents received a good standard of service. There was timely access to health care services and appropriate social engagement, with an ethos of kindness demonstrated by staff on the day of inspection. However, further action was required to ensure ongoing quality and safety of the service as outlined under the relevant regulations.

The inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. An electronic documentation system was being introduced to the centre in the coming months and care plan training for staff was being considered by management, which would be beneficial.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place, however some were generic in nature and did not include the required level of detail to enable staff to provide an optimum level of care to the resident.

The registered provider had measures in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise.

Residents were supported to make informed choices, with advocacy support offered where required. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and taking part in residents' surveys. Activities were tailored to meet residents needs and they had input into planning their schedule, including trips out of the centre.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately.

Despite the findings under Regulation 27: Infection prevention and control that require further action, there were some good practices observed. For example, staff were knowledgeable about standard precautions for residents with a known or suspected infection to protect residents and their co-workers, such as appropriate personal protective equipment (PPE) and good sharps management. IPC was discussed at regular staff meetings and antibiotic usage was trended to inform practice.

Staff working in the centre had managed a small number of outbreaks and isolated cases of COVID-19. A review of notifications submitted found that outbreaks were managed, controlled and reported. The last outbreak reported was in July 2025. An outbreak contingency plan was in place an up-to-date.

The maintenance and management of the premises required improvement which also impacted on good IPC practices. For example, some of the cleaning supplies were stored in an open shed that was wet on the ground. Storage space within the designated areas of the centre was not sufficient to cater for the provision of a

laundry service to the residents. Premises issues are discussed further under Regulation 17: Premises, and the management of premises is also discussed under Regulation 23: Governance and management.

Regulation 10: Communication difficulties

There were adequate systems in place to allow residents to communicate freely. Care plans reflected personalised communication needs. Staff were knowledgeable and appropriate in their communication approach to residents.

Judgment: Compliant

Regulation 17: Premises

Nothwithstanding that overall the centre was well-maintained and nicely decorated, improvements were required to ensure that the premises was used in line with the statement of purpose and the conditions of the registration. For example:

- Rooms one to four on the statement of purpose were reserved for residents with low dependency due to the layout of the en-suite bathrooms; showers were not accessible for residents who needed assistance. On the day of the inspection, three residents in three of the rooms were high dependency and one resident was medium dependency.

Improvement was required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- The laundry rooms were not of a suitable size and layout for the needs of the residents and staff.
    - The laundry had two separate rooms both small in size situated on different sides of the building. Due to the small size of the rooms the "dirty room" used for washing could not accommodate the bags of laundry so hence were stored outside the door with no covering. The clean room for folding clothes had no shelving or preparation area.
- The storage of chemicals and other supplies was in an outside shed, on the ground that was wet.
- The housekeeping trolleys did not have a locked compartment for the storage and safety of chemicals and supplies. This increased the risk of residents accessing cleaning chemicals that may cause harm.

Judgment: Substantially 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;

- Linen was not segregated in line with the centre's own policy for managing linen. For example, soiled linen was not covered in a water soluble bag. Linen trolleys were not brought to the bedside for the disposal of used linen at the point of care. The inspector observed laundry staff decanting linen from one trolley to the next for reprocessing, this is not in line with best practice guidelines.
- Clinical hand hygiene sinks were not easily accessible for staff to wash their hands and residents' sinks were dual purpose for residents and staff. This increased the risk of staff transmitting a healthcare-associated infection to residents when hands are visibly soiled.
- Clinical waste was not segregated in-line with evidenced based guidelines. For example, many of the bins had waste inside that was non-risk waste.
- Healthcare staff were entering the kitchen on a regular basis, this increased the risk of spreading infection from the healthcare environment to a clean kitchen environment.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on inspection, and reflected a person-centred approach to safeguarding residents and upholding their rights.

The assessments and care plans reviewed were developed within 48 hours of admission and were updated on a four monthly basis. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required to ensure that each resident experienced care that support their physical, behavioural and psychological well being, as evidenced by;

- A review of a sample of behavioral care plans found that trigger factors and de-escalation techniques were not always fully outlined to adequately guide staff practice to safely interact with residents, and to support them during these episodes.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to safeguard residents from abuse. Staff files reviewed contained all the required documents and provided assurances that residents were safeguarded through a robust human resources policy, that was in-line with legislative requirements and implemented in practice.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider promoted a rights-based service for all residents. All interactions observed during the day of inspection were person-centred and courteous.

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
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Moyglare Nursing Home OSV-0000072

Inspection ID: MON-0048277

Date of inspection: 05/11/2025

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

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

Regulation 23.
1.Residents Room Allocation and Oversight of Premises
SMART Actions
Specific & Measurable.
• A new room allocation Governance Protocol will be implemented to ensure that all future admissions ,transfers and room changes align with the Statement of Purpose and physical room suitability.
• A monthly premises oversight walkabout will be introduced by the Person In Charge (PIC) and Clinical Nurses Mangers team(CNM) to ensure compliance with room suitability and early identification of environmental risks.
Achievable & Realistic;
• When approximately sized ensuite rooms for medium -high dependency residents become available ,residents in Bedroom 1-4 will be offered relocation, guided by their clinical needs, preferences and consent.
• Alls staff involved in admissions and assessment will be briefed on the new protocol
Time -Bound;
• Room allocation Governance Protocol Implemented by; Completed
• First monthly oversight walkabout completed by; Completed
• Resident moves ; as soon as suitable rooms become available and following consultation.
Persons Responsible;
Registered provider ,Person in Charge ,CNM team

2.Internal Audit Systems
SMART Actions
Specific & Measurable.
• A full internal auditing system will be strengthened to ensure in submitting notifications

to the Chief Inspector will be within the time frame as per regulatory requirements
Achievable & Realistic;
• Notification to Chief Inspector will be audited monthly
• Review of audit findings at monthly governance meeting:
Time -Bound;
• Monthly audits begin: 15 December 2025
• Monthly governance review: From January 2026 onward
Person's Responsible. Person In Charge

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

Regulation 17;Premises
1.Room Allocation in line with statement of Purpose
SMART Actions
Specific & Measurable
• A full dependency assessment of residents in Bedroom 1-4 will be completed and documented to ensure room suitability aligns with the Statement of Purpose
• Room Allocation Protocol will be implemented to ensure that future occupancy strictly reflects room design, dependency suitability and Schedule 6 requirements.
Achievable & Realistic;
• Residents identified as medium or high dependency will be offered relocation to appropriately equipped rooms when they become available.
• All moves will take place only following resident/representative consultation and consent.
Time -Bound;
• Resident Moves ;As soon as rooms become available with consultation and consent.
Person's Responsible. Registered provider, Person In Charge, Clinical Nurse Managers
2.Laundry Facilities Review and Improvement Plan
SMART Actions
Specific & Measurable
• Review of existing laundry rooms has been completed ,identifying space ,workflow and infection prevention concerns
• An interim improvement plan has been implemented ,including the provision of eight large, red-lidded bins for safe segregation and storage of soiled laundry, ensuring no bags are stored on corridors.
Achievable & Realistic;
• Additional shelving and preparation space for the clean laundry room will be installed to allow safe folding and organisation of resident's clothing.
• Clear workflow for 'dirty' and 'Clean 'laundry will be reinforced with staff
• Time -Bound;
• Interim improvements completed by; Completed
• Installation of shelving ; 30th January 2026

Person's Responsible; Person In Charge, Clinical Nurse Managers, Maintenance team
3.Chemical Storage Safety Improvements.
SMART Actions
Specific & Measurable.
• All chemicals have been moved to a secure, sealed, raised storage area to eliminate risk of deterioration or contamination from wet ground.
• The shed door to be replaced to ensure proper security and weatherproofing.
Achievable & Realistic;
• All chemicals containers are now stored in line with Control of Substance Hazardous to Health (Cosh) and IPC guidance.
Time Bound;
Improvements completed; 30th January 2026
Shed Door completed 30th March 2026
Person's Responsible; Person In Charge, Clinical Nurse Managers, Maintenance lead
4.Housekeeping Trolleys -safe storage of Chemicals
SMART Actions
Specific & Measurable.
• Two new housekeeping trolleys with lockable storage compartments have been ordered to ensure full compliance with chemical safety requirements.
Achievable & Realistic;
• All housekeeping staff will receive refresher training on chemical safety, storage standards and trolley security procedures.
Time Bound;
Delivery and rollout of new trolleys by;30th January 2026
Refresher training on chemical safety completed by February 28th 2026
Person's Responsible; Person In Charge, Clinical Nurse Managers,

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Regulation 27.
1. 1. Linen Management, Segregation & Point-of-Care Handling
SMART Actions
Specific & Measurable:
• All laundry staff have received refresher training on linen handling, including the requirement for:
o Water-soluble bags for all soiled linen
o Bedside linen disposal using appropriate trolleys
o No decanting of linen between trolleys
• Four additional linen trolleys have been ordered to ensure that trolleys are available at the point of care at all times.
Achievable & Realistic:
• . Four Linen trolleys are to be delivered and operational once in situ

Time-Bound:
• Laundry Staff refresher training: Completed
• Linen trolleys delivered and operational by: 30th January 2026
• Monthly governance review: From January 2026 onward
Persons Responsible:
Person in Charge (PIC), Clinical Nurse Managers, Nurses, Healthcare Assistants, Laundry Staff
2. Clinical Hand Hygiene Sinks – Access & Compliance
SMART Actions
Specific &
• Dedicated clinical hand hygiene sinks will be installed on both Side One (St Anthony's) and Side Four (St Marthas) .
• Signage and a Hand Hygiene Access Map will be displayed to direct staff to the nearest clinical sink.
• Hand hygiene audits will be expanded to include sink accessibility checks and compliance with use.
Achievable & Realistic:
• Maintenance have confirmed installation feasibility and timelines.
• Time-Bound:: From March 30th 2026
Persons Responsible:
PIC, CNMs, Nurses, HCAs, Housekeeping Team, Laundry Team

4. Access to Kitchen and Prevention of Cross-Contamination
SMART Actions
Specific & Measurable:
• Access to the kitchen is now restricted to authorised catering staff only, with all other entry controlled by the PIC or chef.
• A mandatory hand hygiene protocol for entry and exit has been implemented and signposted at the entry door.
• Staff dining has been relocated to a dedicated portacabin, fully equipped with storage for crockery and personal food items, eliminating unnecessary access to the main kitchen.
Achievable & Realistic:
• Catering and clinical staff have been briefed on the revised access requirements and responsibilities.
Time-Bound:
• All actions: 30th January 2026
Persons Responsible:
Person in Charge, CNMs, Nursing Staff, Healthcare Assistants, Chef/Catering Lead

3. Clinical Waste Segregation & Safe Disposal
SMART Actions
Specific & Measurable:
• An immediate centre-wide audit of all clinical waste bins has been completed.
• Incorrectly segregated waste has been removed and disposed of safely.
• All bins have been relabelled, replaced, or colour-coded in line with HSE/HPSC guidance.
• Clear visual signage has been placed above each waste bin to support correct waste segregation at the point of disposal.

Achievable & Realistic:
• Short education huddles on waste segregation are now embedded into shift handovers.
Time-Bound:
• Immediate corrective actions: Completed
Persons Responsible;
Registered provider ,Person in Charge ,CNM team

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:

Managing Challenging Behaviour
HIQA Finding;
Behavioural care plans did not consistently outline trigger factors and de-escalation techniques to fully guide staff in safely supporting residents during episodes of responsive behaviour.
SMART Actions to Achieve Compliance
1. Review and Update of All Behaviour Support Plans (BSPs)
Specific & Measurable:
• A comprehensive review of all BSPs has been completed to ensure that each plan includes:
o Clear identification of individual trigger factors
o Personalised proactive strategies to prevent escalation
o Individualised reactive strategies to safely support residents during episodes
Time-Bound:
• Review and update: Completed
• Ongoing updates: Within 24 hours of any change in presentation
Persons Responsible:
Person in Charge (PIC), Clinical Nurse Managers (CNMs)
3. Multidisciplinary Team (MDT) Review Process
Specific & Measurable:
• Monthly MDT reviews have been implemented to evaluate:
o BSP effectiveness
o Behaviour trends
o Any updates required to supports, triggers, or interventions
Time-Bound:
• Monthly reviews: Commenced and ongoing
• Immediate MDT review for any serious escalation: Within 48 hours
Persons Responsible:
PIC, CNMs, MDT Members
4. Staff Training & Ongoing Support
Specific & Measurable:

• Short educational huddles have been integrated into handovers to reinforce PBS principles and care plan updates.
Time-Bound:
Completed and ongoing
Persons Responsible:
PIC, CNMs, Training Department (if applicable)

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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/03/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/03/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
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	28/02/2026
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	18/12/2025