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:	Cara Care Centre
Name of provider:	Orbitview Limited
Address of centre:	Northwood Park, Santry, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	16 July 2025
Centre ID:	OSV-0000735
Fieldwork ID:	MON-0047702

About the designated centre

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

Cara Care Centre is a five storey, purpose built nursing home. It is located in Northwood Park in Santry, close to shops and amenities. The registered provider is Orbitview Limited, and the person in charge is supported by the management team and staff such as nurses and healthcare assistants. The centre can accommodate 102 male and female residents, in 62 single en suite bedrooms and 20 double en suite bedrooms. There are facilities in place for social, recreational and religious activities, and there is a pleasant zen garden available for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	83

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 July 2025	10:50hrs to 19:10hrs	Michael Dunne	Lead
Wednesday 16 July 2025	10:50hrs to 19:10hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Overall, the findings of this inspection confirmed that residents living in this designated centre were in receipt of appropriate support, and care to enjoy a good quality of life, and to live the best life that they could. The inspectors found that residents were supported, and facilitated to choose where, and how they spent their day. Throughout the day, the inspectors observed residents following their own routines or participating in the planned activity programme which was provided on the day.

Inspectors spoke in detail with ten residents across the entire centre, who all spoke positively about the care, and support provided in the centre. Residents made statements such as 'I am very happy here', and 'I can make my own choices about what to do'. One resident said 'I have nothing but good things to say about staying here'. Many of those who spoke with inspectors, described the fun they had at the annual party that had been held the previous week, and said it was a really enjoyable day.

Inspectors walked around the centre observing the mid-morning routines. Residents were seen spending time in different parts of the centre, including the coffee dock, garden, communal rooms, and their own bedrooms. Inspectors observed there were always staff present to supervise residents when they were accessing the communal areas of the centre. Staff were seen to engage in a positive manner with residents, and knew their preferred routines, and interests. When inspectors walked around again in the evening around 6pm, there were people gathering in communal rooms, some listening to music and chatting, others were watching television in communal areas. There were visitors arriving, and meeting residents in their rooms or in communal areas such as the garden.

Some residents presented with responsive behaviours behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and were found to be supported by staff in a positive manner. Residents were given time, and space to make their views known. Residents who walked with purpose were supported by staff in a dignified manner, and this approach was seen to reduce potentially challenging situations and maintain the safety of those residents.

Some residents required the support of staff on a one-to-one basis, and were seen to be supported to access different areas in the centre for social engagement, and were also supported to visit local amenities such as a nearby coffee shop. Notwithstanding these positive observations and feedback, several residents living on one floor commented that they often had to wait for staff to support them as they were always very busy.

Inspectors also spoke with several visitors, who on the whole, were satisfied with the care being provided. There were a lot of people visiting through the day, and in

the evenings. Residents confirmed their visitors could visit at times to suit them. While there was a family room, many visitors were seen meeting with residents in different parts of the centre, including the garden, and coffee dock.

Inspectors visited the five floors of the centre, and found all areas to be clean, and generally well-maintained. Residents had personalised their bedrooms in line with their own preferences, which included displaying family photographs and ornaments. Residents' bedrooms provided sufficient space to meet residents' needs, including adequate wardrobe, and storage space for their clothes, and personal belongings. Residents' bedrooms appeared clean, and generally well laid out. Some opportunities for improvement were also identified in respect of infection control as further detailed under Regulation 27.

The external facilities were well-maintained, and suitable for the assessed needs of the residents living in the centre. The garden had a range of seating areas, and a level walkway, making it accessible for those using mobility aids. There was an area for residents to pot plants and to access raised flower beds, and also an area set out for bowling, which staff said was popular with the residents. In addition, there were bird feeders near to garden furniture, all of which gave people access to nature in the built-up area that the centre is located in. Residents, and visitors were observed utilising these areas throughout the day, enjoying the good weather.

All floors had access to separate dining facilities with food transported to each unit through a lift service. Staff confirmed that there were a range of modified diets catered for such as diabetes, celiac and other medical and modified diets. The main meal options available on the day consisted of a chicken or lamb meal. The inspectors reviewed the times meals were served, and found that all main meals including breakfast, lunch and tea were served between the hours of 8am, and 4pm each day. Inspectors observed that although there was access to food, and snacks after main tea service, the options available to residents were limited, as there was no dedicated supper service available for the residents.

There were accessible posters displayed around the centre with photographs and large text, to support residents to understand how to make a complaint. Residents who spoke with inspectors said they knew who to speak with if they had any issues.

Residents had access to independent advocacy service, which were advertised on the resident information boards on each floor of the service. Residents' meetings were convened regularly to ensure residents had an opportunity to express their views and give feedback. Minutes of residents meetings indicated that residents were consulted about the quality of activities, and planned outings. Feedback had been given that residents would like more trips out, and records showed that there had been an increased focus on organising trips to local places. Residents' feedback was also sought with regard to the quality and safety of the service, the quality of the food, laundry services and the staffing. Residents had access to television, and call-bells in their bedrooms.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these

arrangements impact on the quality and safety of the service being provided.

Capacity and capability

The inspection found that designated centre was well-managed for the benefit of the residents who lived there. On the whole, systems in place ensured that care, and support services were safe, and were provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care, and support were respected and promoted.

This was an unannounced risk inspection which occurred following the airing of an RTE Investigates programme. Although this centre did not feature in that programme, the centre is one of the 25 nursing homes that are part of the Emeis Group of nursing homes. The purpose of this inspection was to ensure that residents were safe, and receiving an appropriate standard of quality care, and to assess the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended).

The inspectors followed up on unsolicited information that had been received by the Chief Inspector of Social Services since the last inspection. The issues reported to the Chief Inspector related to the management of wound care, poor oversight of care delivery, and the management of catheter care. From a review of information made available, and discussions with the management team, inspectors found these concerns to be substantiated. The provider was aware of these concerns, and had carried out internal investigations leading to additional resources been made available, such as additional training, the provision of additional staff, and a review of internal supervision processes, to address the issues identified.

While improvements had been made in the overall governance of the service since the previous inspection, some further action was required by the management team to ensure there were adequate resources for the effective delivery of care. For example, there had been improvements in some areas for staffing levels, however further focus was required to ensure sufficient numbers of staff were allocated to all of the five floors of the centre, reflecting the needs of the residents living on each floor.

The registered provider for this designated centre is Orbitview Limited. A regional management team was in place to provide managerial support at group level. There was a recently appointed person in charge, who was supported in their role by two assistant directors of nursing (ADON) and four clinical nurse managers (CNMs). Additional members of the staff team included nurses, health care assistants, activity coordinators, domestic, laundry, catering, and maintenance staff. At the time of this inspection, an application to renew the registration of the designated centre had been received by the Chief Inspector, and was currently being processed in line

with procedures.

This inspection was facilitated by a member of the management team, and by one of the assistant directors of nursing (ADON). A review of the management structure confirmed there were clear lines of authority and accountability in place.

The inspectors reviewed a sample of governance and management documentation including audit records, meeting minutes and complaint records. The inspectors found that there were systems in place to provide oversight, and to monitor the quality of care and services provided for the residents. Overall, where improvements were identified, an action plan was put into place to address the issues identified. However, inspectors found that there were some shortcomings in this process, as some audits had not identified issues found on inspection in relation to staffing resources, storage and the effective monitoring of infection control. This meant that there was no action plan in place to address these issues, and this impacted on the quality of the service provided to residents.

An annual report on the quality of the service had been completed for 2024 which had been done in consultation with residents, and set out the service's level of compliance as assessed by the management team. Feedback from residents was sought through residents' meetings and satisfaction surveys, with a focus on the lived environment, support and care, catering, and social care/lived experience. A quality improvement plan was in place for 2025, and was being implemented at the time of the inspection.

Commitments made by the provider as part of their compliance plan following a previous monitoring inspection in June 2024, had been implemented in respect of the allocation of an additional nurse to the ground floor. This additional resource ensured that there was a nurse allocated on a full- time basis to the ground floor to ensure residents had access to their medication, and treatments at appropriate intervals. There was also an additional health care assistant added to the roster, however they were a shared resource between the first and second floors. Staff feedback confirmed that this additional resource improved the timely delivery of care to residents, however, as this resource was only available for limited periods on each floor,this meant that the improvement for residents could not be guaranteed on a consistent basis.

The inspectors found that there was effective oversight, and provision of mandatory training for staff. Additional training was commissioned by the provider to address concerns relating to resident care. Staff spoken with had a good awareness of their defined roles, and told the inspectors that management was supportive, and accessible on a daily basis.

Since the previous inspection, there had been a significant improvement in the activities programme provided to residents. Additional staff had been appointed which meant that separate staff dedicated for the provision of activities were available to the residents each day of the week. There were three activities co-ordinators available on three week days, on two days there were two, and on the other two days there was one activity staff on-site. Staff showed the inspectors a

sample of the weekly activities plan, which included a range of activities including art, live music, exercise classes, and craft sessions. There was a system for supporting residents on a one-to-one basis, and to ensure everyone was engaged with during the week. Day outings were also organised, with a recent trip to Howth,and to the National Memorial Gardens.

A review of records relating to complaints, found that a number of complaints had been received by the provider regarding the quality of nursing care provided to residents. Records confirmed that the provider had investigated these complaints in line with their policy, and had made a number of changes in service provision to address areas of the service that required improvement.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre prior to the inspection visit. In addition to the application to renew the registration the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.

Judgment: Compliant

Regulation 15: Staffing

There were insufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that although staff numbers were consistent with those set out in the centre's statement of purpose, the staffing available on each floor of the designated centre was not sufficient and commensurate with the number and dependency needs of the residents.

- For example, the first floor had the least number of health care assistants allocated per day, while also supporting the second highest number of residents with an assessed high dependency need. This resulted in several residents having to wait for their care needs to be attended to by staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a record of training for all staff, which supported planning for refresher training and updates, in line with the organisation's policy. For example, fire safety training was completed yearly. Staff spoken with confirmed they had completed training in areas relevant to their role, including safeguarding vulnerable adults. Training sessions were planned for those who required refresher training, and fire safety training was taking place on the day of inspection.

The regional manager,and person in charge had arranged additional training in the centre on pressure area care, and managing the care of residents whose health is deteriorating.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the registered provider had management systems, and several levels of oversight in place to monitor the quality of the service provided, however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate, and consistent. For example:

- The provider did not ensure that there were adequate numbers of staff available in the centre to ensure the effective delivery of care and that the allocation of staffing resources was appropriate to consistently meet the needs of all residents in each floor of the centre.
- The quality assurance systems that were in place did not fully ensure the quality and safety of the service was effectively monitored; for example, audits were not identifying some poor infection control practices as further outlined under Regulation 27: Infection control.
- The provider had not ensured that there was a separate account available to receive social protection monies, for residents whom the provider acted as a pension-agent. This is further outlined under Regulation 8: Protection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of open, and recently closed complaints showed that the complaints officer was following and implementing the local policy. When a complaint was made, an acknowledgement was sent within five days, and where any investigation had completed, a response was sent within 30 days. Where the review was taking longer, the person who raised the concern was informed.

The training officer, and the review officer had completed training in how to manage

complaints.

Judgment: Compliant

Quality and safety

Residents' rights were promoted by a committed staff team which ensured that they had a good quality of life in this centre. Residents' assessed needs were being met through good access to health care services, opportunities for social engagement, and a well-designed and maintained premises that met their assessed needs. The quality of residents' lives was enhanced by the provision of a diverse range of activity support both in the designated centre, and in the local community.

However, there were further actions required on behalf of the registered provider to ensure that the service provided is safe, appropriate, consistent, and effectively monitored. In particular more focus was required to ensure compliance with Regulation 8: Protection, Regulation 17: Premises, Regulation 18: Food and Nutrition, and Regulation 27: Infection Control.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals, and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned, and there was evidence of family involvement when residents were unable to participate fully in the care planning process. Narrative in residents' progress notes was comprehensive, and related directly to the agreed care plan interventions.

Inspectors found where professional advice had been received with regard to resident treatment plans, this advice had been incorporated into residents care plans. There was regular access to general practitioners (GPs) who visit the centre twice weekly, and to a range of additional healthcare services such as dietitian, tissue viability nursing (TVN), and speech and language therapy (SALT). Psychiatric, and geriatric support was accessed from the local acute centre.

Inspectors found that the premises were designed, and well-laid out to meet the needs of residents. Resident rooms and communal areas of the centre were well-maintained, and suitable for the needs of the residents. However, inspectors found that there was insufficient storage facilities available in some areas of the premises. This is a repeat finding from previous inspections.

In cases where restraints such as lap belts, and bed rails were in use, there was a risk assessment carried out prior to their introduction, and there were records to confirm that other equipment, and alternative solutions had been trialled beforehand. Residents or, where appropriate, their family members had signed to give consent for the equipment to be in use. The restraints register was up-to-date,

and records showed that restraints were reviewed regularly.

The inspectors reviewed a sample of staff personnel files, and found that they contained all the information as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective role in the centre. The provider acted as a pension agent for eight residents. Although, the provider had not ensured that residents' social welfare monies were paid into an account that was separate and distinct from the registered provider's account, there were good oversight measures in place, with resident financial records monitored, and reconciled effectively. Financial statements were made available for residents, and or their family members. Residents were facilitated to store valuables in the centre and had access to their valuables, and funds seven days a week.

Overall residents were complimentary about the food served in the centre, and they confirmed there were drinks available thoughout the day. There were adequate numbers of staff to support residents if required, and residents were able to choose where to take their meals, with many preferring the dinning room, or their bedroom. Inspectors found that the availability of food choice outside of the allocated meals service times could be improved to ensure that residents who wished to have a hot meal after 4pm could be accommodated. The early tea tea time impacted on residents ability to have access to food after 4pm in the evening. Inspectors who spoke with staff were informed that the kitchen was closed at 6.30pm with no access after that time.

Residents who spoke with inspectors confirmed they could choose where to spend time in the centre. There was a busy atmosphere in the communal areas throughout the inspection with residents commenting there were things to do each day. Residents were seen to be moving around the centre all day independently, or with support from staff or visitors. The garden was accessible from the coffee dock, and was busy all day with people meeting visitors, potting plants, or visiting smoking areas. The coffee dock provided a space for residents to come together independently from organised activities, and in the evening there was a group chatting and listening to music. Some residents had retired to their bedrooms by choice by 6.30pm, but others were watching television in communal lounge areas, or chatting with staff. There was an organised activities programme in place for the full seven days, and residents were seen to be supported to attend group activities if they chose. An exercise class delivered by an external professional was a popular session on the morning of the inspection. There was also scheduled time for one to one support where it was peoples preference. Residents had access to television in bedrooms and communal areas, radio, newspapers and books. Internet and telephones for private usage were also readily available. Residents also had access to religious services, and were supported to practice their religious faiths in the centre.

There were some infection prevention and control risks that were observed on this inspection that did not have sufficient mitigation's in place. These risks are discussed in more detail under Regulation 27: Infection control.

The inspectors found improvements had been carried out with regard to fire safety. Staff were able to identify the different fire compartments within the centre, and confirmed their attendance at simulated fire evacuation drills. Staff were aware of the fire procedure, and knew what their role was in the event of a fire activation. The fire safety management folder was well-maintained with records available to confirm servicing from fire maintenance company. Personal emergency evacuation plans (PEEPs) were in place for residents.

Regulation 11: Visits

Visits by residents' families and friends were encouraged, and the inspectors observed several visitors attending the designated centre during the day. Residents' access to their visitors was unrestricted, and there were facilities available for residents to meet their visitors in private, in other locations apart from their bedroom.

The inspectors spoke with several visitors who confirmed that they found the service to be well-managed, and that residents were well cared for.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that some action was required to ensure the premises conformed to all matters set out under Schedule 6 of the Regulations. For example;

- Storage arrangements were insufficient as there was not enough space available to store resident mobility equipment. The physiotherapy room was cluttered with wheelchairs, and other mobility aids, such as four wheeled walkers. The existing storage facility on the third floor was full to capacity with no space available to store additional equipment. This is a repeat finding from a previous inspection.
- A lock on sluice room was not working, and there was no lock on one cleaning room, which stored cleaning chemicals. This could potentially pose a risk to residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors found that the meal times in the centre were not widely spaced, with

some residents reporting they were not hungry at tea time, preferring something later in the evening. Although kitchenettes were stocked with cereals, bread, and conserves, as well as a selection of drinks on each floor, options for residents who wanted a hot meal after 4pm were limited as the kitchen closed at 6.30pm.

Inspectors found that while there were sandwiches available in each kitchenette, these were found to be left over from the tea-time service. There was no guarantee that there would be sufficient sandwiches available should all residents on the floor request one. There was no dedicated supper service available for residents on any of the floors apart from what was available in the kitchenettes.

A review of dedicated mealtimes available in the centre found that breakfast was served between 8am, and 9am. Lunch commenced around 12.45, and tea was served around 4pm. This meant that all the main meals served to residents covered a period of eight hours, and that there was a gap of 16 hours between dedicated meal times.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the National standards for infection prevention and control in community services published by the Authority. This was evidenced by,

- The strategy for the cleaning of equipment used in the transfer of residents required strengthening. Current recording systems were unable to confirm that mobility equipment had been effectively cleaned since they were last used. The systems for confirming cleaning had occurred were inconsistent.
- There was a build-up of residue noted in the plug holes of sinks.
- Waste bins located throughout the centre did not have a lid in place to secure their contents.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The monitoring and oversight of fire safety systems had improved since the inspection held in June 2024. All door closures examined on inspection were found to close properly. Corridors, and fire exists were clear of obstruction with clear directional signage in place to direct residents, staff, and visitors to the nearest exit.

Staff had received regular training to ensure they were familiar with the fire policy, and procedure in place. Discussions with staff confirmed that they were familiar with

this policy, and were confident that they could put it into practice should they need to do so. Regular fire evacuation drills were occurring to practice staff's knowledge of the evacuation procedures.

Daily, weekly, and monthly records were maintained by the provider to ensure fire safety equipment was maintained, and in good working order.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of records seen on inspection confirmed that residents had a pre-admission assessment completed prior to their admission to the designated centre. A range of suitable care plans were found to be developed for each resident based on their individual needs and following validated nursing assessments. For example, residents who were at risk of falls had a falls risk assessment completed to inform the relevant care plan. Records reviewed also confirmed that care plans were completed for residents within 48hrs of their arrival in line with the regulations. Where residents were unable to fully engage in this process then relevant family were consulted.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their general practitioner (GP) and specialist medical services including psychiatry of later life. Residents were able to access regular medical reviews to monitor their health and well-being. Records showed that where a resident's general condition changed, medical reviews were sought promptly.

In addition, the residents had access to a range of specialist practitioners including speech and language therapy, tissue viability nurses and dietitian. Where there was difficulty accessing physiotherapy and occupational therapy services from the local community services for residents, the provider had sought services form appropriate private providers.

Judgment: Compliant

Regulation 8: Protection

There was a residents' personal property, personal finances and possessions policy

in place. However, the registered provider was not following their own policy in relation to managing residents' welfare benefits for those residents the registered provider was acting as a pension-agent.

A separate resident account was required to be set up in order to receive residents' social welfare payments separate from other accounts held by the registered provider. Although the provider was in the process of setting up a separate account, this had not been completed at the time of this inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre. Residents spoke positively about the range of activities available to them, and how they could chose how to spend their time in the centre. Although the provider had improved residents access, and choice of activities provided for residents engage in, the food choices available for residents following the tea service at 4pm were limited, this is discussed in further detail under Regulation 18: Food and nutrition.

Staff engagement with residents was seen to be positive and respectful, with staff asking residents what they wanted to do, or what choice they wished to make. In the documentation reviewed, including care records, there was a focus on residents' rights, their preferences, and choices. For example, care plans setting out people's preferred routines for retiring in the evening.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cara Care Centre OSV-0000735

Inspection ID: MON-0047702

Date of inspection: 16/07/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The PIC and Regional Director have completed a comprehensive review of the centre's staffing needs. Staffing levels will be adjusted in line with occupancy, dependency, and other key performance indicators on each floor- complete and ongoing	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The PIC and Regional Director have completed a comprehensive review of the centre's staffing needs. Staffing levels will be adjusted in line with occupancy, dependency, and other key performance indicators on each floor- complete and ongoing 2. Training on clinical audits will be provided for managers responsible for audits to ensure effective identification of areas requiring improvement, to be completed by 31.10.2025. 3. The centre holds monthly clinical governance meetings where audit outcomes and quality improvement actions are reviewed to ensure continuous progress- complete and ongoing 4. A separate resident account is in place- complete	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The storage area in the physiotherapy room has been reviewed, and all unnecessary items have been removed. A weekly checklist has been introduced to ensure the storage is maintained in good order- complete
2. The locks in both the sluice room and the cleaning room have been repaired and installed as appropriate. The management team will continue to monitor these as part of daily walkabouts- complete and ongoing

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
1. The 24 hour menu has been reviewed to include hot snack options- complete
2. Additional to the availability of items from the 24 hour snack menu, the centre has a supper service scheduled for 7.30 pm to 8 pm. A separate supply of sandwiches and other snack items are sent to the floor around 6pm- complete
3. Tea time is scheduled for 4:30 p.m. The management team will review and consider residents' preferences regarding tea time during the Residents' Council meetings by 30.09.2025, with due regard to ensuring that meals are evenly spread and resident access to food and their nutrition is optimised.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
1. All staff have been reminded of the importance of cleaning equipment between use. Detergent wipes and "I am clean" tags are made readily available in all the nurses station and equipment storeroom. The management team will monitor compliance to this during daily walkabouts- complete
2. All wash hand basins were checked, and residue/lime scale build-up was descaled and cleaned. Monthly audit templates, such as hand hygiene and environmental hygiene audits, have been updated with new criteria to monitor the issue and to take action if required- complete
3. The waste bins will be replaced with ones with a lid by 31.11.2025

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: A separate resident account is in place- complete	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/09/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	30/09/2025
Regulation	The registered	Substantially	Yellow	30/09/2025

23(1)(a)	provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Compliant		
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/09/2025
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	30/11/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	29/08/2025