



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

## Issued by the Chief Inspector

Name of designated centre:	Abbey Haven Care Centre & Nursing Home
Name of provider:	Abbey Haven Care Centre & Nursing Home Limited
Address of centre:	Carrick Road, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	19 August 2025
Centre ID:	OSV-0000738
Fieldwork ID:	MON-0043029

## About the designated centre

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

Abbey Haven Care Centre and Nursing Home is a purpose-built facility which can accommodate a maximum of 63 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over and it provides care to people who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. In their statement of purpose, the provider states that they are committed to enhancing the quality of life of all residents by providing high-quality, resident-focused care delivered by appropriately skilled professionals.

This centre is situated on the outskirts of the town of Boyle and is a short drive off the N4 Dublin to Sligo link road. It is a large modern building constructed over one floor. Bedroom accommodation consists of single and twin rooms, all with full en-suite facilities. A variety of communal accommodation is available and includes several sitting rooms, dining areas, a prayer room and visitors' room. The centre has a large safe garden area that can be accessed from several points and has features such as a fountain and raised flower beds that make it interesting for residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	61
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## 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 19 August 2025	18:10hrs to 22:10hrs	Celine Neary	Lead
Wednesday 20 August 2025	08:30hrs to 14:00hrs	Celine Neary	Lead
Tuesday 19 August 2025	18:10hrs to 22:10hrs	Brid McGoldrick	Support
Wednesday 20 August 2025	08:30hrs to 14:00hrs	Brid McGoldrick	Support

## What residents told us and what inspectors observed

Inspectors spoke with several residents and family members who were in the centre visiting their relatives. The feedback received about the care provided was positive and both residents and relatives confirmed that they were happy with the service provided.

This was an unannounced inspection carried out over two days to review compliance with the regulations and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations arising from the inspection carried out in May 2025. The inspection commenced in the evening of the first day, which gave inspectors the opportunity to observe the evening and night time schedule in place and observe residents' routines and care provided. The inspectors were greeted by the recently appointed director of nursing and the registered provider representative. Inspectors did a walk around of the centre initially for approximately one hour and then had an introductory meeting with the director of nursing and the provider representative.

This inspection found significant improvements in many regulations since the last inspection was carried out. Residents and staff told the inspectors that things had improved, such as staffing, communication, training and supervision.

Residents told inspectors that they were happy living in the designated centre and felt that they had a good quality of life. Inspectors observed a number of resident and staff interactions and noted that staff were, for the most part, kind, patient and respectful in nature towards residents. Some residents' comments were that "we are well looked after", "I am happy here" and "I feel safe here".

Observations carried out by inspectors confirmed that staff were aware of residents' individual needs. Some residents who had difficulties communicating their views were given time and support by staff, and this allowed for a positive experience for the resident. Residents told inspectors that they felt safe in the designated centre and were aware of how they could raise a concern. Inspectors spoke with a number of staff during the inspection, who confirmed that they had attended safeguarding training. Staff demonstrated an awareness of how they would be able to support residents in line with the designated centre's safeguarding policy.

Inspectors observed that many residents were in bed for the night when they arrived at the centre at six o'clock in the evening. Some residents did tell the inspectors that they like to go to bed after their tea-time, but inspectors could not be assured that this was the will and preference for other residents that were in bed. Staff told the inspectors that residents requiring the assistance and support of two staff members are put to bed before the night staff come on duty.

Inspectors observed a daily staff allocation sheet, which detailed and directed staff about residents' specific care needs and any requirements for completion. An

amendment to this sheet could include the infection control requirements and the director of nursing undertook to include this going forward.

The internal courtyard was well-maintained with benches, raised flower beds and numerous seating areas for residents and their visitors.

The inspectors observed the breakfast dining experience and saw that many residents attended their dining room for breakfast and were seen to be enjoying the social aspect afforded. Residents were offered a choice of main meal and dessert. Picture menus were on display. A selection of drinks was available during mealtimes and throughout the day for residents to enjoy. Residents who spoke with the inspectors expressed a high level of satisfaction with the quality and quantity of food.

Generally, the building was bright and clean; however, inspectors did observe that some healthcare equipment was visibly unclean. Many areas had been freshly painted, including the dining room. The layout of this centre was spacious and well-designed, with multiple spacious communal areas for residents to enjoy. Residents had unrestricted access to their courtyard garden, which was landscaped to a high standard and had garden furniture for residents and visitors to enjoy.

The centre has sufficient parking spaces for residents and visitors at the front of the building. In addition, the centre is close to local amenities in Boyle town, such as shops, public houses, a bank, and a post office, which can be accessed via a safe pedestrian pathway from the centre into the town. Many residents avail of these amenities in their community and are supported by staff to maintain their connections within their hometown.

The inspectors saw that most residents' bedrooms were personalised with soft furnishings, ornaments and family photographs. There was adequate storage space for residents' personal possessions and properties, including lockable storage for valuable items.

Overall, the centre's premises were well-laid out to meet the residents' needs. Clinical equipment, such as patient moving and handling equipment, was stored appropriately in dedicated areas. Storage of clean and used equipment and supplies were appropriately segregated to reduce the risk of any cross contamination.

Laundry facilities were provided on-site, and residents said their clothes were laundered regularly and to a high standard and returned safely to them. There were good systems in place to facilitate this.

Staff were seen to encourage and support residents to engage in activities throughout the day. Activities were provided in the Rosewood Lodge and the Hazelwood Lodge. There was an activities schedule on display in these rooms, and on the day of the inspection, some residents were seen participating in arts and crafts, ball games and chair exercises. Other residents were observed enjoying the sunshine in the courtyard, reading newspapers or watching television.

Residents had attended a family day event, also visited a local garden centre, and taken a boat trip on a nearby lake. Residents were seen receiving visitors throughout the day, and visitors spoken with confirmed there were no restrictions on visiting the centre.

The next two sections of the report will provide further detail in relation to the governance and management arrangements in place and on how these arrangements impact on the quality and safety of the services provided.

## Capacity and capability

Overall, this inspection found significant improvements since the last two inspections carried out earlier this year. There has been noticeable enhancement in the overall oversight and management of the centre, along with improved quality and safety of care provided. The governance and management structure has been revised, establishing clear lines of authority and accountability. A director of nursing had commenced in June and was supporting the person in charge with the overall governance and management oversight within the centre. The person in charge was not present on the day of inspection and was on planned leave.

The registered provider for this designated centre is Abbey Haven Care Centre and Nursing Home Limited. The inspection was facilitated by the director of nursing and a director of the limited company. A review of the management structure confirmed there were clear lines of authority and accountability in place. The director of nursing deputises for the person in charge when absent from the centre.

The provider had completed the compliance plan submitted from the previous inspection, and this had had a positive impact on the services provided and the compliance within the centre. Notwithstanding all these significant improvements, further focus was still required in some regulations such as staffing, governance and management, training and staff development, infection prevention and control (IPC), fire safety and residents' rights.

Unsolicited information received since the last inspection, to the Office of the Chief Inspector in relation to the care and welfare of residents, was also reviewed and found to be substantiated. The provider and director of nursing had implemented changes and submitted a provider assurance report to the Office of the Chief Inspector to address the issues reported in the unsolicited information received.

While many systems in place had been enhanced and an audit schedule was now in place, audits required further review to ensure that they were effective and robust at identifying deficits and improving the quality of care and service provided. Weekly clinical meetings to oversee the clinical care indicators within the centre and a midday communication meeting between the nursing and care staff, to discuss care delivered and required, have also been implemented.

The registered provider did not ensure that sufficient numbers of staff were available with the required skill-mix to meet the assessed needs of the residents in the designated centre, specifically at night. This is discussed further under Regulation 15: Staffing and development.

Staff training records evidenced that staff were facilitated to attend mandatory training relevant to their roles, such as patient moving and handling, fire safety and safeguarding. Additional training was provided in dementia care, infection control and restrictive practices. The supervision of house keeping and care staff in relation to cleaning remained inadequate and required strengthening.

There was an up-to-date complaints procedure displayed at the reception area of the centre. The complaints policy in place detailed the complaints management process and clearly outlined who the complaints officer and review officer for the centre were. The complaints records were made available to the inspector and, there was one open complaint at the time of inspection. However, not all complaints were recorded in the complaints log book.

#### Regulation 14: Persons in charge

The person in charge commenced in this role in July 2023. The person in charge is a registered nurse and has the clinical and management experience and qualifications as required by the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

Although there were sufficient numbers of staff available in the designated centre on the day of the inspection to meet the assessed needs of residents, inspectors found that there were insufficient numbers of staff available at night time.

Inspectors observed occasions in the evening when residents had to wait for the assistance of staff. Staff had to wait for the assistance of other staff to assist them with residents, and the nurse was interrupted on several occasions while doing their medication round to provide support and assistance to staff and residents. Furthermore, inspectors could not be assured that there were sufficient staff on duty at night to safely evacuate residents in the event of an emergency in a timely manner.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Staff were not appropriately supervised according to their individual roles, such as housekeeping and health care staff. This was evidenced by the findings on this inspection regarding the standards of infection prevention and control within the centre. This is a repeat finding from the last inspection.

Judgment: Substantially compliant

## Regulation 21: Records

Records of residents dietary intake and output were not consistently maintained, as inspectors found that some details were not recorded in some residents care notes.

Judgment: Substantially compliant

## Regulation 23: Governance and management

Notwithstanding the systems in place for the oversight and monitoring of care and services provided for residents, the inspectors found that improvements were required to further strengthen the governance and management as follows:

- The registered provider could not provide assurance that residents could be safely evacuated with the lowest resources. Documentation viewed for drills carried using night time resources and from the largest compartment found that evacuation times were not satisfactory. The registered provider contacted their fire competent person to explore the option of a reduction in the size of the larger compartments which occupied 11 and 12 residents.
- While regular auditing was in progress, the auditing process was not robust to identify areas for improvement for example, the infection audit compliance was ninety eight per cent and had not picked up the deficits identified on this inspection in relation to oversight and decontamination of residents equipment.
- Staffing resources provided at night required review as inspectors observed residents waiting for care provision while staff were busy with other residents.
- A review of the hospital transfer form was required to ensure that information in respect of infection prevention and control.
- The oversight of Infection Prevention and Control procedures required review

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaints records were made available to the inspector and there was one open complaint at the time of inspection. However, not all complaints were recorded in the complaints log book.

Judgment: Compliant

### Quality and safety

Overall, residents' health and social care needs were maintained by a satisfactory standard of evidence-based care and support from a team of staff who knew their individual needs and preferences. Residents reported feeling safe and content living in the centre. This inspection found significant improvements had been made in the quality and safety of care provided. However, improvements were still required in relation to care planning, IPC, fire safety and residents' rights.

Clinical key performance indicators relating to each resident's care delivery were now discussed at weekly meetings to monitor and address any concerns identified. A review of care planning had been undertaken and all care plans had been appropriately reviewed and updated since the last inspection. Staff attended a safety pause meeting at midday to discuss the clinical and social care needs of each resident.

A review of residents' records found that residents had access to a GP of their choice, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further assessment. The recommendations of health and social care professionals was observed to be implemented, and reviewed frequently to ensure the care plan was effective. Furthermore, when a resident required a review by a health or social care professional, referrals were made in a timely manner for specialist advice and guidance on matters such as nutrition, occupational therapy, wound care or old age psychiatry.

The centre was actively promoting a restraint-free environment, and there was minimal use of bed rails in the centre. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the resident or nominated representative, if applicable.

Significant improvements had been made to this well-designed centre, such as painting and redecorating of the residents' dining room and other communal areas.

Storage had been appropriately segregated, and supplies and equipment were now stored appropriately to reduce the risk of cross contamination.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour-coded cloths and mops to reduce the chance of cross infection.

A review of the care environment found that an appropriate standard of hygiene was maintained in the dining room, kitchen, dayrooms, corridors, and bedrooms. While there was a cleaning schedule in place, the inspectors observed care equipment which was visibly unclean, and this posed a risk of cross-contamination, and therefore risk of infection to residents. Inspectors observed that there were no clinical hand-washing sinks available to staff in any of the corridors where residents' bedroom accommodation was located. There were hand sanitisers at some points of care along the corridors, but there were no clinical hand-washing sinks available for staff to use, in between points of care. Clinical hand-washing sinks were available only at the nurses station, the treatment room, the manager's office, a visitors' room and 3 of the communal day-rooms. There were two sluice rooms for the reprocessing of bedpans, urinals and commodes.

The infection prevention and control programme required strengthening and increased oversight. The management team was committed to seeking external expertise to provide guidance on Infection prevention and control.

Since the previous inspection, the registered provider had taken a number of actions to meet the requirements of Regulation 28: Fire precautions, these included weekly fire drills, a familiarisation visit by the local fire authority, and a fire door assessment. Each resident's personal evacuation plan (PEEP) had been updated to reflect the dependencies, resources and equipment to safely evacuate residents. The centre had an LI alarm detection system, there were no faults on the system on the day of the inspection. Documentation was available to support the testing of the fire alarm, emergency lighting and automatic fire detection suppression system.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents told the inspector that they felt safe living in the centre. The provider did not manage any residents' pension payments.

There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day. Significant improvements had been made to the variety and engagement in residents' activities since the previous inspection. Residents had unrestricted access to all internal and external areas of their home.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. Visitors were complimentary of the care provided to their relatives.

Residents rights required more focus to ensure residents were afforded choice and consulted regarding their care and routines.

Significant improvements were required to meet the national standards of infection prevention and control. This is discussed in greater detail under Regulation 27: Infection control.

Despite improvements in the overall management of fire safety in the centre further attention was required to come into compliance with Regulation 28: Fire precautions to ensure the safety of residents, especially in the event of an emergency and evacuation during night time hours.

### Regulation 13: End of life

Staff provided end-of-life care to residents with the support of the residents' general practitioner and the community palliative care service. An up-to-date policy was available to inform staff on the centre's procedures to ensure residents' end-of-life needs were met.

Judgment: Compliant

### Regulation 17: Premises

The bed pan washer was out of order; it was repaired on the second day of inspection.

While residents were for resuscitation, some equipment to assist was not available, such as an automated external defibrillator.

Judgment: Substantially compliant

### Regulation 27: Infection control

Significant improvements were required to meet the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example:

- There was an insufficient number of clinical hand-wash sinks available and alcohol hand rub was not available at the point of care for each resident. This meant that there was an increased risk of spread of infection.
- Equipment for use by residents was not cleaned and decontaminated in line with national guidance.
- The infection control requirements for residents colonised with multi-drug resistant organisms (MDRO) were not sufficiently detailed to guide actions.
- Antibiotic stewardship programme required strengthening. There was little analysis of antibiotic usage in terms of volume, indication, and effectiveness.
- The centre's own transfer document only discusses Covid. The National Transfer Document and Health Profile for Residential Care Facilities should be used as it contains details of health care-associated infections and colonisation to support the sharing of and access to information within and between services.

Judgment: Not compliant

## Regulation 28: Fire precautions

Notwithstanding the improvements made following the last inspection, further improvements were required to comply with the regulations. For example:

- From a sample number of cross-corridors doors viewed, some did not close properly. This presented a risk if there was a fire.
- Some external escape routes were not provided with adequate emergency lighting to guide occupants to the assembly point.
- A review of signage from fire exits was required as there was none to indicate the direction to take to the assembly point.
- The location of the assembly point required review, as it was located a distance away from the centre and up a gradient, which would be difficult to navigate for a resident using mobility equipment or reduced mobility.
- Some of the sizes of the compartments required review to support an effective horizontal evacuation strategy.

Inspectors reviewed a sample of fire drills. The drill records reviewed did not demonstrate staff ability to evacuate the largest compartment, within an acceptable time frame when staff numbers were at their lowest. The registered provider was required to review staffing levels for night time.

The registered provider committed to sending in a fire risk assessment completed by their competent person when available.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

In general, care plans were completed to a good standard. Improvements were required to be fully compliant. For example:

- Continence assessments and care plans were not linked. They did not detail the care to be provided or the product to be used.
- A resident whose condition had changed did not have his care plan updated to reflect their increased monitoring requirements for fluids.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP) and staff confirmed that GPs were visiting the centre several times a week and as required.

Residents had access to a range of health and social care professionals such as physiotherapist, speech and language therapy, tissue viability and psychiatry of the older adult.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

A restraint-free environment was supported in the centre. Each resident had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Staff had up-to-date knowledge to support residents to manage their responsive behaviours. Responsive behavioural care plans were in place for residents displaying these types of behaviour.

Judgment: Compliant

## Regulation 8: Protection

Staff were familiar with the reporting structures in place. Residents who spoke with the inspector confirmed that they felt safe in the centre. There were appropriate measures in place to ensure that residents were protected from abuse. The measures included facilitating all staff to attend safeguarding training. Allegations of neglect or abuse were fully investigated in line with the centre's safeguarding policies and procedures.

Judgment: Compliant

## Regulation 9: Residents' rights

Action was required by the provider to foster a culture where a human rights-based approach to care was central to how residents were supported, and the FREDA principles of fairness, respect, equality, dignity, and autonomy were implemented in daily practice, as outlined below.

Action was required to ensure that the dignity and privacy of residents were maintained at all times, for example:

- Staff were observed to dress residents with clothing protector bibs during mealtimes without asking each resident.
- One staff member was observed to interact with residents in an authoritarian and disrespectful manner in front of inspectors.
- Another member of staff referred to residents' care in an institutional manner.

The registered provider failed to facilitate residents to exercise choice in their daily lives, for example:

- Many residents were observed to be in bed at six o'clock in the evening and inspectors were not assured that this was the choice, will and preference for each resident.
- The remaining six residents were being escorted to bed at nine thirty in the evening.
- Institutional practices regarding incontinence care, referred to as "pad changes" by the staff were carried out at set times throughout the night and early hours of the morning. This did not support a person-centred approach to care, and inspectors were not assured that this was the will and preference of residents while sleeping.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Abbey Haven Care Centre & Nursing Home OSV-0000738

Inspection ID: MON-0043029

Date of inspection: 20/08/2025

## 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:	<p>The Staff roster has been reviewed; an additional staff member is rostered to work as part of the night staff team.</p> <p>Timeframe: Complete</p>
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	<p>An experienced Housekeeper will support the PIC to maintain oversight of routine environmental cleaning and deep cleaning schedules within the center.</p> <p>Timeframe: Complete</p> <p>All cleaning standards will be monitored by the Director of Nursing and Assistant Director of Nursing during their daily environmental walks throughout the center. Any issues or poor practices identified will be addressed at the time they are identified.</p> <p>Timeframe: Complete</p>
All Care staff will participate in a competency based supervised assessment program. The enhanced supervision of the healthcare team will improve standards using an individual supportive approach.	<p>Timeframe: 1st December 2025</p>

Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	
Those residents who require nutrition or hydration monitoring are identified by the Staff Nurse on Duty. The care recording software prompts staff to ensure that nutrition & hydration monitoring is required. Any concerns in relation to the residents, nutritional or fluid consumption are discussed at the care team's handover.	
Timeframe: Complete	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
The Staff roster has been reviewed; an additional staff member is rostered to work as part of the night staff team.	
Timeframe: Complete	
Weekly nighttime simulated Fire Drills are undertaken in the largest compartments. The times of the evacuation are recorded and any learnings discussed as part of a post drill debrief with staff. Periodic fire drills are also taking place in other compartments to keep staff up to date with all parts of the building.	
Timeframe: Complete	
A Fire Safety Risk Assessment has been scheduled and currently being completed by an appropriate and competent person following two inspections of the premises (day time and night time) which have already taken place.	
Timeframe: Complete	
A revised Audit schedule will be compiled. A recently introduced auditing system is now in place. The Audit tools sourced are based on evidence-based practice and the regulations standards. All audits undertaken will reflect the auditor's findings and identify areas for improvement.	
Timeframe: Complete	
A review of the hospital transfer letter will be undertaken to ensure it includes essential information in respect of Infection Prevention and control.	
Timeframe: 30th September 2025	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	
<p>An engineer was on site and attended to the bedpan washer the days prior to inspection. They identified that a temperature probe required replacement. This was sourced and became available and fitted on the second day of inspection.</p> <p>Timeframe: Complete</p> <p>An automated external defibrillator will be sourced and made available within the center.</p> <p>Timeframe: Complete</p> <p>All Nursing staff will be trained in the use of the defibrillator.</p> <p>Timeframe: 31st October 2025</p>	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control:	
<p>A review of the hand sanitiser locations within the centre will be undertaken. Additional sanitising stations will be installed to ensure they are appropriately placed at the point of care as staff enter or exit accommodation areas.</p> <p>Timeframe: A partial review has already been carried out and extra sanitisers fitted where found obviously lacking. Further review to be complete when IPC consultant surveys premises on 9th October 2025.</p> <p>The provider will engage with an external Infection prevention and control consultant to undertake a review to support the centre to meet the regulatory requirements in relation to infection Prevention and Control.</p> <p>Timeframe: An IPC Consultant is scheduled to visit the premises on 9th October. We will already have looked at locations for wash hand basins by then to identify suitable locations with regard to avoiding obstructions and also where plumbing and waste pipe installation is possible with least disturbance. The urgency of providing a specification and completion of reports will be stressed to the consultant and We would expect to have feedback within a fortnight of site visit after which works required will be immediately commenced. Staff training to reflect any changes in IPC protocol will be undertaken once these changes have been identified. Estimated completion date 30th November 2025.</p> <p>All resident equipment is cleaned and decontaminated after use. Once cleaned the item will have a sticker applied indicating it is cleaned. All cleaning standards will be monitored by the Director of Nursing and Assistant Director of Nursing during their daily environmental walks throughout the center. Any issues or poor practices identified will be addressed at the time they are identified.</p>	

Timeframe: Complete

A revised system for the oversight on Multi Drug resistant organisms and antimicrobial use within the centre will be introduced. This will be reviewed on a weekly basis as part of the Clinical KPI review undertaken by the ADON & PIC.

Timeframe: 1st October 2025

A comprehensive review will be conducted and a detailed report formulated to include the prioritisation of quality improvement plans, with clear recommendations to support compliance and best practice.

Timeframe: 30th November 2025

A review of the hospital transfer letter will be undertaken to ensure it includes essential information in respect of Infection Prevention and control.

Timeframe: 13th October 2025

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A Fire safety risk assessment will be scheduled and completed by an appropriate and competent person. This will encompass the findings discussed at the time of inspection.

Timeframe: Complete

A Fire risk assessment has been prepared and the findings submitted to the regulator in the compliance plan response.

Timeframe: Complete

A comprehensive assessment of the cross-sectional fire doors of the premises has been carried out. An individual assessment of each door set has been recorded by the engineer. A schedule of works has been created based on the engineer's overall findings and issues identified on site. This work has now commenced.

Timeframe: 30th November 2025

Each final escape door is fitted with an emergency light directly outside as required. The building itself is divided into zones for light and power with an electrical sub-board located in each zone. In the event of a fire the power for the affected zone can be cut off from these sub-boards and the fire brigade have been provided with a drawing of these cut-off points. This will allow firefighting operations to continue in the affected area while power remains elsewhere. The sub-board from which external bollard lights are operated from is wired in such a way that a separate cut-off switch will be used for internal and external power. This will allow external bollard lighting to function and illuminate the

routes to the assembly point. Lights will be fitted to the exterior of the building at eaves level directed onto the routes leading to the assembly point. These new lights will be on the emergency lighting circuit. Emergency lights outside some exit doors are located partly behind a door soffit. This will be addressed by relocating such lights onto the face of the exterior wall to allow maximum spread of light towards the escape routes.

Timeframe: 31st October 2025

Sufficient signage will be erected to direct persons to the assembly point. These will be located so that they will always be visible and legible. Signs to be provided once the emergency route lighting work is complete.

Timeframe: 30th November 2025

The location of the Assembly Point was chosen for a number of reasons. It is sufficiently remote from the building, sufficient in area to cater for all residents, staff and visitors. It is sufficiently remote from the building and vehicular entrances to it so as not to impede fire brigade operations no matter where an incident would occur in the building.

Transport for the onward movement of residents to the designated temporary emergency accommodation could also be catered for at this location in a timely manner whilst not interfering with fire brigade operations. It can be catered for in the one area no matter where any fire is located in the building.

Whilst it is on an incline from the premises the route to it is over a hard even and smooth surface. Most of the residents would be helped to this location by staff.

Given the layout of the building, it is built in compartmentation it will only be in very extreme circumstances that the building will need total evacuation. It is difficult to locate an Assembly Point elsewhere on the site while maintaining all of the above characteristics in the one location.

Timeframe: Complete

A review of the staffing levels at night was undertaken and the night staff numbers were increased to five. Subsequent simulated evacuation drills were undertaken reflecting this increase and the evacuation times have significantly improved. Copies of these evacuation drills have been provided to the regulator to support this compliance plan.

Timeframe: Complete

Weekly nighttime simulated Fire Drills are undertaken in the largest compartments. The times of the evacuation are recorded and any learnings discussed as part of a post drill debrief with staff. Periodic fire drills are also taking place in other compartments to keep staff up to date with all parts of the building. The evacuation times for three recent drills were 5mins 56 seconds, 4 mins 20 seconds and 4 mins 31 seconds. Copies of these evacuation drills have been provided to the regulator to support this compliance plan.

Timeframe: Complete

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	
<p>All residents have a continence assessment undertaken upon admission or as their care needs change. A revised system will be introduced to inform care staff of the products to be used at the point of care delivery.</p> <p>Timeframe: Complete</p> <p>All residents care plans will be reviewed to ensure they outline the care to be provided and continence products to be used.</p> <p>Timeframe: 25.09.2025</p> <p>The care plans of those residents who require increased nutrition or hydration monitoring are updated at the time the enhanced monitoring is introduced. Oversight of same will be monitored by the clinical management team.</p> <p>Timeframe: Complete</p>	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights:	
<p>In house training in relation to adapting a human rights-based approach in the nursing home environment will be scheduled for all staff. This training will inform staff of what human rights are guided by the FREDA principles and how to adopt a human rights-based approach in care delivery. This will also formulate discussions around appropriate practices and the need to ensure a person-centred approach to care at all times.</p> <p>Timeframe: 30th November 2025</p> <p>A consultative review with each resident will be undertaken to ensure their evening and nighttime preferences as listed in their care plan is in line with their choice and preferences. Care plans will be amended as required following this resident consultation. All care plans will be reflective of the residents expressed wishes.</p> <p>Timeframe: 10th October 2025</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	22/09/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/12/2025
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.	Substantially Compliant	Yellow	31/10/2025

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.	Substantially Compliant	Yellow	22/09/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	22/09/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	01/09/2025
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	30/09/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards	Not Compliant	Orange	30/09/2025

	published by the Authority are in place and are implemented by staff.			
Regulation 27(b)	The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	19/12/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	19/12/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	19/12/2025

Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	19/12/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	01/09/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	25/09/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	10/10/2025

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.	Not Compliant	Orange	30/11/2025
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