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:	Wygram Nursing Home
Name of provider:	Wygram Nursing Home Limited
Address of centre:	Davitt Road, Wexford Town, Wexford
Type of inspection:	Unannounced
Date of inspection:	30 September 2025
Centre ID:	OSV-0000756
Fieldwork ID:	MON-0047942

About the designated centre

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

The centre is a purpose built three storey facility that opened in 2015 and is located in Wexford town. The centre is registered to accommodate 71 residents. Residential accommodation is provided across three floors and consists of the following: The ground floor has 10 single ensuite bedrooms and one twin ensuite bedroom. The first floor has 25 single ensuite bedrooms and three twin ensuite bedrooms. The second floor contains 24 single ensuite bedrooms and two twin ensuite bedrooms. There are two passenger lifts to each floor. Each of the three floors had a central core area which was fitted out with couches and armchairs and there is also a communal day room on the second floor. The ground floor also has a large sitting room which includes an oratory in one section, the main section of this room has direct access to an enclosed garden area. There is a separate visitors room with overnight facilities which families have the opportunity to use for privacy or if their loved one is unwell. There is one dining room on the ground floor that is large enough to accommodate all residents. The dining room has dividers that can be pushed back so the room can be used for a number of functions at the same time, for example activities. The main kitchen area is adjacent to the dining room. There are two smaller galley style kitchens on both the first and second floors. A number of bedrooms on the first and second floors have balcony areas which residents can also access. There is also a community resource building on site known as Davitt House which is a focal point for social, educational and religious activities. The provider is a limited company called Wygram Nursing Home Limited. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia and or a cognitive impairment. The centres stated aim is to meet the needs of residents by providing them with the highest level of person centered care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. The centre currently employs approximately 87 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70

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 30 September 2025	09:30hrs to 18:00hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspector was that they were pleased to be living in Wygram Nursing Home. There was high praise for the centre itself, with one resident summing up residents' sentiments, stating; "I love it here". When it came to the staff that cared for them, residents described the staff as: "very kind", "very helpful", and "gracious". Residents told the inspector that they were treated very well, with one resident describing how the staff: "say please, they knock, and they ask", which was important to that resident. Residents were highly complimentary of the food quality, quantity and variety provided. Residents spoken with confirmed they had complete control over their daily routine, including waking and sleeping times. Residents also reported high satisfaction levels with the activities and entertainment programme on offer. Visitors spoken with were similarly complimentary of the care received by their loved ones and described the confidence it gave them as a family to know their loved ones were being well cared for. The inspector found that staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre. The inspector observed numerous compassionate, warm, dignified, and respectful interactions between residents and staff throughout the day of the inspection.

This unannounced inspection was conducted over the course of one day. During the inspection, the inspector chatted with many residents and spoke in more detail to seven residents and three visitors to gain insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents, as well as reviewing a range of documentation.

The centre is a three-storey building located in Wexford town. Residents' accommodation was located on each of the three floors. There were two passenger lifts to facilitate unrestricted travel for residents between the floors, and residents were seen travelling between the floors to visit friends, attend the dining room and participate in activities. The centre's design incorporated features to support residents with cognitive impairment in orienting themselves within their environment. Doors to the dining areas and bathrooms were brightly coloured to distinguish them from other doors. These doors also contained both text and pictorial signage to indicate their use. There was also a traditional green post box at the entrance to the centre where residents could post cards and letters to loved ones.

Bedroom accommodation comprised of 59 single and six twin bedrooms, all containing en-suite facilities, including a shower, toilet, and wash hand basin. Bedroom facilities included a television, call-bell, wardrobe and seating. Bedroom accommodation was spacious, with sufficient storage space for residents' clothing and possessions. The majority of bedrooms also included a landline telephone to facilitate residents receiving calls directly to the privacy of their bedroom. Residents

had personalised their bedrooms with photographs, artwork, religious items, soft furnishings and ornaments. Some of the ground-floor bedrooms had direct patio access to the garden. On the first and second floors, 37 bedrooms had balcony access with views over Wexford town. The inspector spoke with two residents who used their balconies, and they talked about the positive impact this facility had on their quality of life. The inspector found three doors to the balconies to be unlocked when not in use, contrary to the control measures within the provider's risk assessment. The inspector brought this risk to the attention of management for review, and this matter is discussed further under Regulation 23: Governance and management.

The centre was found to be very clean and inviting. While some aspects of the decor were showing signs of wear and tear, the centre was decorated to a high standard, providing a comfortable and homely atmosphere for residents. Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture and comfortable seating in the various communal areas. These communal areas included a large dining room, a garden-view sitting room with computer and internet facilities for residents, and a visitor's room. There were three large circular seating areas on each floor with comfortable armchairs and fireplaces providing a homely feel. Additional communal space was located on the second floor, with a conservatory room and an adjoining balcony area with views of Wexford town.

Residents had access to an enclosed and pleasantly landscaped garden from the sitting room. The garden had level walkways, comfortable seating, bushes, and raised planters with seasonal plants. There was a designated outdoor smoking area for residents who chose to smoke. The inspector noted that the smoking area had a dry powder fire extinguisher and was some distance from the nearest water fire extinguisher, located at the centre's reception. This was discussed with management, and a water-based extinguisher was also installed in the designated smoking area before the end of the inspection. The inspector also reviewed other parts of the centre and found a very tidy, well-organised on-site laundry for laundering residents' clothing.

Upon arrival at the centre, the inspector observed a quiet, calm, and relaxed atmosphere. Residents were up and dressed in their preferred attire and appeared relaxed and well cared for. Some residents were finishing breakfast, while others were taking a stroll or chatting with staff. The doctor was on-site completing their rounds. The hairdresser was working in the second-floor hair salon, and residents proudly displayed their new hairstyles. At 10:20am, the inspector observed 11 residents participating in exercises in the ground-floor circular areas, facilitated by the physiotherapist. Later that morning at 11:30am, the inspector observed a cooking demonstration by the head chef in the dining room attended by 24 residents. The head chef was preparing rhubarb tarts, and residents and staff were discussing baking tips. After lunch, Roman Catholic Mass was celebrated in the centre at 3:30pm. In the evening, pet therapy was offered. Some residents remained in the communal areas and were seen to engage with therapeutic and sensory equipment available, including doll therapy, with the support of staff. Other

residents choose to relax in their bedrooms, reading, listening to the radio, watching television, and using the internet.

Residents could receive visitors in the centre within the multiple communal areas or in the privacy of their bedrooms. Some families were observed visiting their loved ones during the inspection day. Residents and visitors confirmed that there were no restrictions on visiting, while visitors reported feeling very welcome in the centre.

Lunchtime was a sociable and relaxed experience, with 32 residents choosing to eat in the ground-floor dining room. Meals were freshly prepared on-site in the centre's kitchen and served by the head chef from a bain-marie. Residents confirmed they were offered a choice of main meal, chicken à la king or loin of bacon, and a choice of dessert, which included chocolate profiteroles. The food served appeared nutritious and appetising. There were numerous and varied drinks available for residents at mealtimes and throughout the day in various parts of the centre. Staff provided discreet and respectful dining assistance to residents requiring this support. Residents spoke positively to the inspector about food quality, quantity and variety and stated they were also pleased with the timing of meals.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

While governance and management systems were in place to oversee the quality of care delivered to residents, some improvements were required to ensure the service provided was safe, appropriate, consistent and effectively monitored, as referenced within this report.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The inspector reviewed the registered provider's compliance plan following the inspection of 08 November 2023 and inspection findings from the restrictive practice thematic inspection of 24 October 2024.

Wygram Nursing Home Limited is the registered provider for Wygram Nursing Home. The company is part of the Virtue Integrated Care group, who operate several centres nationally. There are three company directors, one of whom is the regional director who supports the person in charge in their operational management and clinical oversight of the centre. This regional director attended

onsite to support the inspection process and was present for feedback at the end of the inspection.

Since the inspection of 08 November 2023, there have been several changes in the governance and management of the centre, including a change of regional director, the departure of the director of clinical operations and a change of person in charge.

Within the centre there was a clearly defined management structure which identified lines of accountability and responsibility for the service. The current person in charge, an experienced nurse manager, had been in the position for 11 months. The person in charge oversees the daily running of the centre. The person in charge worked full-time in the centre and was supported in their management role by an assistant director of nursing (ADON) and two clinical nurse managers. Other staff members included nurses, healthcare assistants, activity staff, catering staff, housekeeping staff, maintenance staff, and administrative staff. The ADON deputises for the person in charge.

The registered provider had systems in place to monitor the quality and safety of care. There was documentary evidence of the communication systems in place between the registered provider and management within the centre. Minutes of governance meetings were reviewed. These meetings discussed key aspects of care provision for residents, including facilities, staffing and clinical matters. Within the centre, there was evidence of regular staff meetings as well as targeted meetings focusing on key aspects of quality and safety, such as health and safety, falls reviews, safeguarding and infection control. Records reviewed also found that the person in charge had prepared regular trending reports for the provider, sharing key data on clinical performance in the centre, including on matters such as complaints, falls, and skin integrity.

The provider had systems to oversee accidents and incidents within the centre. A risk register was used to monitor and manage known risks. The provider had undertaken regular auditing of multiple areas, including medication management, infection control, falls and complaints. Notwithstanding these various assurance systems, some areas of risk assessment and auditing needed to be more robust to effectively identify deficits and risks in the service to drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspectors saw evidence of the consultation with residents and families reflected in the review. Within this review, the registered provider had also identified areas requiring quality improvement.

The provider had persons involved in the centre on a voluntary basis. The inspector reviewed a file for one such person and found the file contained written roles and responsibilities for the volunteer. However, improvements were required to ensure appropriate records were maintained for volunteers and that people involved on a voluntary basis received supervision and support, as referenced under Regulation 30: Volunteers.

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. They are an experienced registered nurse with previous management experience and post-registration management qualifications. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents, it was evident that there was sufficient staff of an appropriate skill-mix on duty each day to meet the assessed needs of the residents. Three registered nurses worked in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Records made available to the inspectors found staff members were up-to-date with mandatory training in fire safety, infection control, managing challenging behaviour, and safeguarding vulnerable adults from abuse.

The inspectors saw documentary evidence of the provider's emerging structured induction programme. Records reviewed found the provider had arrangements for assessing a new staff member's competency and reviewing their performance at set intervals.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

The inspector reviewed records relating to five staff members. The registered provider had ensured that the necessary information, as required by Schedule 2 of the regulations, including An Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications, required references and current registration details, was available for these staff members.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required some strengthening, as they were not fully effective in identifying risks and driving quality improvement in areas such as volunteers, care planning, and protection, as identified during this inspection.

Furthermore the provider had not ensured that the risk of falls from first and second-floor balconies had been appropriately risk-assessed to ensure the safety of all residents. Although the provider had a risk assessment covering this known risk, it had not been updated to reflect the current usage of balcony areas by multiple residents throughout the centre. Furthermore, not all of the documented control measures to mitigate the risk of falls were being implemented in practice.

While staffing levels were appropriate to meet residents' needs on the inspection day, senior management resources available were not in line with those committed to in the statement of purpose submitted to the Chief Inspector of Social Services when the centre was registered in 2024. The provider had committed to having two persons participating in management supporting the person in charge, a regional director on a 0.2 whole-time-equivalent (WTE) basis and a director of clinical operations on a 0.2 WTE basis. However, at the time of this inspection, the regional director was providing senior oversight on a 0.2 WTE basis, while the director of clinical operations position had been vacant for over a year.

Judgment: Substantially compliant

Regulation 30: Volunteers

The provider had persons involved in the centre on a voluntary basis. The inspector reviewed a file for one such person and found the file contained written roles and responsibilities for the volunteer. However, action was required to ensure appropriate records were maintained for volunteers, for example:

- There were no records available to evidence that volunteers were supervised and supported appropriately in their role and in accordance with the provider's policies.
- There were no records to evidence that volunteers had provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Not compliant

Quality and safety

The inspector found that residents had a good quality of life, where their human rights were promoted and they were encouraged to live their lives in an unrestricted manner, according to their interests and capabilities. The inspector observed kind and compassionate staff treating residents with dignity and respect. Visiting was promoted and facilitated. The premises were found to be maintained to a high standard. Residents greatly enjoyed meals and mealtimes. Notwithstanding these positive findings, the inspector found that some improvements were required in care planning, healthcare, protection and residents' rights to align with the requirements of the regulations.

The inspector reviewed a sample of electronic nursing notes and care plans for eight residents. There was evidence that residents were comprehensively assessed upon admission to the centre using a suite of evidence-based risk assessment tools to evaluate risks, including falls, pressure sore development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. Care plans viewed by the inspector were person-centred and specific to that resident's needs. There was evidence of consultation with the resident and, where appropriate, their family during the development and revision of care plans. While acknowledging these good practices, some action was required concerning individual assessments and care plans to ensure that each resident's assessed needs were reviewed at required intervals in line with the provider's policies and that care plans accurately reflected the resident's assessed needs. This is discussed further under Regulation 5: Individual assessment and care planning.

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Síochaná (police) vetting before commencing employment in the centre. From the records seen, it was clear that the person in charge and provider had ensured a robust and person-centred response when investigating and responding to allegations of abuse concerning residents. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Records reviewed found the provider had issued a questionnaire to staff to gauge their understanding of their role in protecting residents from abuse. The provider was in the process of rolling

out a quality improvement initiative whereby staff members had been identified as safeguarding champions to support residents, visitors and staff in understanding the importance of safeguarding residents from abuse. The provider held small quantities of money in safekeeping for 14 residents at their request. The provider had a transparent system where all lodgements and withdrawals of residents' personal funds were accounted for on the provider's electronic record management system and on a paper-based system. These records and the funds in safekeeping were also subject to regular audit. Notwithstanding these good practices, the provider was required to take further action to protect residents' finances, as discussed under Regulation 8: Protection.

Regulation 11: Visits

The provider had a written visitor policy as required by the regulation. The inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had several private and communal spaces for residents to host a visitor.

Judgment: Compliant

Regulation 17: Premises

The premises' design and layout met residents' needs. The centre was found to be inviting and pleasantly decorated, providing a homely atmosphere. The centre had a well-maintained, secure garden. There were multiple comfortable and pleasant communal areas for residents and visitors to enjoy.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were highly complimentary regarding food, snacks, and drinks. Food was prepared and cooked onsite. Choice was offered at all mealtimes, and adequate quantities of food were observed to be provided during the day. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discreet, respectful assistance at mealtimes. Records reviewed found that all nursing, health care assistant, and catering staff had completed food safety training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed, based on validated risk assessment tools, some action was required to ensure that each resident's assessed needs were reviewed at required intervals in line with the provider's policies and that care plans accurately reflected the resident's assessed needs, for example:

- The inspector found that within three residents' records, the provider's restraint assessment tool had not been updated at required intervals as documented in the provider's policies, with one assessment tool not having been revised since 23/11/2024.
- The inspector found a variation between the restrictive practices risk-assessed within the provider's restraint assessment tool and those currently documented in the care plans for two residents.
- The inspector found three instances where neurological observation assessments were not monitored and documented in accordance with the provider's falls policy following an unwitnessed fall. Not completing the neurological observations may lead to delays in recognising a resident at risk of clinical deterioration.

Judgment: Substantially compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical reviews and access to a range of external community and outpatient-based healthcare providers, including chiropodists, dietitians, speech and language therapists, and palliative care services. Residents also had access to an in-house physiotherapist.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had a training programme in place to ensure all staff had up-to-date knowledge and skills appropriate to their role in responding to and managing challenging behaviour.

The inspector found that residents predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had a responsive behaviour care plan and other documentation to guide staff. Records reviewed found that behaviour observation charts, such as the Antecedent, Behaviour and Consequence charts, were also being used to gain an understanding of the behaviour. The reviewed documentation was person-centred and described the behaviours, potential triggers for such behaviours, and de-escalation techniques to guide staff in delivering safe care. The inspector also observed that residents exhibiting responsive behaviours were supported compassionately and respectfully by staff.

The centre's restraint usage was in accordance with national policy published by the Department of Health.

Judgment: Compliant

Regulation 8: Protection

The provider was required to take further measures to protect residents' finances. The provider was acting as a pension agent for one resident living in the centre. However, the pension was paid into a current account under the name of the registered provider, and not into a separate resident's client account to ensure residents' finances were effectively safeguarded. Furthermore this resident was not receiving statements detailing their account balance. This was discussed with the provider, who provided documentary evidence that a separate residents' pension account had been opened; however, no residents' funds had been transferred to that account when reviewed by the inspector.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. Residents had been consulted about the organisation of the designated centre by completing residents' questionnaires and attending the residents' meeting. The centre celebrated regular religious services in-house. Residents could communicate freely, having access to telephones and internet services throughout the centre. Residents had access to advocacy services. There was a varied and interesting activities programme available within the centre, and an activities coordinator was rostered six days per week.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Wygram Nursing Home OSV-0000756

Inspection ID: MON-0047942

Date of inspection: 30/09/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

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

Risk Assessment and Control Measures for Balcony Areas
Actions Taken and Planned:
A full review and update of the balcony risk assessment has been completed to reflect current usage patterns, including the number of residents accessing these areas. While the positive impact of balcony access on residents' wellbeing is recognized, the potential impact of a fall from a balcony is high, and this has been incorporated into risk mitigation strategies.
Each balcony area has been individually risk-assessed, and documentation revised to include resident-specific factors where relevant. Currently, one resident has requested continued use of her balcony. Access is managed carefully: the balcony door is opened in the morning while the resident is in the room and locked by the nurse on duty once the resident leaves the area. This is currently working well regarding compliance.
Control measures have been strengthened and are now consistently implemented, including:
• Visual environmental checks prior to balcony use.
• Clear signage and access protocols.
Staff training: All relevant staff have received refresher training on balcony-related risks and the implementation of required control measures.
Monitoring and oversight: Compliance with all control measures will be monitored through scheduled environmental audits and ongoing oversight by the Person in Charge.
Access to the balcony has been restricted to the resident who has this identified as part of their care plan. All other current and newly admitted residents do not have access to the balcony area.
The provider acknowledges the inspection finding regarding senior management resources not fully reflecting the commitments made in the Statement of Purpose submitted at registration in 2024.
Current Arrangements: While staffing levels were appropriate to meet residents' needs

on the inspection day, the director of clinical operations position (0.2 WTE) has been vacant for over a year. The company are in the process of preparing the documentation regarding the change of Directors to HIQA. VIEC Holdings Limited will be the PPIM for Wygram Nursing Home.

Therefore, the governance will be 0.2 for Regional Director and 0.2 for VIEC Ltd. Senior management oversight and support to the Person in Charge will continue to be provided through the regional director and the company COO.
• Governance and Oversight Measures:
o Governance meetings are in place to ensure robust oversight of clinical operations.
o The Person in Charge receives ongoing support from the regional director to ensure compliance with all regulatory, clinical, and operational requirements.
o The Statement of Purpose has been reviewed and updated to accurately reflect current management arrangements.
• Monitoring: Oversight of senior management support will be monitored by the regional director.

Regulation 30: Volunteers	Not Compliant

Outline how you are going to come into compliance with Regulation 30: Volunteers:

We acknowledge the inspection findings regarding volunteer management and record-keeping. We are committed to ensuring that all volunteer involvement within the centre meets regulatory requirements and reflects best practice. Whilst we currently have no volunteers in our centre, we will ensure the following is in place going forward:
1. Supervision and Support Records
We recognise the need to maintain written evidence of the supervision and support provided to volunteers. A formal supervision schedule has now been established for all volunteers. Records of each supervision meeting—including discussion points, supports offered, and any training needs—will be documented and retained in the volunteer's file. A designated staff member has been assigned responsibility for oversight of all volunteer documentation.
2. We acknowledge that vetting documentation was not available during inspection. No volunteer will commence or continue in their role without a compliant vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. A new pre-engagement checklist has been introduced to ensure vetting is completed and recorded prior to any volunteer starting.

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:

We acknowledge the inspection findings regarding the review and updating of care plans, restraint assessment tools, and post-fall neurological observations. Ensuring that residents' assessed needs are accurately reflected and reviewed in line with policy is a priority, and actions have been taken.
1. Review of Restraint Assessment Tools
• A full audit of all residents' restraint assessment tools has been completed. All overdue assessments, including the one reviewed on 23/11/2024, have now been updated.
• A monitoring system has been introduced to flag upcoming review dates and ensure assessments are completed within the timeframes outlined in the provider's policies.
• Nursing staff have been reminded of their responsibilities regarding timely completion and documentation of all restraint assessments.
2. Alignment Between Restrictive Practices and Care Plans
• All care plans for residents using restrictive practices have been reviewed to ensure consistency with their most recent restraint assessments.
• Our restrictive practice team lead will ensure alignment between assessment tools and care plans before they are finalised or updated.
• Weekly reviews of restrictive is in place as part of the centre's governance and oversight processes.
3. Completion of Neurological Observations Following Falls
• Immediate re-education has been provided to nursing staff on the centres falls policy, including the required frequency and duration of neurological observations.
• A post-fall checklist has been reintroduced to ensure mandatory neurological observations are completed, documented, and signed.
• The PIC/ADON/CNM/SSN will review all falls incidents within 24 hours to verify that neurological observations have been carried out according to policy.
• Recurrent findings will be escalated through the clinical governance structure for review and action.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

We accept that although a separate resident pension account had been opened, no funds had been transferred at the time of inspection. The resident's pension payments have now been redirected to the dedicated resident pension account. All historical funds held on behalf of the resident in the provider's account have been transferred to the resident pension account. Provision of Statements to

the Resident:
The resident (and/or their family where appropriate) now receive regular, easy-to-read financial statements regarding their pension account in line with the centre's policy. A record will be maintained confirming that statements have been issued and discussed with the resident where relevant.
Current Financial Safeguarding Procedures: Monthly internal audits of residents' financial records are completed monthly.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(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	28/02/2026
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	11/11/2025
Regulation 30(b)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre	Substantially Compliant	Yellow	02/10/2025

	receive supervision and support.			
Regulation 30(c)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.	Not Compliant	Orange	02/10/2025
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	14/10/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/10/2025