



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

Issued by the Chief Inspector

Name of designated centre:	Tramore Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Newtown Road, Tramore, Waterford
Type of inspection:	Unannounced
Date of inspection:	22 January 2026
Centre ID:	OSV-0008484
Fieldwork ID:	MON-0039661

About the designated centre

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

Tramore Nursing Home is a purpose-built facility which can accommodate a maximum of 93 residents. It is a mixed gender facility catering for dependent, persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care.

Tramore Nursing Home is situated in a seaside resort on the Golf Links road close to amenities such as The Guillemene, The Donneraile Walk, Tramore Golf Club and The Promenade. We are accessible by car, walking and we are on a local bus route.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	87
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 22 January 2026	09:10hrs to 17:25hrs	Aisling Coffey	Lead
Friday 23 January 2026	08:30hrs to 16:20hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

Overall, residents reported being very happy living in Tramore Nursing Home. The residents spoken with were complimentary of the centre, the staff and the care received. Residents spoke favourably about the centre, describing it as "homely" and "professional". Residents expressed their satisfaction with the standard and size of their bedroom accommodation. Residents were complimentary about the care they received, with one resident telling the inspector, "I couldn't be happier". Residents were highly complimentary of the person in charge. Residents were predominantly positive about the kind and considerate staff who cared for them, with the majority of staff being described as "very nice", "very friendly", "first-class" and "lovely". While praising the staff overall, one resident informed the inspector of concerns regarding the conduct of one staff member. This matter was referred to the person in charge, who engaged with the resident concerned and their family following the inspection. The inspector found that staff and management were knowledgeable about residents' needs, and that they promoted and respected residents' rights and choices. It was evident that a person-centred culture was being fostered by the person in charge, with one resident informing the inspector that the provider "recognised all residents, regardless of their disability", while another resident described how residents, staff and management in the centre "can laugh, and be human together". The inspector also observed numerous compassionate, warm, dignified, and respectful interactions between residents and staff, including management, throughout the two inspection days.

This unannounced inspection was conducted by one inspector of social services over two days. The purpose of the inspection was to monitor compliance with the regulations and review the registered provider's compliance plan following the inspection of 29 May 2025. The inspection also informed the provider's application to renew registration.

During the inspection, the inspector spoke with many residents and engaged in detailed conversations with 19 residents and six visitors to gain insight into the residents' lived experiences in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

The designated centre is purpose-built, designed and laid out to a high specification. The centre is set out across three floors, accessible by two passenger lifts. Resident accommodation was set out over the ground and first floors, while the basement floor contained the kitchen, laundry, staff facilities and storage. The main door to the premises was locked, requiring a staff member to facilitate entry and exit. The inspector observed that the passenger lifts were controlled by an electronic keypad lock, and the keypad code was not displayed to facilitate residents who wished to travel independently to attend activities or the dining room. The inspector found one resident seeking to use the passenger lift to return to their floor, having to wait for staff assistance to use the lift. The ground-floor assisted bathroom and first-floor

assisted shower room were also seen to be locked. These matters are further discussed under Regulation 23: Governance and management.

Residents' accommodation was arranged in four separate units across the ground and first floors, named after Waterford townlands: Dunmore East, Greenway, Annestown, and Dunhill. Bedroom accommodation comprised 81 single and six twin rooms, each with en-suite facilities, including a shower, toilet, and wash-hand basin. The bedroom accommodation was ample, and the layout was appropriate for residents' needs. Bedrooms had comfortable seating and were personalised with items from home, such as family photographs and artwork. The bedrooms had a television, locked storage, double wardrobe storage and call-bell facilities. The privacy and dignity of all residents in their bedrooms were respected. Suitable curtains to support privacy were seen on bedroom windows that faced into the courtyard gardens or out towards the car park and surrounding areas.

Regarding communal space, residents had access to multiple comfortable areas. There was a large dining room, lounge, and activities room on the ground and first floors. The ground floor also had a visitors' room and an oratory, which residents were seen to use for quiet reflection, while the first floor had a quiet room and a day room. Residents also had access to a hair salon on the ground floor.

The centre was found to be very inviting and pleasantly decorated throughout, creating a comfortable, homely atmosphere. Photographs of residents and staff enjoying group activities and outings were displayed alongside residents' artworks. The premises were very clean and maintained to a high standard, both internally and externally.

The inspector observed the environment to be very noisy at times. Call bells and sensor alarms sounded loudly throughout the two-day inspection, with mornings being the loudest. Some residents acknowledged the noise and said they were now used to it, while some visitors expressed dissatisfaction with the noise levels. These noises disrupted an otherwise calm and comfortable atmosphere for residents and were not conducive to a relaxed, homely environment.

Residents had access to two internal courtyards and a garden area at the rear of the premises. These courtyards and garden areas were clean, tidy, and pleasantly landscaped, featuring raised flower beds, potted plants, decorative ornaments and outdoor seating. The garden area contained a smoking shelter. There was access to the necessary protective equipment for residents who chose to smoke, such as a call bell, fire blanket, and ashtrays; however, the smoking shelter was not appropriately located, as discussed under Regulation 17 Premises.

During the two-day inspection, significant construction work generating dust occurred on a site adjacent to the designated centre. The boundary of this site was five metres from a number of bedrooms within the designated centre. The inspector observed that some bedroom windows overlooking the construction area were open. National guidance requires an aspergillois risk assessment to be completed to identify control measures, such as environmental dust control and cleaning, to protect at-risk residents from acquiring nosocomial invasive aspergillois, a lung

infection, during construction activities. The provider had not assessed this risk, and the requirement to do so was discussed with the provider, who commenced this process during the inspection. This matter is further discussed under Regulation 27: Infection control.

The inspector reviewed the kitchen and storage areas throughout the centre. The inspector found the provider had sufficient stocks of resources, such as food, linen, personal protective equipment and personal care items, including incontinence wear and wipes, to ensure effective care for residents.

Residents could receive visitors in the centre, in communal areas, in the privacy of their bedrooms, or in the designated ground-floor visitor room or first-floor quiet room. Multiple families and friends were observed visiting their loved ones over the two inspection days. Residents and visitors confirmed there were no restrictions on visiting. Overall, visitors' feedback was positive regarding the care and attention their loved ones received, with some highly complimentary of the service provision. While acknowledging the positive attributes of individual staff members, some visitors perceived staff as very busy, with one visitor commenting that "they were rushed off their feet", leading to occasional long wait times for call bell responses and delays in gaining access to the centre outside reception working hours. Some visitors acknowledged that aspects of service provision had previously required improvement, and all visitors who raised concerns informed the inspector of the prompt and comprehensive response they received from the person in charge.

Rosters reviewed confirmed the centre had two whole-time equivalent activities staff who worked over a seven-day period. Over the two inspection days, there were two activity staff member on duty. These staff members led group activities and coordinated external providers. The inspector saw multiple activities taking place: scatergories, yoga, and live music on the first inspection day, while baking, rosary, and art and crafts took place on the second inspection day. Residents were complimentary of the activities staff and expressed contentment with the activities provided, although attendance at some group activities was observed to be low over the two inspection days, with, for example, six residents attending yoga and seven participating in baking. Some residents informed the inspector that they wished to participate in more outings outside of the centre. The person in charge provided a list of outings that had occurred in 2025, including to a school show and multiple visits to the local golf club, and outlined plans and transport arrangements for further outings in 2026. While residents' views on activity provision were discussed at residents' committee meetings, some families noted that further engagement with individual residents regarding their interests and capacities was required to increase participation, for example, by including sports-related activities that were not on the activity schedule. The inspector was also informed that the provider was rolling out an initiative at the centre to further understand each resident's wishes and enhance care. The inspector saw evidence of this initiative, whereby one resident was actively supported to paint and decorate their bedroom in line with their wishes, and this resident expressed great satisfaction and pride in doing so.

The inspector observed breakfast, the main meal, the evening meal, and refreshments being served at 10:30am and 3:00pm during the two-day inspection.

Food was prepared on-site in the centre's kitchen and overseen by the catering manager. Residents had access to drinking water and other refreshments at meal times and throughout the day. Fresh water jugs were seen in all bedrooms viewed. At mealtimes, the majority of resident choose to dine in the centre's two dining rooms, while a smaller number ate in their bedrooms, aligned with their wishes. Staff were seen to provide discreet and respectful assistance to residents who required it at mealtimes, both in the dining room and in residents' bedrooms. While many residents were complimentary about the meals, several complained about various aspects of the food provided and the nutritional quality of the evening meal served at 4:45pm. These matters are discussed further under Regulation 18: Food and nutrition.

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

Capacity and capability

Overall, this was a well-run centre with established systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoting their well-being. While clear management and oversight structures were in place, some of these systems required strengthening to ensure regulatory compliance, as referenced within this report.

Mowlam Healthcare Services Unlimited Company is the registered provider for Tramore Nursing Home. This company is part of the Mowlam Healthcare group, which operates a number of centres nationwide. The company has two directors, one of whom serves as the chief executive officer and represents the provider in regulatory matters.

There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge is responsible for the centre's day-to-day operations and reports to the regional healthcare manager, who in turn reports to the director of care services, who reports to the chief executive officer. The person in charge worked full-time and was supported in their role by one assistant director of nursing (ADON), two clinical nurse managers, nurses, healthcare assistants, catering staff, housekeeping staff, maintenance staff, activity staff and administrative staff. Deputising arrangements were in place when the person in charge was absent.

Staff were appropriately supervised and clear about their roles and responsibilities. In terms of staff development, records reviewed found evidence of an induction programme for all staff grades, covering key aspects of care and procedures in the centre. This induction was followed by probation meetings during which the staff

member's performance was appraised, and a performance improvement plan was developed to support identified learning needs. The inspection also reviewed records relating to reflective practice discussions, where staff members discussed recent incidents in the centre with their line manager, to support staff members in understanding the incident and developing the competencies required to provide high-quality care and support to residents. Records reviewed found that staff had access to a suite of mandatory training in areas such as safeguarding, infection control and fire safety to support them in their role. Notwithstanding this good practice, some gaps in adherence to mandatory training requirements required attention as discussed under Regulation 16: Training and staff development.

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. The minutes of the fortnightly clinical governance meetings were reviewed. These meetings discussed key aspects of care provision for residents, including staffing, training, facilities, and clinical matters. Within the centre, there was evidence of communication between the person in charge and the management team, as well as regular staff meetings. During these meetings, key issues related to the quality and safety of the service delivered to residents were discussed, including incidents, safeguarding, auditing and call-bell response times. Records found that the provider had also established several staff committees to examine matters, including falls reduction and infection control.

The provider had systems to oversee accidents and incidents within the centre. The provider had undertaken regular audits across multiple areas, including medication management, infection control, health and safety, and call bell response times. The provider maintained a risk register to monitor known risks within the centre. The person in charge monitored key performance indicators across multiple areas, including nutritional needs. Notwithstanding the good practices identified in the centre's governance and management systems and processes, some further improvements were required to sustain quality improvement when risks were identified. These matters are discussed under Regulation 23: Governance and Management.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters, as well as speaking with residents and visitors, sufficient staff with an appropriate skill mix were on duty each day to meet the residents' assessed needs. Three registered nurses worked in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

While staff had access to a suite of training programmes to enable them to perform their respective roles, some gaps in adherence to training requirements required action, for example:

- Four staff had not completed training in managing behaviour that is challenging while a further eight staff required a refresher.
- Seven staff had not completed safeguarding training.
- One staff member had not completed fire safety training, while a further two staff were overdue for refresher training.
- Four staff had not completed infection control training, while six staff were overdue for an annual refresher of this training.

Judgment: Substantially compliant

Regulation 21: Records

A sample of four staff files reviewed by the inspector contained all the information required by Schedule 2 of the regulations, including An Garda Síochána (police) vetting disclosures, references, and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed.

Residents' records, including electronic records, were seen to be stored safely, ensuring residents' privacy.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had robust management systems to monitor the quality and safety of service provision, some oversight mechanisms required improvement to sustain continuous quality improvement, for example, related to care planning and infection control.

The provider's oversight systems had not recognised and risk assessed two restrictive practices concerning the locked communal bathroom and shower room and the keypad-controlled passenger lifts. The rationale presented for these restrictions did not provide evidence that they were required, that residents were consulted about this practice or that the impact on residents was recognised.

At the time of the centre's registration in March 2023, the registered provider had committed to providing specific staffing whole-time equivalent (WTE) resources, as outlined in the statement of purpose against which the provider was registered to operate. However, a review of the rosters provided by the registered provider indicated that staffing WTE resources were not aligned with the statement of purpose, and that there had been a reduction in the levels of chefs and housekeeping staff. For example:

- The provider was registered to have 4 chefs; however, 3 WTE chefs were seen on the roster.
- The provider was registered to have 1 WTE housekeeping supervisor, however 0.8 WTE were seen on the roster.
- The provider was registered to have 8 WTE housekeeping staff, however 4.7 WTE were seen on the roster.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Based on a review of the centre's records, assurance was provided that all required notifications had been submitted within the required timelines.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well-managed in the centre. The centre displayed its complaints procedure prominently in the entrance lobby. Information posters on advocacy services to help residents make complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident they could do so if necessary. For those who had raised a complaint, residents and

families commented to the inspector about the prompt and comprehensive response received from the person in charge. Staff were knowledgeable about the centre's complaints procedure. The provider maintained a record of complaints received, how they were managed, the outcome of complaint investigations and actions taken in response to receiving a complaint. The inspector reviewed the records of several verbal and written complaints received and found that they were responded to in accordance with the requirements of the regulation. The complaints officer and review officer had undertaken training to manage complaints.

Judgment: 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 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 provider had taken measures to protect residents from abuse, and residents had access to a range of healthcare services for their benefit. Notwithstanding these positive findings, the inspector found that some improvements were required in care planning, food and nutrition, premises, personal possessions and infection control to align with the requirements of the regulations.

The inspector reviewed four samples of nursing notes and care plans. There was evidence that residents were comprehensively assessed in 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. The care plans viewed by the inspector were person-centred. While acknowledging these good practices, examples were seen where care plans had not been revised at required intervals, after consultation with the resident and, where appropriate, their family. This is discussed further under Regulation 5: Individual assessment and care planning.

There were arrangements to support residents in accessing and retaining control over their personal property, possessions, and finances. Residents' clothes were laundered off-site by an external company. Residents had adequate space in their bedrooms to store and maintain their clothing and possessions, including access to locked storage facilities. Residents who spoke with the inspector stated they were satisfied with the space in their bedrooms and storage facilities. While residents were satisfied that their clothing was returned from the laundry clean, several reported delays of over a week before their clothing was returned. This matter is discussed under Regulation 12: Personal possessions.

The premises' design and layout met residents' needs. The centre was appropriately decorated to provide a homely atmosphere. There were secure outdoor areas, which

were pleasantly landscaped. While acknowledging these positive aspects in relation to the premises, some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

Food was freshly prepared and cooked on-site by the centre's chefs. Residents were offered a choice at mealtimes, and adequate portions of food were served. Residents also had access to fresh drinking water and other refreshments at mealtimes and throughout the day. There was adequate supervision and discrete, respectful assistance at mealtimes. While many residents were complimentary about the meals, some improvements were required regarding the tea-time meal. These matters will be discussed under Regulation 18: Food and nutrition.

The centre's interior was very clean. Surveillance of healthcare-associated infections and multi-drug resistant organism colonisation was being undertaken and recorded. The volume of antibiotic use was also regularly monitored. The provider had appointed two trained infection control link nurses to provide specialist expertise, and staff had access to infection prevention and control (IPC) training. A targeted auditing system was in place to regularly review staff practices and environmental cleanliness. Staff observed were bare below the elbow and adhered to best-practice guidelines regarding hand hygiene. The person in charge had completed a review following a recent influenza-A outbreak. Notwithstanding these good practices, some further actions were required to protect residents from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance on IPC, as discussed under Regulation 27: Infection control.

Regulation 11: Visits

The provider had a written visitor policy as required by the regulation. The inspector 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 12: Personal possessions

Not all residents were facilitated to retain control over their clothes and finances, for example:

- Several residents who had their clothing laundered off-site by an external agency contracted by the provider reported delays of over a week in returning their clothing, with one resident telling the inspector, "it can take

ages". The provider was aware of these delays and informed the inspector that they were engaging with the laundry provider to resolve the matter.

- The provider held funds belonging to seven residents in a current account; however, these residents were not receiving statements showing how much of their funds were in this account.

Judgment: Substantially compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The exit door from the ground-floor dining room was damaged and was not closing correctly, creating a draft in the room.
- The location of the smoking shelter was inappropriate and prevented residents from having adequate access to suitable ventilation at all times. The inspector could smell smoke in the corridor leading to the smoking area on the first inspection day, as well as in a bedroom opening onto that corridor on the second inspection day. A resident in another bedroom with a window that opened out, adjacent to the smoking shelter, informed the inspector that smoke entered their window, affecting their access to fresh air.
- The volume and management of the call bell and sensor alarm systems required review, as alarms were observed to make the environment very noisy on frequent occasions throughout the inspection days, impacting residents' peaceful enjoyment of their environment.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed that the mealtime experience for residents required review to ensure that food and nutrition were delivered in line with the regulatory requirements, for example:

- Over the course of the two-day inspection, several residents complained about the nutritional standard of food provided at the evening meal at 4:45pm. The inspector was not assured that residents were provided with adequate quantities of wholesome, nutritious food at this time. Menus reviewed showed an over-reliance on convenience foods, such as chips, wedges, sausages, and sausage rolls.

- Some residents spoken with during the two-day inspection expressed dissatisfaction with the quality of the bread provided, the temperature of the hot meals served, and the lack of variety on the menu. Similar matters had been raised by residents in recent questionnaires and at residents' committee meetings.

Judgment: Substantially compliant

Regulation 27: Infection control

While the interior of the centre was very clean on the day of inspection, some further areas required attention to protect residents from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018) and other national guidance in relation to IPC, for example:

- National guidance requires an aspergillosis risk assessment to be completed to protect at-risk residents from acquiring nosocomial invasive aspergillosis, a lung infection, during construction activities. The provider commenced this risk assessment process during the inspection period; however, further assurances are required that the provider has had the risk assessed by a competent person to determine the controls necessary to reduce risk, and that the provider has implemented these controls.
- The cleanliness of the clinical hand-wash sink waste-water outlets across the centre required attention, as several outlets were observed to be visibly unclean and to have a black residue.
- The oversight of cleaning practices required improvement; for example, cleaning equipment, such as sweeping brushes and dustpans, was visibly unclean in some areas, including the ground-floor dining room. Cleaning equipment should be clean.
- Storage practices in a basement store room posed a risk of cross-contamination, with resident monitoring equipment labelled as clean stored next to specialist seating awaiting collection, which was visibly unclean, with debris and liquid staining.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While comprehensive person-centred care plans were developed, based on validated risk assessment tools, examples were seen where care plans were not revised at required intervals, and after consultation with the resident, and where appropriate, their family, for example:

- While some residents' records evidenced continued communication with the resident and their family, records reviewed for two residents did not evidence any consultation with the resident and, where appropriate, their family during care plan reviews. These two residents were also among a sample of residents who stated in a recent survey administered by the provider that they did not know whether they had a care plan.
- Records reviewed relating to four residents' care plans found some domains within each holistic care plan, such as those relating to mobility and maintaining a safe environment, breathing, washing and dressing, and communication needs, had not been updated at required intervals, with some domains not having been updated since December 2024. Not updating each domain within the holistic care plan meant that some aspects of residents' care needs were not accurately recorded to guide staff. For example, the physiotherapist's advice regarding the transfer support requirements for one resident had not been recorded. It also meant that other aspects of residents' care needs had not been reviewed for over 13 months, such as one resident's end-of-life wishes.

Judgment: Substantially compliant

Regulation 6: Health care

The health of residents was promoted through ongoing medical review and access to a range of healthcare providers, including mobile X-ray, chiropodists, physiotherapists, speech and language therapists, dietitians and mental health services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Síochána (police) vetting before commencing employment in the centre.

Safeguarding training was provided, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. There were some gaps in this mandatory training, which is referenced under Regulation 16: Training and staff development.

From the records seen, it was clear that the person in charge had provided a robust and person-centred response when investigating and responding to allegations of abuse concerning residents.

The provider held small amounts of cash in safekeeping for two residents and acted as a pension agent for seven residents living in the centre. In relation to the small cash holdings, records reviewed found that the provider had a transparent system in place, with all cash lodgements and withdrawals signed by two staff members. In respect of pension agent arrangements, residents' pensions were paid into a separate residents' client account to safeguard residents' finances. The provider similarly had a transparent system in place for recording all lodgements and withdrawals of residents' pension funds from this account.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by attending residents' meetings and completing questionnaires. The centre offered monthly in-house religious services. Residents had access to radio, television, newspapers, telephones and internet services throughout the centre. Residents also had access to independent advocacy services. There was an activities and entertainment programme provided seven 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tramore Nursing Home OSV-0008484

Inspection ID: MON-0039661

Date of inspection: 23/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The Person in Charge (PIC) has completed a comprehensive review of mandatory training and will ensure that any requiring training or refresher updates from the mandatory programme are rectified as a matter of urgency. • The PIC will ensure that all staff receive Safeguarding training as required. • The mandatory training of all staff has been further enhanced with the introduction of the company's Online Academy. This will allow staff to complete mandatory training courses online, many of which are also supported by the provision of on-site tutor-led training. • We will continue to schedule on-site training workshops to deliver further training on managing behaviours that challenge and safeguarding vulnerable adults from abuse. Safeguarding training was recently held on February 3rd, and training on Managing Responsive Behaviours is scheduled for April 9th. • The PIC will ensure that Fire safety induction training is completed as part of the initial induction for all new staff. Fire safety training was held on March 2nd, and another session is booked for April 2nd to accommodate new starters. • Infection Prevention & Control training was held February 3rd, and another session is scheduled for April 9th 	
Regulation 23: Governance and management	Substantially Compliant

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

- A review of restrictive practices has been completed by the PIC. The keypad code to the lifts is available to all residents who request it; if assistance required this is provided. The keypad code has been added to the restraint register and a risk assessment is now in place.
- In the Statement of Purpose issued for registration of the centre, the staffing numbers were based on an estimate of what would be required at full occupancy. Sufficient staff were recruited to provide service for the centre at full capacity. Housekeeping resources allocated at this time were overestimated to allow the home to hire in line with need. It was evident over time that the current allocation of 9 WTE which includes laundry is sufficiently meeting the needs of the home. Both of these services are outsourced to external companies who specialise in these services. The same overestimated allocation for Catering was applied, and it was clear that a Catering Manager/Head Chef plus two other part-time Chefs was sufficient for the service required, especially given the increase in HCAs, who are responsible for serving food and assisting residents with meals. We will recruit an interim Chef to cover for a chef who is currently unavailable for work to ensure there are always sufficient staff in place to meet the catering needs for all residents.
- The PIC will continue to monitor staffing levels in all departments to ensure the service to residents is efficient, uninterrupted and of a good quality.

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

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Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- The external laundry provider had operational difficulties in the period immediately after Christmas which caused delays in returning laundered clothing. These issues have now been successfully resolved and will be monitored on an ongoing basis by the management team in the home.
- The home is currently a pension agent for seven residents. Residents can request an up-to-date statement at any time, and the PIC will ensure that a monthly statement is provided to these residents

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Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • There is a routine preventative maintenance schedule in place in the home and all of the issues identified on the days of inspection were scheduled for review and completion. • Since the inspection, the exit door in the dining room has been fixed and the draught has now been resolved. • The smoking area will be relocated in the rear garden at a sufficient distance from bedroom windows and will be accessible via the back door at the satellite nurse's station. This is due for completion by the end of March. • The volume of the call bell system will be reviewed by the original installers to address the volume issue. <p>]</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • The PIC and Catering manager have completed a review of the current menus and issues raised during the inspection. • Menus have been sent to a dietician for analysis of nutritional content and suitability. Any changes recommended will be discussed with the residents via the resident forum meeting and their views and preferences will be respected wherever possible. • The PIC has developed an information booklet for residents in the centre about Food and Nutrition and all residents have received a copy, which includes information on diet, nutritional requirements, modified diets and choices available in Tramore. • For those residents who do not wish to avail of the menu choice on any given day, an alternative meal will be made available in line with their preferences. • The Catering Manager will order a better quality and range of breads for residents. • The PIC will ensure that the dining room is appropriately supervised at mealtimes and that the quality, quantity and temperature of food is monitored. • A resident meeting is scheduled for 18th March. Food and the mealtime experience are running items on the agenda. The teatime food, choice and any other food related items will be discussed to ensure that any changes made are in line with residents wishes. <p>]</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC and Facilities team have reviewed the issues identified during the inspection. The PIC and Facilities team have reviewed the issues identified during the inspection. Having consulted the National Guidelines for the Prevention of Nosocomial Aspergillosis, Health Protection Surveillance Centre (2018) a risk assessment was completed during the inspection. The risk assessment includes guidance from this document and is reviewed and updated frequently in line with the home's risk assessment policy and ongoing changes to the progress on the adjacent external building site. We have completed a risk assessment and deemed the risk of aspergillus infection low at this time, and we have put in place mitigations in the event of dust generation from the adjacent site. • The PIC will ensure that the housekeeping team will consistently and thoroughly clean the hand hygiene sink outlets and that the understand the importance of ensuring that residue is always removed; this has been added to the daily checklist for housekeepers. We have assessed the risk of transmission-based infection from the sink outlets and found it to be low. The hand wash basins are intentionally designed to reduce the incidence of splash from the outlet. • Sweeping brushes are now included on the daily cleaning schedule and will be removed each day and cleaned. • Wheelchairs have been removed from the PPE room since the inspection and are stored safely and appropriately. • The PIC and CNM will monitor standards and systems of cleaning throughout the centre on daily walkabouts. Any deficits in cleaning standards will be brought to the attention of the housekeeping supervisor and where necessary a Quality Improvement Plan (QIP) will be developed. • The PIC and Housekeeping Supervisor will complete a weekly walkabout to monitor cleaning standards in the centre. • Cleaning schedules and findings from Hygiene Audits will be discussed at safety pause meetings, and at monthly management meetings. Corrective actions will be identified as part of the overall Quality Improvement Programme. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The PIC will ensure that the care plan is developed only after a series of assessments are completed, and the care plan will then be developed in consultation with the 	

resident/representative.

- All residents and their families have been informed that care plan meetings will take place to review and update individual residents' care plans. These meetings will be completed by end of April 2026.
- For those residents with mobility issues, the PIC will ensure that appropriate assessments are carried out and the care plan is updated to ensure that care interventions are appropriate. Input from physiotherapist will be included.
- The PIC will ensure that residents' care plans are reviewed and updated post any change in condition to reflect their current care needs. This information will also be shared at handover and safety pause.
- The care plan will focus on what matters to the resident and will incorporate the Age Friendly framework, the 4 Ms (what matters to me, medication, mentation and mobility).
- The PIC will complete a care plan audit monthly and develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.
- The PIC will develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.

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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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	30/04/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to	Substantially Compliant	Yellow	30/04/2026

	the matters set out in Schedule 6.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/04/2026
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	30/04/2026
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	30/04/2026
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	30/04/2026

Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/04/2026
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	30/04/2026
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	30/04/2026