



**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:	Charleville Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Station Road, Rathgoggan, Charleville, Cork
Type of inspection:	Unannounced
Date of inspection:	08 January 2026
Centre ID:	OSV-0008616
Fieldwork ID:	MON-0048318

## About the designated centre

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

Charleville Nursing Home is a purpose-built two storey facility, which can accommodate a maximum of 60 residents. It is a mixed gender facility catering for dependent people over the age of 65, but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Charleville Nursing Home is situated within a few minutes' drive from the busy town of Charleville with access to local restaurants and shops. All residents' bedrooms are single occupancy with ensuite toilet, hand wash sink and shower facilities. There are a number of communal spaces in the centre including two dining rooms on the ground floor and one dining room on the first floor. There is a large bright day room on the ground floor and a number of other sitting rooms and quiet rooms over both floors. There is a separate visitors' room which is available on the ground floor, and there are internal enclosed courtyard spaces which are safe and accessible for all residents to use at any time. Residents can also walk around the pathways around the centre.

Nursing care is provided 24 hours a day, with a minimum of two nurses rostered seven days a week. A multidisciplinary team is available to meet resident's additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

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

Number of residents on the date of inspection:	56
------------------------------------------------	----

I

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 8 January 2026	10:05hrs to 17:30hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

This unannounced inspection, was conducted by an inspector of social services over one day. The inspector spoke with residents, visitors and staff and spent time during the day observing staff interactions with residents. The inspector met with many of the residents living in the centre and spoke with eight residents in more detail and met with five visitors. The overall feedback from residents and visitors was that staff were very kind and caring. Many of the residents, in particular spoke very highly, of the two activity staff working in the centre, who they described as "excellent" and supported them to have a good quality of life. However, the inspector had concerns about the governance and management of infection prevention and control as outlined further in the report.

Charleville Nursing Home is a purpose built two storey centre that was first registered in August 2023. It is registered to accommodate 60 residents in single en-suite bedrooms. Resident accommodation is over two floors with accommodation for 31 residents on the ground floor and 29 residents on the first floor. Residents' bedrooms were clean, nicely decorated and well maintained. A number of residents and their families had brought items of significance from their own homes, such as their own photographs and personal effects. Bedrooms had plenty storage and a lockable space for residents' belongings. Residents had access to a number of communal areas on both floors that were also well maintained and decorated to a high standard.

On arrival to the centre, the inspector completed the signing in procedures and was greeted by the person in charge. The person in charge informed the inspector that there were no residents in isolation on the day. The inspector then walked around the centre to meet with residents, observe the care environment and staff interactions with residents.

The inspector saw that four residents were enjoying a leisurely breakfast in the ground floor dining room, while other residents were dressed and ready for the day's activities. Care staff were observed knocking before entering residents' bedrooms to assist them with personal care. A number of residents told the inspector how they were experiencing chesty coughs, sore throats and some informed the inspector that they felt "under the weather." Furthermore, residents were receiving oxygen therapy and staff informed the inspector that four residents were in hospital.

The inspector observed that none of the residents had isolation precautions in place, despite reporting respiratory symptoms. Nursing staff who spoke with the inspector, confirmed that none of the residents had been tested for respiratory viruses. Both activity staff team members were observed wearing face masks and they explained to the inspector that they were wearing them as a precaution, as they were concerned regarding the number of residents with coughs and other respiratory

symptoms. The inspector was concerned that an outbreak had gone undetected in the centre and issued an immediate action to the person in charge and the management team to implement their outbreak contingency plan.

In the afternoon, the inspector saw that staff had commenced wearing face masks, a number of resident's rooms had signage put in place, advising that isolation precautions were in place. The management team were conducting safety huddles to direct staff on the procedures for the implementation of the centre's contingency plan for the management of an outbreak in the centre. A number of residents had antigen tests carried out by nursing staff which indicated that an outbreak of Influenza A was suspected. This will be detailed further in this report.

Many of the residents, who spoke with the inspector, gave very positive feedback regarding the choice and quality of meals and snacks available. Two residents told the inspector that it was like a "hotel." The inspector saw that residents could choose to eat in their bedrooms or dining rooms on each floor. Menus were displayed on each table in the dining rooms and residents were offered a choice for the main course. Residents who required assistance were provided with this in an unhurried manner.

Many of the residents who spoke with the inspector were full of praise regarding the kindness and care they received from staff, with one resident stating that they had "never been happier" since they came to live in the centre. The inspector saw that staff interacted with residents in a kind and respectful manner and appeared to be knowledgeable regarding residents' preferences.

Residents meetings where views on the running of the centre could be expressed were held each quarter and over 20 residents attended these meetings. From a review of the minutes of these meetings it was evident that feedback with regard to food and activities was actioned by the chef and activity staff. There were two activity co-ordinators working in the centre on the day of inspection, with activities facilitated on each floor. Residents were participating in an exercise session in the morning on the ground floor and a reminiscence session in one of the day rooms on the first floor.

Mass was celebrated by a local priest in the afternoon in the centre. Residents spoke highly regarding the range of activities available and told the inspector they could choose whether to participate in them or not. A number of the residents had access to the code for the front door of the centre so they could go outside the centre, if they wished. Residents could freely access the two internal courtyards in the centre. Residents who spoke with the inspector stated that they could choose when to get up and when to go to bed and how to spend their day.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The findings of this inspection were that the governance and management arrangements in place were ineffective and did not ensure that the service provided to residents was safe. There were ineffective management systems in place to identify and monitor the quality and safety of care provided to residents in particular with regard to training and staff development, infection prevention and control and health care. Action was also required pertaining to care plans and premises to achieve regulatory compliance. These will be detailed under the relevant regulations.

Charleville Nursing Home is operated under the governance structures of Mowlam Healthcare Services Unlimited Company, who is the registered provider. The centre is part of the Mowlam Healthcare group, which has a number of nursing homes nationally. The inspector found that there was a clearly defined management structure in place, with identified lines of responsibility and authority for all aspects of care provision. The person in charge worked full time in the centre and was supported by a full time clinical nurse manager, who was supernumerary to the nursing complement in the centre. A new person in charge had been appointed to the role in October 2025 and a new person participating in management had been appointed at the same time. The provider had notified the office of the Chief inspector of these role changes, in a timely manner as required in the regulations.

From a review of rosters and speaking with residents and staff, the number and skill mix of staff was appropriate to meet the assessed needs of the 56 residents living in the centre at the time of the inspection.

Staff who spoke with inspectors confirmed that they were provided with training on fire safety, manual handling, safeguarding and managing responsive behaviour. Staff were provided with face-to-face training and online training on aspects of practice such as dementia care, restrictive practices and infection control. A fire training officer was on site on the day of inspection, providing training to a number of staff. However, the inspector was not assured that nursing staff were appropriately trained to detect and manage outbreaks of infection and that staff were appropriately supervised as outlined under Regulation 16; Staff training and development.

The provider had a schedule of audits in place that included hygiene and infection control, medication management, health and safety, falls prevention and restrictive practices. Action plans were developed and implemented to address the findings of these audits.

The provider had communication systems in place that included handover and regular meetings with groups of staff such as nursing, catering and all staff. The

provider had a schedule of governance and management meetings, with the management team working in the centre, whereby key performance indicators, such as number of incidents, pressure ulcers, residents experiencing weight loss, usage of restrictive practices, hospital admissions were reviewed and monitored. However, the inspector was not assured that the communication strategies in place were effective to ensure that staff concerns regarding residents with respiratory symptoms were escalated to the management team as outlined under Regulation 23; Governance and management.

The systems in place to ensure that an outbreak of influenza A was detected in a timely manner and appropriately managed to reduce onward transmission to residents and staff were not in place. An immediate action was issued on the day of inspection to the provider as the inspector had concerns that an outbreak was ongoing in the centre for a number of days and had not been recognised, or managed in a timely manner. The onsite management team implemented the centre's contingency plan on the day and informed the local public health team. The provider assured the inspector that an after action review would be undertaken so that learning could be shared, to ensure future outbreaks would be managed appropriately in the centre and across the wider group. This is detailed under Regulation 23 Governance and management.

The centre had a policy for the management of complaints that was written in line with the amended regulations. A record of complaints was maintained in the centre.

Notifications were recorded electronically in the centre and from a review of these records, it was evident that incidents were notified in line with the Regulation 31; Notification of incidents.

### Regulation 15: Staffing

The inspector found that the number and skill mix of staff was appropriate to meet the needs of the 56 residents living in the centre at the time of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Action was required to ensure that staff received further training appropriate to their role, to ensure that outbreaks of infection were detected and managed in line with guidelines.

Supervision of nursing staff was inadequate as evidenced by the failure to recognise that over 20 residents had symptoms of respiratory infection at the time of inspection and an outbreak was not suspected or managed to ensure residents were

provided with appropriate care and treatment and to reduce the risk of onward transmission.

Judgment: Not compliant

### Regulation 23: Governance and management

There was a failure in governance and management arrangements to ensure residents were protected due to the delay in the timely detection and effective management of an outbreak of influenza A in the centre as evidenced by the following;

- During the walk-around the centre, at the start of the inspection to meet with residents and staff, the inspector became concerned that many residents were reporting respiratory symptoms, yet there was no one in isolation or no evidence of universal mask wearing or any PPE in use in the centre.
- There were four residents in hospital and nursing staff told the inspector that three of these were admitted with respiratory symptoms and low oxygen levels.
- Two residents were on oxygen treatment in the centre for respiratory symptoms and a large number of residents on the first floor were on antibiotic therapy for chest infections.

Communication systems in the centre were not effective to ensure staff concerns were escalated to the management team as evidenced by the following; a small number of the staff team were wearing face masks and when asked why, they told the inspector that they were concerned about the number of residents who were displaying respiratory symptoms.

Following this walk around, the inspector became increasingly concerned regarding the provider's failure to detect and manage an outbreak and issued an immediate action to the management team to implement the centre's contingency plan for the management of suspected outbreaks of respiratory infection.

Failures in outbreak surveillance and monitoring were evident; There was no line listing maintained of residents and staff with respiratory symptoms prior to the inspection. These and other findings will be evidenced under Regulation 27 Infection control.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

From a sample of contracts reviewed, it was evident that they contained the details and terms and conditions as required in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

A log of incidents occurring in the centre was maintained electronically. The inspector reviewed the incident log and saw that required incidents were reported to the Chief inspector as required in the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed a sample of the records of complaints maintained in the centre. It was evident that written responses were issued to the complainant outlining the action taken to investigate and manage the complaint; this response included details of the review procedure as required in the regulations. There were a number of complaints from residents regarding the control of room temperatures in the centre, this is actioned under Regulation 17; Premises.

Judgment: Compliant

## Quality and safety

While the inspector found that residents living in the centre had good access to opportunities for social engagement, the findings of the inspection were that ineffective governance and management systems in place, impacted the quality and safety of care provided to residents. Non-compliance found on inspection posed a risk to the safety and well being of residents, with regard to infection prevention and control practices and health care.

All residents had a care plan that was developed within 48 hours of admission to the centre and was developed using validated assessment tools. From a review of a sample of care plans, the inspector found that many of the care plans were person-centred and contained details of residents' choices and preferences. What matters to me was completed in the sample of care plans reviewed so that staff were aware of residents' choices and preferences. However, care plans were not consistently

updated, when residents condition changed; such as when residents returned from a hospital admission or treatment as detailed under Regulation 5; Individual assessment and care plan.

Residents had access to GP services from local general practitioners and from a review of a sample of residents' health care records, it was evident that residents were reviewed regularly as required. A physiotherapist was on site three days a week and a nurse with expertise in tissue viability was on site on the day of inspection reviewing residents who had wounds. Residents had access to dietitian and speech and language services. The inspector was not assured that residents were provided with a high standard of evidence based nursing care in accordance with professional guidelines as detailed under Regulation 6; Health care.

The premises was well laid out to meet the individual and collective needs of residents, with well maintained bedrooms and communal areas available for residents' use. On the day of inspection the centre was warm and homely. However an ongoing issue with regard to the regulation of the bedroom temperatures in the centre was reported by residents and in complaints records as detailed under Regulation 17; Premises.

The inspector saw that residents who experienced responsive behavior were responded to in a respectful manner by staff on the day of inspection. There was a low use of restrictive practices in use in the centre, with three residents using bed rails at that time.

Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean. There was adequate resources available to ensure residents' bedrooms were cleaned daily and deep cleaned regularly. However, a number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. Improvements were also required in the detection and management of outbreaks. The inspector observed that a large number of residents reported symptoms of acute respiratory infection, three residents were transferred to hospital with respiratory symptoms, in the days prior to the inspection; two further residents were sent to hospital with respiratory symptoms on the day of inspection. One resident tested positive for influenza A on the day of inspection and four of the transferred residents also tested positive. While the timing and clinical presentations met the case definition of an acute respiratory infection (ARI) outbreak, an outbreak had not been declared by this time. These and other findings are detailed under Regulation 27; Infection control.

The inspector found that residents had access to advocacy services if required. The two activity co-ordinators facilitated the activities programme in the centre and residents gave very positive feedback on the variety and quality of activities available to them. Residents meetings were held to seek residents' views on the running of the centre. Residents were supported to go on outings from the centre with their families.

## Regulation 11: Visits

Visitors and residents confirmed with the inspector that there was no restrictions on visiting and they were satisfied with the arrangements in place. Residents could meet with their visitors in the family rooms, or in their bedrooms and in the communal areas in the centre.

Judgment: Compliant

## Regulation 17: Premises

From discussions with residents and a review of the complaints log maintained in the centre, it was evident that there was ongoing issues with the regulation of the temperature and heating system in the centre. This was especially a concern raised by residents during the summer months, when bedroom temperatures became uncomfortably high for some residents.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

The inspector saw that residents were offered a choice of courses for the lunch time meal and evening meal and many residents were complimentary regarding the quality and variety of food provided. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents who required assistance, received it in an unhurried and respectful manner. It was evident that residents who required review by a dietitian or a speech and language therapist were referred and assessed it in a timely manner.

Judgment: Compliant

## Regulation 27: Infection control

The registered provider did not ensure that procedures, consistent with the standards for the prevention and control of health care associated infections published by the Authority were implemented by staff. Several potential contributory

factors were identified which impacted the early detection and effective control of the influenza outbreak. For example;

- Current Public Health and Infection Prevention and Control guidance on the prevention and management of cases and outbreaks of respiratory viral infections in Residential Care Facilities were not implemented, when residents presented with respiratory symptoms.
- Delayed introduction of key infection control measures, including immediate isolation of symptomatic residents and universal mask wearing reduced the effectiveness of early outbreak containment and increased the risk of further transmission.
- PCR testing for influenza, COVID and RSV testing was not undertaken in line with HPSC Guidance on testing for Acute Respiratory Infection (ARI) in Residential Care Facilities (RCF) – Winter 2026/2026.
- While the centre had an outbreak contingency plan available, there was no evidence that required supplies to implement this plan were available as there were no PCR or viral swabs in the centre to test symptomatic residents once the outbreak was suspected.
- Line listing of residents and staff with respiratory symptoms was not commenced until the day of inspection, even though many residents were symptomatic for over a week before the inspection.
- The local public health department had not been notified that an outbreak was suspected until the day of the inspection.

These failures led to the onward transmission and spread of influenza infection among residents living in the centre.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

While overall residents care plans were person centred, from a review of a sample of care plans, the following required action;

- A number of care plans were not updated when a residents' condition changed; a resident with a fracture did not have their care plan updated accurately, to reflect how it impacted their mobility and falls risk.
- Residents with active respiratory symptoms did not have this reflected in their care plans.
- Residents who required oxygen did not have their care plans updated to indicate this change in their condition.

These findings may lead to errors in care.

Judgment: Substantially compliant

## Regulation 6: Health care

Action was required to ensure that the registered provider shall having regard to the care plan prepared under Regulation 5 provide appropriate medical and healthcare including a high standard of evidence based nursing care, in accordance with professional guidelines for residents. For example:

- Residents with symptoms of acute respiratory infection were not isolated nor didn't have any transmission based precautions implemented to ensure there was no onward transmission to residents, visitors and staff in the centre.
- There was no evidence that any residents were tested to determine if residents had a viral infection.

Judgment: Not compliant

## Regulation 7: Managing behaviour that is challenging

The provider ensured that staff were provided with training in regard to management of responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was a low use of restrictive practices in the centre and alternatives to bed rails such as low beds and crash mats were in use where required.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents living in the centre had good access to a variety of activities that were scheduled over the seven days of the week. There was evidence of consultation with residents regarding the running of the centre through regular residents' meetings and surveys. Residents who required it, had access to advocacy services. Television and internet access was available for residents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Charleville Nursing Home OSV-0008616

Inspection ID: MON-0048318

Date of inspection: 08/01/2026

## 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	Not 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"> <li>• The Person in Charge (PIC) will complete further Infection Prevention and Control (IPC) training both on-site and online with HSEland to ensure that all infection outbreaks are recognised at an early stage and that appropriate contingency plans are in place and implemented in the event of a suspected outbreak of infection.</li> <li>• The PIC has scheduled 4 on-site training sessions which will ensure all staff have received refresher courses in IPC so that residents will be provided with appropriate care and treatment in the event of an infection outbreak and the risk of onward transmission is kept to a minimum.</li> <li>• The PIC will ensure that the IPC link practitioner has received training appropriate to her role and that she avails of support available from local CHO IPC lead.</li> <li>• The Assistant Director of Nursing (ADON) is currently the IPC link practitioner; the PIC will ensure that she is familiar with the most up to date public health guidance on the correct management of respiratory outbreaks.</li> <li>• The PIC and ADON will ensure that the ISBAR handover sheet is used at both daily handover and safety pause meetings, and that all IPC concerns are discussed with staff to ensure that everyone understands what to do in the event of an outbreak of infection.</li> <li>• The PIC will ensure that Public Health and HIQA are notified in accordance with guidelines when there is a suspected outbreak in the Home.</li> <li>• The PIC is supported by a Healthcare Manager (HCM) who visits the home at least weekly to discuss the operational management of the home and the PIC will ensure that all pertinent issues are discussed, and advice sought as appropriate.</li> <li>• The PIC will ensure that all staff are aware of the correct escalation procedure for all incidents or suspected infection outbreaks, including notifying the Authority.</li> <li>• The PIC will complete the line listing and send this to Public Health in a timely manner so that appropriate advice can be given regarding management of outbreak.</li> <li>• The PIC will observe staff as part of daily walkabout to ensure that they are using the</li> </ul>	

correct handwashing techniques and appropriate use of face masks.

]

Regulation 23: Governance and management

Not Compliant

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

- There is a monthly management team meeting in the home chaired by the PIC, which reviews all operational aspects of the home, including key performance indicators, risk management, incidents, and complaints. The HCM will attend the meetings to ensure that there is effective communication with staff regarding all relevant issues in the home.
- The PIC will ensure that there are clear guidelines in place for the effective management of suspected / actual outbreaks and that all staff are aware of the measures to be implemented in the event of a suspected infection outbreak so that residents and staff are protected from the risk of onward transmission. The ADON is the IPC Link Practitioner, meetings will continue to be held monthly with representatives from all departments to discuss all aspects of IPC and minutes will be available for all staff.
- The PIC will ensure that the outbreak contingency plan is up to date and that all staff are familiar with it.
- IPC surveillance and outbreak management will be discussed as part of the monthly management meeting in the home.
- The PIC/ADON will attend handover/safety pause meetings and ensure all information regarding residents' health and wellbeing and any areas of concern are discussed and escalated in real time.
- The PIC will enquire about any change to residents' conditions and will actively seek feedback and updates from staff about any concerns they may have.
- The PIC will hold reflective practice meetings with individual nurses to discuss the outbreak and identify any knowledge or training deficits. A Quality Improvement Plan (QIP) will be developed as necessary and any required training updates will be provided.
- The PIC will ensure that there are appropriately senior staff on duty at weekends (the ADON and a Senior Staff Nurse will alternate weekends).
- The PIC will notify the HCM, Public Health and the Authority of any suspected infection outbreak in a timely manner in accordance with managerial and legislative requirements.
- The PIC will communicate with Public Health (PH) and local CHO IPC lead to ensure all appropriate measures are in place. A line listing will be submitted to PH by the PIC and will be updated daily.

]

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"> <li>• A comprehensive review of the heating system has taken place, and a remedial plan is in place.</li> <li>• An outside contractor has been secured to complete the necessary works which will be completed before the summer months so that the temperature in the home can be adjusted for the residents' comfort.</li> </ul>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that all staff and the management team in the home are aware of the copy of the most recent Public Health guidance on IPC/management of infection outbreaks in residential care settings and a copy of the Health Protection Surveillance Centre's (HPSC) guidance will be readily available for staff.</li> <li>• The PIC will ensure that appropriate infection prevention and control procedures are implemented during a suspected outbreak and that all staff are familiar with same, including appropriate use of PPE.</li> <li>• The PIC, supported by the HCM, will ensure that an IPC/Outbreak Quality Improvement Plan (QIP) is developed and made available to staff. Implementation of this QIP will be monitored by the HCM and reviewed at monthly management meeting.</li> <li>• The PIC will ensure that an appropriate stock of PPE is available in the home and such levels will be maintained and reordered as necessary.</li> <li>• The PIC will ensure that the infectious outbreak contingency plan is implemented and that viral swabs will be available to test symptomatic residents as required.</li> <li>• The PIC will ensure that PCR testing for Influenza, COVID and RSV will be undertaken in line with current HPSC Guidance on testing for Acute Respiratory Infection in Residential Care Facilities; the results of these tests will be documented in the electronic record and communicated to GPs and PH.</li> <li>• The PIC will ensure that guidance is sought from PH at the earliest convenience so that the outbreak can be managed appropriately.</li> <li>• The PIC will maintain and update a line listing of residents and staff with respiratory symptoms which will be commenced as per guidelines and submitted to Public Health.</li> <li>• The PIC will adhere to the procedure for escalating incidents and information to the HCM for advice and support.</li> <li>• The PIC will ensure that the cleaning standards and hygiene in the home are maintained, and that housekeeping staff deep clean rooms following the infection outbreak. The PIC/ADON will spot check rooms as part of daily management walkabout.</li> </ul>	

]	
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"> <li>• The PIC will ensure that residents' care plans are reviewed and updated post fall to reflect their current care needs. This information will also be shared at handover and safety pause.</li> <li>• For those residents with active respiratory symptoms, the PIC will ensure that appropriate assessments are carried out and an individualised respiratory care plan will be developed to ensure that the care interventions are appropriate. This will include the use of oxygen and will outline for the resident the reason oxygen is in use.</li> <li>• The PIC will ensure that residents' care plans are person-centred and developed in consultation with the resident or their representative.</li> <li>• 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).</li> <li>• The PIC/CNM will complete a care plan audit monthly and more frequently should the need arise, such as when there is a change in residents' condition or a transfer from the home.</li> <li>• The PIC will develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.</li> </ul> <p>]</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• The PIC will ensure that the residents' care plan is developed in line with their assessed care needs and updated to include any changes to their condition, including signs and symptoms of respiratory infection.</li> <li>• The PIC will ensure that all residents with respiratory symptoms are isolated in their rooms with appropriate signage on display and yellow bins in use.</li> <li>• PIC will ensure that staff are wearing masks throughout the centre and are adhering to correct handwashing techniques.</li> <li>• The PIC will ensure that visitors are aware that there is a respiratory outbreak in the centre and all necessary precautions are in place to prevent the spread of infection.</li> <li>• The PIC will ensure that swabs are available to test symptomatic residents, in line with Public Health guidelines. Swab results will be documented in the electronic medical</li> </ul>	

record, notified to GP and included in line listing to Public Health.

]

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/03/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/03/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2026
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	Not Compliant	Orange	31/03/2026

	effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	31/03/2026
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	31/03/2026
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord	Not Compliant	Orange	31/03/2026

	Altranais agus Cnáimhseachais from time to time, for a resident.			
--	---------------------------------------------------------------------------	--	--	--