



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

Issued by the Chief Inspector

Name of designated centre:	Curam Care Home Carrigaline
Name of provider:	Knockrobin Nursing Home Limited
Address of centre:	Janeville, Carrigaline, Cork
Type of inspection:	Unannounced
Date of inspection:	11 February 2026
Centre ID:	OSV-0008711
Fieldwork ID:	MON-0049633

About the designated centre

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

Curam Care Home Carrigaline is a designated centre situated in a residential area in the outskirts of the Cork city suburb of Carrigaline. It is registered to accommodate 111 residents. The centre is laid out over four floors. Resident accommodation is located on three floors and non-residential facilities such as laundry, storage, main kitchen and staff facilities are located in the lower ground floor. Resident accommodation comprises single occupancy bedrooms, all with en suite facilities of shower, wash-hand basin and toilet. Additional toilet facilities are located throughout and in close proximity to communal areas of dining room, day, room and seating areas. Each floor has a separate day room, dining room and smaller day room with kitchenette with tea and coffee making facilities. Other seating areas are available on each floor. The quiet reflection room is located on the ground floor. Lift and stairs are on either side of the building to facilitate movement between floors. There is a large landscaped enclosed garden with walkways and seating; the smoking shelter is located in the garden. Curam Care Home Carrigaline provides long-term, respite, convalescence, dementia and palliative care to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	100
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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
Wednesday 11 February 2026	12:00hrs to 18:30hrs	Ella Ferriter	Lead
Thursday 12 February 2026	08:40hrs to 16:15hrs	Ella Ferriter	Lead
Thursday 12 February 2026	08:40hrs to 16:15hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This was a two day unannounced inspection to monitor ongoing compliance with the regulations and standards. During this inspection the inspectors observed that residents living in Curam Care Home Carrigaline were supported to enjoy a good quality of life, where their rights were respected by a team of staff who were attentive and caring. Feedback received from residents was overwhelmingly positive in relation to their relationship with the management and staff working in the centre. The inspectors met and greeted the majority of residents over the two days and spoke in more detail to 40 residents, to gain an insight into their lived experiences. The inspectors also spent time observing residents' daily lives and care practices in the centre and it was evident that residents received a high quality service in a homely environment.

Curam Care Carrigaline provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in the suburb of Carrigaline, about 12 kilometres south of Cork City. The inspectors observed that the premises available to the residents was extensive. It is a four storey facility and it is situated within the residential estate of Janeville. Resident's accommodation is situated over three floors, and the lower ground floor of the centre contains the laundry, staff facilities and storage. The centre is registered to provide care to 111 residents and there were 100 residents living in the centre, at the time of this inspection.

Inspectors observed that there was ample communal space on each floor of the centre which was tastefully decorated and comfortable. It was evident that extensive time and effort had been dedicated to the internal decor of the centre to make it as homely and comfortable as possible for residents. Residents told inspectors that it was extremely relaxing, warm and plush, many of them comparing it to the comfort of a hotel. Residents were observed moving freely around the centre over the two days, interacting with each other and with staff. Residents were encouraged to be as independent as possible in these communal spaces and there were facilities to make tea and coffee and fresh fruit and biscuits available for residents. The inspectors saw that there was appropriate directional signage in the centre to assist residents with cognitive difficulties to navigate their way. The centre was observed to be cleaned to a very high standard and there were ample staff employed in the centre allocated to cleaning.

Many bedrooms were observed to be personalised and some residents had brought in their own furniture, photos, and other personal items from home. The inspectors observed staff politely knocked on resident's doors and waiting for a response, before entering residents' rooms. Staff were observed assisting and attending to residents in a friendly and respectful manner. Residents told the inspectors that staff spent time with them in the morning, supporting them to select their clothing and ensuring that they had everything they needed. Residents looked very well cared for

and had their hair and clothing done in accordance with their own preferences. Some female residents told inspectors that staff assisted them to choose their clothes and jewellery each day and encouraged them to wear their makeup and have their hair done.

It was evident over the two days that residents exercised choice with regard to their life in the centre, such as when to get up and where to have their meals. Residents were observed coming to the dining rooms at a time of their choosing and ordering their breakfasts from the staff in the small adjoining kitchens. Inspectors saw there was plenty of choice of cereal, toast and eggs of the residents' choice. Mealtimes were observed over the two days to be unhurried social occasions. Most residents had their meals in the large bright dining rooms. The dining experience was a sociable one for many residents where they laughed and enjoyed each other's company. The lunch time dining experience was observed on the three floors and all residents were complimentary about the variety and quantity of food, with one resident telling the inspectors they regularly have second helpings. A large number of residents were seen to enjoy a glass of wine with their lunch and there was signage on display informing residents that it was available. A number of residents told inspectors they really look forward to this treat at lunch time. Inspectors also observed the meal service to the bedrooms. One nurse per floor was allocated to supervise these residents and to ensure that meals were delivered in a timely manner and at an optimum temperature. Assistance from staff was seen by the inspectors to be given in a kind and dignified manner.

Over the two days of this inspection staff were seen to be patient and kind and care delivery was observed to be unhurried. The inspectors saw many positive meaningful interactions between staff and residents and it was evident that staff had a very good knowledge of resident's social histories, such as what they had worked as, their family, and their hobbies and interests. Residents told inspectors that dignity and respect was very important in the home and that the management team led by example in the way they treated residents. Friends and families were facilitated to visit residents, and the inspectors observed visitors coming and going throughout the day, being greeted by a friendly receptionist. Visitors spoken with, 18 in total, were extremely complimentary about the care and respect their loved one received, stating they were happy that their loved one was in such a nice home.

Residents spoke positively about their experience of living in the centre and detailed how staff supported them to engage in activities of their choosing. There were two members of staff allocated to activities on the days of this inspection. They were observed to know resident's personal preferences and interests very well. The inspectors saw activities taking place such as exercise classes, games and newspaper discussions. The local priest attended every Wednesday to say mass and many residents told the inspectors they looked forward to this. Residents of other faiths also received regular visits from their ministers. Some residents chose not to take part in activities and were observed reading and watching television in their bedroom and being visited by staff for reflexology and a chat.

Residents told the inspectors that they were involved in decisions about the centre and their views were sought about various issues at resident meetings. For example,

they suggested some menu changes and additional music in the centre which was all acted on. Two residents told the inspectors that the management were very open to feedback and frequently asked them if there were any areas for improvement or ways to improve their experience in the centre. Residents were encouraged to express their beliefs, values, wishes and preferences with regard to the care provided to them and their rights were respected and promoted. Feedback from residents was that they were extremely happy with the care provided by staff describing the care as "wonderful" and they told inspectors that they were content living in the centre, which was homely and welcoming.

Conversations had with residents clearly identified that they were happy with their life in Curam Care Home Carrigaline. Residents felt safe in the centre and they could choose where to spend their day, what time to get up and return to bed and they told inspectors that they did not feel restricted in any way. Residents were knowledgeable on who the person in charge was and the wider staff team. Residents voiced that they would not hesitate to make a complaint or suggestion and they were encouraged to do so. The inspectors summarised that residents lived a good quality of life where they were facilitated to enjoy each day to the maximum of their ability.

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

Capacity and capability

This inspection found that Curam Care Home Carrigaline was a good centre and there was effective leadership and management, which ensured that residents received good quality, safe care and services. The provider and team of staff were committed to a process of quality improvement with a focus on respect for resident's human rights and the delivery of person-centred care. The effective governance and management of the centre was reflected in the overall good compliance of the centre through the regulations reviewed.

Curam Care Home Carrigaline is a designated centre for older people which is registered and operating as a nursing home since January 2024. The centre is owned and operated by Knockrobin Nursing Home Limited, who is the registered provider. The company comprises of two directors, who are also involved in the operation of four other nursing homes in Ireland. From a clinical perspective the centre was being managed by an appropriately qualified person in charge. They were supported in their role by two assistant directors of nursing, two clinical nurse managers and a team of nurses, healthcare attendants, kitchen, maintenance, domestic, administrative and activities staff. The lines of authority and accountability were clearly defined. At least one member of the management team was present in

the centre each day, on a supernumerary basis, including weekends, to provide clinical supervision and support to staff. The provider also employed a Director of Care, Quality and Standards and a Director of Risk and Compliance, to support the centre and the person in charge reported to them.

On the day of the inspection there were adequate resources, in terms of staffing, to ensure the effective delivery of care in accordance with the statement of purpose and to meet residents' individual needs. Staff with whom the inspectors spoke, were knowledgeable of residents and their individual needs and they had the required skills, competencies and experience to fulfil their roles. The centre had access and support of a human resource department, to assist with recruitment of staff.

Staff had access to education and training appropriate to their role. Training was well monitored within the centre by the management team and the inspectors saw that there was an array of training booked in the days and weeks following this inspection. There was an induction programme in place to support staff in the provision of safe and effective care to the residents, which was overseen by the person in charge.

Record-keeping in the centre was to a high level, and all records were well-maintained and easily retrievable for review by the inspectors. Records including staff files, the directory of residents, the certificate of insurance and the records of incidents and accidents were reviewed and found to meet the criteria of the regulations. Notification of incidents occurring in the centre were appropriately submitted by the person in charge, within the time lines set out in the regulations.

There were effective communication systems in place. The inspectors reviewed minutes of meetings such as clinical governance meetings and it was evident that key issues such as recruitment, clinical care, a review of clinical incidents and risk were appropriately reviewed and time bound action plans put in place where required. The inspectors saw that regular meetings were held in the centre to ensure effective communication across the service such as management team meetings, heads of department meetings and nursing team meetings. There was evidence of consultation with residents on the running of the centre through surveys and residents meetings.

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. They clearly outlined the room the resident occupied and the fees for services, as per the requirements of the regulation. However, contracts of care required amending to ensure all additional charges were clear and easy to understand, as actioned under Regulation 24.

The person in charge collected weekly key performance indicators in relation to restraint use, falls, antibiotic use and wounds. This information contributed to a schedule of audits of practices in the centre. The inspector reviewed a number of audits and found that action plans for improvement were identified, with time lines for completion set and followed up.

There were policy and procedures in place for the management of complaints. The procedure for making complaints was on display in the centre and residents were

reminded on how to make a complaint at residents meetings. Inspectors found that there was a comprehensive record of complaints and complaints were used to improve and enhance services.

Regulation 14: Persons in charge

There was a full time person in charge employed, who had been appointed when the centre opened. They had the required experience and qualifications, as specified in the regulations. The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection, across all departments, was sufficient to meet the needs of the 100 residents living in the centre. From discussions with the management team inspectors were assured that staffing levels were being adjusted and monitored in line with resident dependency levels and the centre reaching its full capacity of 111 residents.

Judgment: Compliant

Regulation 16: Training and staff development

The training records reviewed by the inspectors indicated that the vast majority of staff were up-to-date with mandatory and other relevant training, with some training booked in the weeks following this inspection. Staff were supervised in their roles daily by the management team. The provider had good procedures in place for the recruitment and retention of suitable staff. There was a comprehensive induction process for new staff.

Judgment: Compliant

Regulation 19: Directory of residents

The provider maintained an electronic directory of residents which contained all information as per Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection and were well maintained both electronically and paper based. Requested records were made available to the inspectors and were seen to be well-maintained. A sample of four staff files were reviewed and they contained all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed and Garda Síochána (police) vetting disclosures were in place.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance against injury to residents in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability at individual, team and service levels so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable. Systems in place ensured that service delivery to residents was safe and effective through the ongoing audit and monitoring of outcomes. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. This review included results of satisfaction surveys and incorporated residents' and relatives' feedback regarding the care provided.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed by the inspectors which found that the contracts of care were not clear with regards to the additional charges. Specifically, a number of services were listed as part of the additional weekly service charge. However, some of these services outlined in the contract included basic toiletries such as hand sanitiser, hand soap, and toilet roll. These were items the resident should be entitled to under the nursing home support scheme. Other services listed in the additional service charge such as wander tags and sensor mats if required, should be charged for individually, if a resident chose to avail of them.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives in the centres foyer and on each floor of the centre. This contained a statement of the designated centre's vision, mission and values. It accurately described the governance structure, facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulation. A review of a sample of complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements. The complaints procedure was overseen by the person in charge, who was the named complaints officer.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that the robust governance and management of the service, as described in the first section of this report ensured that a very good quality of care was provided to residents in Curam Care Home Carrigaline. The care and support of residents was delivered in a person-centred way and staff promoted an ethos of a human rights-based approach to life and care in the centre, where the rights and choices of residents were valued and respected.

There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services and good opportunities for social engagement. Residents were provided with regular access to general practitioner (GP) services. Residents also had access to social and health care services, including dietitian, speech and language therapy, dental, chiropody and occupational therapy. The in-house physiotherapist provided regular reviews of residents' mobility and function and the physiotherapist was seen to provide a very individualised and active service to residents, on day two of this inspection.

There was a good standard of care planning. Care planning documentation was available for each resident in the centre, as per regulatory requirements. A pre-admission assessment was completed for each resident prior to admission, to ensure the centre could meet the residents' needs. On admission to the centre, a suite of care plans were devised which contained up-to date information, to guide staff to meet the needs of the residents.

Procedures had been established to ensure that the transfer of residents from the designated centre occurred in line with the requirements of the regulations. This included consultation with residents and their representatives regarding transfers and discharges. However, action was required to ensure that all relevant information, pertinent to the care of residents was communicated to the receiving health care facility, which is detailed under Regulation 25. There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services to ensure best outcomes for residents.

Based on the observations of the inspectors there were good procedures in place in relation to infection prevention and control. The centre was very clean and there were appropriate cleaning staff employed in the centre. The management team were monitoring infections and the use of antibiotics as recommended and there was evidence of comprehensive infection prevention and control audits and environmental monitoring.

The inspectors found evidence of good medicine management practices and sufficient policies and procedures to support and guide practice. The inspectors spoke with nursing staff on duty regarding medicines management issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines requiring strict controls were appropriately stored and managed.

There were effective measures in place to safeguard residents and protect them from abuse. Safeguarding training was provided to staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. The inspectors found that residents' rights were upheld in the centre. 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 participating in residents' meetings and completing residents' surveys. Residents' privacy and dignity were respected and they had access to television, Internet and radio.

Regulation 17: Premises

The premises was maintained to a very high standard and it was evident that the provider took pride in the provision of a comfortable, relaxing and homely environment for residents. There was an ongoing programme of painting and maintenance by assigned staff. The premises conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Modified diets and specialised diets, as prescribed by healthcare or dietetic staff were found to be implemented and adhered to. Each resident had a nutritional assessment completed using a validated assessment tool. There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly and monthly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services, to ensure best outcomes for residents. Residents had choice at mealtimes, with pictorial menus displayed in each dining room. Mealtimes were observed to be a social experience, with residents enjoying a daily glass of wine with their dinner if they choose to.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents a residents guide. This contained all information as specified under the regulations such as a summary of services, arrangements for visits and the procedure for making a complaint.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Action was required to ensure that when a resident is transferred to an acute hospital that all information pertinent to their care was communicated to the receiving health care facility. This is required to support the safe transfer of the residents care.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had ensured that infection control procedures were consistent with the national standards for infection prevention and control in community services (2018). Areas identified to be addressed, as per the findings of the previous inspection had been actioned. There was effective oversight of infection control in the centre to identify potential risks and opportunities for improvement. There were two on-site infection prevention control link practitioners. Care plans were in place for residents requiring enhanced oversight due to a history of multi-drug resistant organisms (MDROs).

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Comprehensive medicine management systems were in place. Medicine administration was observed by the inspectors to be in line with best practice guidelines. Medicines that required administering in an altered format such as crushing were all individually prescribed by the GP and maximum doses were prescribed for "as required" medications. Out of date medicines and medicines which were no longer in use were returned to pharmacy. Controlled drugs were

carefully managed in accordance with professional guidance for nurses. Nurses' administration practices were observed and met the requirements of best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

All residents living in the centre had a care plan in place, as required by the regulations. Comprehensive assessments were completed using validated tools and these were used to inform each care plan. There was evidence of ongoing discussion and consultation with residents, and where required, their representatives, in relation to care plans. Care plans were maintained under regular review and updated with any relevant changes. They contained person-centred information in relation to each resident and contained detailed information to direct care delivery.

Judgment: Compliant

Regulation 6: Health care

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. A review of residents' records found that there was regular communication with the residents' general practitioner, regarding their healthcare needs. Arrangements were in place for residents to access the expertise of allied health and social care professionals for individualised assessment and it was evident that recommendations were implemented and reviewed frequently, to ensure care plans was effective.

Judgment: Compliant

Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. There were robust systems in place to protect residents' finances. The provider was acting as a pension agent for two residents in the centre and records reviewed evidenced there were appropriate procedures in

place and a policy to support this service. There was a robust system in place for the management of monies and items handed in for safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told inspectors that they had a good quality of life in the centre and their rights were upheld. There was a varied activity programme in place and there was a residents committee where residents could express their views on the running of the centre. Resident's religious rights were respected. The centre was part of the community and visits from the local fire department and school children had taken place in recent months. The residents had access to individual copies of local and national newspapers, radios, Internet services, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Curam Care Home Carrigaline OSV-0008711

Inspection ID: MON-0049633

Date of inspection: 12/02/2026

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 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Contract of Care has been reviewed and amended to take cognisance of the inspection findings and to provide greater clarity as to the services provided under the terms of the contract.</p> <p>]</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>While the national transfer document remains in use, a structured guidance tool has been developed and implemented to support nursing staff in completing the 'Background' section comprehensively, ensuring all relevant functional, cognitive and safety information accompanies the resident on transfer, adherence to this will be monitored in the weekly admissions, transfers and discharge audit.</p> <p>]</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	03/04/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent	Substantially Compliant	Yellow	30/04/2026

	shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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