



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

Issued by the Chief Inspector

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| Name of designated centre: | The Residence Kilkenny |
| Name of provider: | The Residence KK Limited |
| Address of centre: | Bohernatounish Road Roundabout, Loughboy, Kilkenny |
| Type of inspection: | Unannounced |
| Date of inspection: | 09 July 2025 |
| Centre ID: | OSV-0008962 |
| Fieldwork ID: | MON-0046877 |

About the designated centre

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

The Residence Kilkenny is an 80 bedded, purpose-built Nursing Home and is set in large grounds within a short distance of Kilkenny City Centre, Co Kilkenny. We can provide care for adults who are over the age of 18 years, however primarily we care for those who are over 65. Nursing care can be provided to individuals over 18 years with acquired brain injury regardless of cause, cognitive impairment, a physical or mental condition that limits a person's senses, movements or abilities, persons who experience mental health problems, those experiencing chronic illness, and individuals requiring respite, convalescence or palliative care, pending assessment of care needs prior to admission. The Residence Kilkenny consists of 74 singles bedrooms and 3 twin bedrooms all of which are ensuite. There are nine spacious lounges for residents to relax and enjoy the many in house social activities. Our Kitchen serves a large bright Dining Room, where meals are served and in addition to this we also have a dining hall one on each floor. Wireless Broadband is available in the centre. The residents have access to a beautiful garden.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 4 |
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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 9 July 2025 | 07:25hrs to 15:55hrs | Aisling Coffey | Lead |
| Wednesday 9 July 2025 | 07:25hrs to 15:55hrs | Kaleda Ramadani | Support |

What residents told us and what inspectors observed

The feedback from residents was that they were happy and liked living in The Residence Kilkenny. Residents reported feeling safe and content in the centre. There was high praise for the care received and the staff that cared for them. Residents were complimentary of the food quality, quantity, and variety provided. Residents also reported high satisfaction levels with the activities and entertainment programme on offer. A visitor spoken with was similarly complimentary of the care received by their loved one. Inspectors found that staff and management were knowledgeable about the residents' needs, and it was clear that they promoted and respected the rights and choices of residents living in the centre. Inspectors observed numerous compassionate, warm, dignified, and respectful interactions between residents and their visitors throughout the day of the inspection, by a kind and dedicated staff and management team.

Two inspectors of social services conducted this unannounced inspection over the course of one day. The Residence Kilkenny was first registered on 14 April 2025 by the Chief Inspector of Social Services to operate as a designated centre for older persons. The centre was opened to admissions following registration, and on the inspection day, there were four residents in the centre. During the inspection, the inspectors spoke with the four residents and one visitor to gain insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions between staff and residents, as well as reviewing a range of documentation.

The centre is a four-storey building located a short distance from Kilkenny City Centre. The basement floor contained laundry, storage, and service areas. Resident accommodation was located on the ground, first, and second floors. There were two passenger lifts to facilitate residents wishing to travel between the floors. On the day of inspection, all residents were accommodated on the ground floor.

Bedroom accommodation comprised 74 single and three twin bedrooms. All bedrooms have en-suite facilities, including a shower, toilet, and wash-hand basin. Additionally, residents had access to one accessible bathroom with assisted bathing facilities, located on the ground floor. Residents also had access to a hair and nail salon on the ground floor, and the hairdresser visited weekly.

Bedroom accommodation was seen to have a television, call bell, wardrobe, and seating facilities. All bedrooms had window restrictors fitted. The inspectors noted that a number of bedroom windows could not be opened or closed easily and that the locking mechanism on these windows required review. This is discussed under Regulation 17: Premises in the report. The occupied bedrooms were seen to have been personalised by residents with photographs, artwork, religious items, ornaments, textiles, and furniture from home. The size and layout of the bedroom accommodation were appropriate for the resident's needs. Suitable curtains were installed on the bedroom windows that faced the courtyard garden to ensure the

privacy and dignity of residents in their bedrooms. Residents spoken with expressed satisfaction with their accommodation and storage.

The centre was found to be very inviting and pleasantly decorated throughout, providing a comfortable and homely atmosphere. The entire premises were reviewed by the inspectors and were found to be very clean throughout. Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors, sufficient handrails, furniture, and comfortable seating in the various communal areas. These communal areas included a dining room on each floor. There were also nine lounge facilities within the centre, with three located on the ground floor, four on the first floor, and two lounges on the second floor. On the inspection day, residents were seen occupying the ground-floor Butterslip Lane Lounge area. While the outside temperature was very warm during the inspection, the provider had situated portable air conditioning units in the residents' communal areas to maintain a pleasant and comfortable temperature. Notwithstanding these positive aspects, multiple aspects of the premises required repair to provide a safe and comfortable environment for residents. These matters are discussed under Regulation 17: Premises.

Regarding outdoor space, the centre had unrestricted access to a secure internal garden and further outdoor space at the back of the centre. These areas were clean, tidy, and pleasantly landscaped, with colourful flowering hanging baskets and comfortable outdoor furniture for residents to use.

There was an on-site laundry service where residents' personal clothing was laundered. This area was observed to be very clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process.

The inspectors reviewed the kitchen and storage areas throughout the centre and found that the provider has 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. While the storage facilities available were sufficient for the current number of residents in the centre, the provider would need to keep storage arrangements under review as resident occupancy increased. For example, the inspectors noted that the dry goods store adjacent to the central kitchen and the ground-floor clean linen store room were full, with no additional capacity.

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

Upon arrival at the centre at 07:25am, the inspectors observed that residents were asleep and there was a quiet, calm, and relaxed atmosphere. The inspectors observed the end-of-shift handover meeting, where key matters relating to each resident's health and well-being were discussed to promote the safe transfer of care between staff as they changed shifts. Later that morning, residents were up and

dressed in their preferred attire and enjoyed breakfast in the dining room. Inspectors observed that a selection of continental and cooked options was available for residents to choose from. Residents were seen to relax in the Butterslip Lane Lounge after breakfast. Three residents watched Mass on television. After Mass, mid-morning refreshments were served at 11:00am. Soup, fruit, yoghurt, bread, and biscuits were on offer. After these refreshments, residents enjoyed activities such as art, reminiscence, exercises, and newspaper reading. Some residents also went for a stroll outside the centre with the support of a staff member.

Lunchtime was a sociable and relaxed experience, with the four residents choosing to eat in the dining room. Meals were freshly prepared on-site in the centre's kitchen. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and throughout the day. Staff provided discreet and respectful assistance to residents requiring this support. Residents spoke positively to the inspectors about food quality, quantity, and variety.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations

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Capacity and capability

This was a well-run, newly registered designated centre with strong emerging management systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff were focused on providing quality service to residents and promoting their well-being.

This was an announced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's commitments made to the Chief Inspector following the site visit which took place on 23 January 2025 to inform the application to register the designated centre. The centre was registered on 14 April 2025.

The provider had progressed with the majority of commitments made to the Chief Inspector following the site visit, but specific commitments in respect of the premises remained outstanding, although it was evident work was in progress. These matters are discussed under Regulation 17: Premises.

The Residence KK Limited is the registered provider. This company has four directors, one of whom is the chief executive officer. This company director

attended on-site to support the inspection process and attended the feedback meeting at the end of the inspection day. Although this was not one of the centres that featured in the RTE Investigates programme that aired in June 2025, this centre is part of the Emeis Ireland nursing homes group.

Since the centre's registration on 14 April 2025, there have been changes to the governance and management of the centre, including the departure and replacement of two individuals participating in management. These are senior personnel who support the person in charge in their operational management and clinical oversight of the centre. There was a clearly defined management structure that 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 director, who in turn reports to the company directors. The person in charge worked full-time and was supported in their management of the centre by a clinical nurse manager, a team of staff nurses, healthcare assistants, activities coordinators, administration, catering, household, and maintenance staff. The assistant director of nursing (ADON) role was vacant on the inspection day. The provider was in the process of recruiting for the replacement of this position. In the interim, the clinical nurse manager deputised for the person in charge.

The centre had a newly emerging staff team who were supported to perform their respective roles and were knowledgeable about the needs of older persons in their care, as well as respectful of their wishes and preferences. The number and skill mix of staff were appropriate for the needs and number of residents in the centre on the day of the inspection. The provider has previously submitted a staffing plan for the centre outlining the number of staff that would be in place as occupancy increased in the centre. The provider was seen to be adhering to this plan except for a recently vacated ADON position, which was in the process of being recruited for.

There was an ongoing schedule of training in the centre. An extensive suite of mandatory training was available to all staff in the centre, and the training was up to date. Staff with whom the inspectors spoke were knowledgeable regarding safeguarding, fire safety, and complaints procedures.

The registered provider had existing and emerging systems in place to monitor the quality and safety of care. Communication systems were in place between the registered provider and management within the centre, as well as between the person in charge and the centre's staff members. The inspectors reviewed records of clinical and group governance meetings, which were held on a monthly basis. The person in charge also held meetings with each of the departments within the centre, including administration, activities, catering, maintenance, and housekeeping departments. The inspectors reviewed the terms of reference for emerging communication systems, including meetings planned to examine infection control, restrictive practices, and falls management.

The provider had multiple management systems to monitor the quality and safety of service provision. A risk register was used to monitor and manage known risks in the centre. The person in charge prepared a weekly home status report that the regional director reviewed. The efficacy of these systems will be kept under review

as the number of residents accommodated in the centre increases. Notwithstanding the good practices identified in the centre's governance and management systems and processes, some further improvements were required to continuously drive sustained quality improvement when risk was identified. These matters are discussed under Regulation 23: Governance and Management.

The provider had a robust complaints procedure, which staff spoken with were knowledgeable about. Residents said they could raise a complaint with any staff member and were confident in doing so if necessary. The inspectors reviewed the complaints log and found that a small number of verbal complaints had been received and had been promptly resolved.

The provider had a comprehensive suite of policies and procedures to guide staff practice as required by Schedule 5 of the regulations. Each resident had been issued a contract for the provision of services that met the requirements of the regulations.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Records made available to the inspectors found staff members were up-to-date with mandatory training in fire

safety, infection control, managing challenging behaviour, and safeguarding vulnerable adults from abuse.

The inspectors saw documentary evidence of the provider's structured induction programme. Records reviewed found the provider had arrangements for assessing a new staff member's competency at one, three and six-month intervals after commencing employment, and these records were seen to have been completed as required.

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

Judgment: Compliant

Regulation 19: Directory of residents

The provider established and maintained an electronic-based directory of residents in the designated centre. This directory recorded information required under Schedule 3 of the regulations, including the resident's admission date, contact details for next of kin and general practitioner.

Judgment: Compliant

Regulation 21: Records

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

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had robust management systems to monitor the quality and safety of service provision, some of these oversight mechanisms required improvement to continuously drive sustained quality improvement when risk was identified, for example:

- The provider's electronic medication management system had incorrectly displayed two residents' prescribed medication regimes on two single occasions in the previous four weeks. The person in charge was aware of these two errors being displayed on the provider's electronic system and had implemented controls to reduce the likelihood of a medication administration error. These controls involved nursing staff reviewing the provider's electronic medication management system and also checking secondary records to ensure that medication was being administered in accordance with the directions of the prescriber. Notwithstanding this oversight by the person in charge, the root cause of these errors occurring within the electronic system had not been established and rectified to ensure that medicinal products were administered in accordance with the prescriber's directions at all times.
- The provider's systems for overseeing premises maintenance and repairs, including those for emergency lighting, had not ensured that repairs were completed in a timely manner to provide a safe and comfortable living environment for residents. Records reviewed found that many of the premises repairs were known to the person in charge before 27 May 2025, and requests had been escalated to address these matters; however, they had not been actioned in a timely manner.

While staffing levels were appropriate to meet residents' needs on the inspection day, the staff resources available were not in line with those committed to in the staffing plan submitted to the Chief Inspector when the centre was registered. The provider had committed to having an assistant director of nursing available. This post had recently become vacant and the provider was in the process of recruiting a replacement.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of four residents' contracts and found that they set out the allocated bedroom number and occupancy. The contracts outlined the services to be provided and the fees to be charged, as well as referencing other services that residents may choose to avail themselves of for an additional cost, such as chiropody and hairdressing.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre displayed its complaints procedure prominently in the entrance lobby and throughout the centre. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were knowledgeable about the centre's complaints procedure. The provider maintained a record of complaints received, how they were managed, the outcome of complaints investigations and actions taken in response to receiving a complaint. The complaints officer and review officer had undertaken training to deal with complaints as required by the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre.

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 in an unrestricted manner, according to their interests and capabilities. Residents' needs were met through comprehensive assessment, care planning and access to healthcare services. Comprehensive records were in place regarding residents transferred to and from the acute hospital. Residents told the inspectors they felt safe and happy living in the centre, and staff were knowledgeable about their role in responding to abuse. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. There were robust infection control and fire safety procedures in place at the centre.

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

practice, robust action was required to ensure full compliance with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 12: Personal possessions

There were arrangements to support residents accessing and retaining control over their personal property, possessions, and finances. Residents' clothes were laundered on-site. Residents had adequate space to store and maintain their clothing and possessions within their bedrooms, including access to locked storage facilities. Residents who spoke with the inspectors stated they were satisfied with the space in their bedrooms, the storage facilities and laundry arrangements.

While the provider did not act as a pension agent for any residents, the provider held small quantities of money in safekeeping for one resident at their request. The provider had a robust and transparent system where all lodgements and withdrawals of residents' personal funds were accounted for by two persons and recorded on the provider's electronic record management system.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, multiple areas required maintenance, repair, and review to be fully compliant with Schedule 6 requirements and to ensure residents had a safe and comfortable living environment, for example:

- Inspectors observed multiple premises matters requiring repair, for example, the unit directly above the front door which housed the components for the automated door was seen to be detaching from the wall, the door from the Gowran lounge to the internal garden could not be opened, there were a

number of loose door seals evident within the centre requiring repair. Records reviewed by the inspectors found that the person in charge had identified all of these issues, but they had not been addressed by the inspection day. The provider is required to submit assurances to the Chief Inspector that all premises repairs identified by the person in charge and within this report have been actioned.

- The provider had contracted a competent person to service the centre's emergency lighting on 13/06/2025. However, the inspectors noted that this competent person had identified 19 faults with the emergency lighting system that required repair. While records indicated that the person in charge had sought to rectify these matters, the repairs had not been completed. Fully operational emergency lighting is essential for ensuring the safe evacuation of residents and staff in the event of an emergency, such as a fire.
- The inspectors reviewed all windows with the designated centre and noted that a sample of residents' bedroom windows could not be easily opened or closed. The locking mechanism on these windows required review to ensure that residents could open and close their bedroom windows according to their preference, thereby providing adequate comfort and ventilation.
- The provider had made a commitment to the Chief Inspector when the centre was registered to install a housekeeping room with janitorial sink facilities on both the ground and second floors. The completion date for these works was 11 May 2025. The inspectors observed that construction work had commenced on these two facilities on the day of the inspection, but certain works were outstanding; for example, the janitorial sinks had not been plumbed in either room.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were complimentary regarding food, snacks, and drinks. Food was prepared and cooked onsite. Choice was offered at all mealtimes, and adequate quantities of food were observed to be provided during the day and in the evening. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discreet, respectful assistance at mealtimes. There was evidence of written communication between the nursing and catering teams to ensure the dietary needs of each resident, as prescribed by a healthcare or dietetic staff, were being met.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre. This guide contained information about the services and facilities provided, including complaint procedures, independent advocacy services, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon the residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed in the residents' records.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place, up-to-date and contained the requirements as outlined in the regulation. The provider also had a policy for responding to major incidents.

Judgment: Compliant

Regulation 27: Infection control

The provider had processes to manage and oversee infection prevention and control (IPC) practices within the centre. All staff had received IPC training, and the provider had appointed a trained infection control link nurse to provide specialist expertise. The centre's interior and residents' equipment were observed to be very clean. The layout of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Surveillance was conducted for healthcare-acquired infections and antibiotic usage. There was an auditing system that regularly reviewed cleaning activity and environmental cleanliness. The provider had an outbreak preparedness plan in place to guide staff in the event of an infectious disease outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety and had taken adequate precautions against the risk of fire throughout the centre. Sufficient arrangements were in place to detect, contain, and extinguish fires. Fire safety equipment was being serviced at required intervals. Staff had received fire safety awareness training, and the centre's evacuation procedures and maps were clearly displayed to guide staff in the event of a fire emergency. Regular fire drills took place in the centre. Staff spoken with were clear on the procedures in the event of the fire alarm being activated.

While acknowledging the strong management of fire safety within the centre, the oversight of emergency lighting repairs, which could impact safe and timely evacuation of residents and staff in an emergency, required review and is discussed under Regulation 17: Premises and Regulation 23: Governance and management.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of electronic nursing notes and care plans for four residents. There was evidence that residents were comprehensively assessed before admission, to ensure the centre could meet their needs. Residents were then further assessed upon admission to the centre using the comprehensive assessment tool and a suite of evidence-based risk assessment tools to evaluate risks, including falls, pressure sore development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. Care plans viewed by inspectors were person-centred and specific to that resident's needs. There was evidence of consultation with the resident and, where appropriate, their family during the development and revision of care plans.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who required specialist medical treatment or other healthcare services, such as speech and language therapy, tissue viability nursing, dietetics, and physiotherapy, were supported to

access these services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors found that residents predisposed to episodes of responsive behaviours had a responsive behaviour care plan and other documentation to guide staff. Records reviewed found that behaviour observation charts, such as the Antecedent, Behaviour, and Consequence charts, were also being used to gain an understanding of the behaviour. The reviewed documentation was person-centred and described the behaviours, potential triggers for such behaviours, and de-escalation techniques to guide staff in delivering safe care.

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

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff were subject to An Garda Síochaná (police) vetting before commencing employment in the centre. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. There had been no incidents or allegations of abuse in the centre at the time of the inspection. However, the person in charge demonstrated a good understanding of their responsibilities in investigating and responding to such allegations. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. There were robust and transparent arrangements in place to safeguard residents' finances as outlined under Regulation 12: Personal possessions.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. Residents' privacy within their bedrooms was seen to be respected. The centre celebrated monthly religious services in-house.

Residents had access to radio, television and newspapers throughout the centre. Residents could communicate freely, having access to telephones and internet services throughout the centre. Residents had access to independent advocacy services, and records reviewed found the person in charge was arranging an in-person awareness campaign.

There was a varied and interesting activities programme available and the provider facilitated residents' access to community groups, including local schools and the mobile library.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings. Records reviewed found consultations with residents at committee meetings in respect of matters including fire safety, complaints, advocacy, meals, and health initiatives.

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 | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for The Residence Kilkenny OSV-0008962

Inspection ID: MON-0046877

Date of inspection: 09/07/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The issues with the electronic system used for medication management have been rectified with the pharmacy provider and a system in place to ensure that root causes of any future issues arising are investigated and rectified in a timely manner- complete • All previously identified issues concerning emergency lighting testing have been addressed and resolved and a process re-iterated with the PIC and maintenance team to ensure that outstanding and scheduled tasks are escalated and addressed in a timely manner- complete • An Assistant Director of Nursing is scheduled to commence on 1st October 2025 | |
| Regulation 17: Premises | Not Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The front door will be replaced by a new sliding door due for installation on 19th September 2025 • New bolts are ordered and will be installed on all the 7 courtyard doors to secure them in open positions- this will be complete by 30th September 2025 • Drop seals are ordered and will be installed by 30th September 2025 • An audit was conducted on all the windows. Repairs are underway and will be completed by 19th September 2025 • Janitorial sink facilities have been installed in the housekeeping stores. On the second floor, the housekeeping store is pending the installation of an electrical line required to connect the pump. This will be completed by 31st October 2025 | |

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 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. | Not Compliant | Orange | 31/10/2025 |
| Regulation 23(1)(d) | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/10/2025 |