



**Health  
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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:	St Camillus Nursing Centre
Name of provider:	Order of St Camillus
Address of centre:	Killucan, Westmeath
Type of inspection:	Unannounced
Date of inspection:	05 December 2025
Centre ID:	OSV-0000098
Fieldwork ID:	MON-0047337

## About the designated centre

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

St. Camillus Nursing Centre was established in 1976 and is registered for a maximum capacity of 57 residents, providing continuing, convalescent, dementia, respite and palliative care to male and female residents, primarily over 65 years with low to high dependency needs. The centre is located on the outskirts of Killucan in Co. Westmeath, close to where four counties meet. All accommodation and facilities are at ground floor level and are well maintained. A variety of communal facilities for residents' use are available. A number of sitting rooms, a quiet room, a visitor's room and seated areas are available. Two dining rooms are located at the front of the building, with one adjoining the main kitchen. The layout and design of both dining rooms provided good outlooks and views of well-maintained gardens and the main driveway. A smoking room, hairdressing room and laundry facility are included in the facilities within the centre. Residents' bedroom accommodation consists of a mixture of 42 single and eight twin rooms. An end-of-life single room for those sharing a bedroom is included in the layout, and two single bedrooms are dedicated to residents with palliative care needs. Some bedrooms have en-suite facilities, while others share communal bathrooms. The centre is connected by a corridor to a splendid chapel where mass is celebrated daily and where the wider community come to meet residents. The service aims to create a caring, safe, and supportive environment where residents feel secure, have meaningful activity, and are encouraged to live life to the fullest while meeting their needs. Family involvement is supported and encouraged. Staff will have appropriate training and the necessary skills to ensure care is tailored to each individual during their stay and up to the end of life.

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

Number of residents on the date of inspection:	54
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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
Friday 5 December 2025	06:50hrs to 14:30hrs	Catherine Connolly-Gargan	Lead
Friday 5 December 2025	06:50hrs to 14:30hrs	Helena Budzicz	Support

## What residents told us and what inspectors observed

This unannounced inspection was completed over one day by two inspectors of social services. On arrival at the centre, the inspectors were met by the person in charge and after a short introductory meeting, the inspectors went on a walk around the centre. This gave the inspectors an opportunity to meet with residents and staff and to observe practices and residents' experiences of living in the centre. The inspectors observed that many of the residents were still sleeping, and some residents were awake and were resting in their beds. Staff were responding to residents' needs for assistance with personal care, and with preparing for the day. The centre atmosphere was calm and unhurried, and the environment felt warm and comfortable. Residents' feedback to the inspectors regarding their care and service was unanimously positive.

St Camillus Nursing Centre is located a short distance outside Killucan village and at the end of a short avenue through mature gardens. This designated centre has a religious ethos, which is valued by the residents. In addition to attending a daily Mass in the spacious adjoining church, residents could receive holy communion from the clergy celebrating the Mass. Residents were observed by the inspectors either walking independently or being supported by staff to the church for the morning Mass. One resident told the inspectors that the opportunities available to them were one of the reasons why they chose to come to live in the centre.

Residents' bedrooms and communal accommodation were on the ground floor level. Residents could independently access a large enclosed courtyard from a number of doors along the corridors, as they wished. The enclosed courtyard was designed to support residents' safe mobility and comfort. Raised beds containing flowers, shrubs and small trees, a large central sculpture and a variety of garden ornaments and outdoor seating provided residents with points of interest and supported their enjoyment of this outdoor area.

The layout and space in each resident's bedroom varied, and met each resident's needs. Many of the residents' bedrooms were personalised with their personal belongings, including small items of furniture from home, their family photographs and various soft textiles. There was a variety of communal rooms and sitting areas available for residents. The communal rooms were spacious, bright and decorated with traditional furniture and ornaments that were familiar to the residents. A number of residents positively highlighted their feelings of comfort in their bedrooms and in the communal rooms. The centre was decorated for Christmas at the time of this inspection. Many of the residents spoke about how the management and staff ensured that Christmas was a special time in the centre for them, and that they enjoyed the many associated religious and social celebrations.

The person in charge (PIC) demonstrated the works progressed to address fire safety in the centre, including the installation of new fire doors since the last

inspection in April 2025. The premises were well-maintained and the environment was visibly clean and tidy.

There was a schedule of varied Christmas-themed social activities displayed that were being facilitated by the activity coordinator and care staff in the different communal rooms in the centre. The inspectors observed that residents were making individual choices regarding the activities they wished to participate in. In addition to the social activities scheduled, residents also had opportunities to participate in social activities facilitated by volunteers from the local community, such as playing cards, arts and crafts and music. A local shop provided a weekly mobile service for the residents and this facilitated them to buy Christmas gifts and other items, as they wished. With the assistance of staff, residents needing one-to-one support were being provided with opportunities to participate in meaningful social activities. A weekly accredited sensory-based activity programme was facilitated for residents with dementia.

It was evident that the staff and residents knew each other well, were comfortable in each other's company, and comfortably engaged together in conversations throughout the day. Staff were receptive to residents' needs for assistance and responded without delay. All staff interactions with residents observed by the inspectors were kind, caring and person-centred.

Residents told the inspectors that their general practitioner (GP) visited them without delay, whenever they needed medical care.

Residents said that they felt very safe and secure in the centre and that they would speak to an individual staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each sections.

## Capacity and capability

The purpose of this unannounced inspection was to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended and to follow up on the provider's progress with completing the actions committed to in their compliance plan, in addition to reviewing solicited and unsolicited information received by the office of the Chief Inspector of Social services since the last inspection in April 2025 and the findings are discussed throughout this report.

This inspection found that the provider had taken significant action to address fire safety in the centre following the inspections in March and November 2024 and in

April 2025. Prior to this inspection, the provider had sought assurances from a competent person in fire safety that the fire safety works to address the identified fire safety risks were satisfactory completed; however, these necessary assurances were not available at the time of this inspection, and the provider could not be adequately assured regarding residents' fire safety in the centre. Furthermore, the provider could not be assured regarding residents' safe evacuation in the event of a fire in the centre. The inspectors' findings are discussed further under Regulation 28: Fire precautions.

While the provider had improved management systems in place to monitor the quality and safety of the service, inspectors found that the systems in place to ensure residents' care documentation and medication management procedures were completed to the required standards were not effective. This finding is a repeated finding from the last inspection in April 2025 and required further action to achieve compliance with Regulation 5: Individual Assessment and Care Planning, Regulation 6: Health care and Regulation 29: Medicines and pharmaceutical services.

The provider of St. Camillus Nursing Centre is the Order of St. Camillus, which is an unincorporated body, represented by a senior member of the order, who was unavailable on the day of this inspection. The person in charge is also a member of the order, and they facilitated the inspection with support from members of the centre's local management team.

The provider's quality assurance processes were strengthened since the last inspection, and although improved in some areas, further improvements continued to be necessary to ensure that all deficits in the quality and safety of the service were identified and that effective actions were taken to address the deficits found. As a result, this inspection found that many of the actions the provider committed to in their compliance plan were not implemented, and a number of the regulations were found not-compliant with the regulations again on this inspection.

The provider ensured that there were sufficient numbers of staff with the appropriate skills to meet residents' needs. The core staff team were supported by 10 volunteers from the local community who organised a number of social activities for residents, and supported staff with bed-making and assisting residents to attend the centre's on-site chapel for the daily Mass or for quiet reflection. The inspectors found again on this inspection that the centre's staff and volunteers worked well together to ensure the service provided to the residents met their needs.

There was an ongoing mandatory and professional development staff training programme in the centre, and staff were facilitated to attend additional and refresher training since the last inspection. However, as found on previous inspections, there was evidence that supervision of clinical staff did not ensure the provider's own policies and procedures were being consistently implemented, and that the required standards of medication administration and care documentation were consistently adhered to by staff.

Records that must be held in the centre, including residents' documentation, were held securely and were made available to the inspectors for the purpose of this inspection.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the office of the Chief inspector of Social services as required by the regulations.

The provider welcomed resident feedback on the service provided. A policy was in place to guide staff with managing any complaints from residents or others. All complaints received were investigated and progressed to resolution. Residents were aware that they could make a complaint if they wished.

### Regulation 15: Staffing

There were sufficient numbers of staff with the required skills to meet residents' assessed needs, including their care needs, and to respond to their needs for assistance and support without delay in the designated centre. A review of the staff duty rosters was consistent with those staff available on the day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles to ensure that they carried out their work to the required standards. For example:

- Clinical staff were not completing residents' assessment and care plan documentation to the required standards and in line with the provider's own policy and procedures. As a number of residents' care documentation did not accurately identify all of their care needs, there was a risk that their care needs would not be effectively communicated to and met by all staff.
- Residents' medications were not being administered in line with the designated centre's own policy and procedures, and professional practice requirements.

This is a repeated finding from the previous inspection in April 2025.

Judgment: Not compliant

### Regulation 23: Governance and management

The provider's oversight and the management systems in place to monitor and improve the quality and safety of the service required action, to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example;

- Auditing of residents' care plans failed to identify that residents' care documentation was not completed to the required standards, and this posed a risk that relevant information regarding each resident's needs and care interventions would not be available to staff, and these needs would not be effectively met.
- Medication management audits did not effectively identify and address the findings of this inspection as discussed under Regulation 29: Medicines and pharmaceutical services.
- The oversight of the restrictive practices required review as the restraint register did not accurately describe the centre's use of restrictive practices, such as the use of one bed rail for a number of residents.
- The provider did not have assurances that all of the necessary work to address the known fire safety risks in the centre was satisfactorily completed at the time of this inspection. As a result, the provider could not be assured regarding residents' fire safety in the centre.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the time frames specified by the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A centre-specific complaints policy was in place that identified the person responsible for dealing with complaints and included a review process, as required by the legislation. A summary of the complaints procedure was displayed, and was included in the centre's statement of purpose document.

Procedures were in place to ensure any expressions of dissatisfaction with the service by residents or others were recorded, investigated and the outcome was

communicated to complainants without delay. There was evidence that actions to address the issues raised were implemented.

The inspectors were assured that residents knew who they could talk to if they wished to complain, and that they could access advocacy services to support them if needed.

All complaints received were reviewed as part of the centre's governance and management process.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Actions by the provider were required again on this inspection to ensure that the centre's policies and procedures were consistently implemented by staff. For example, residents' care documentation and medication administration practices by staff were not in line with the centre's policies and procedures.

This finding is repeated from the previous inspections.

Judgment: Substantially compliant

#### Quality and safety

Overall, this inspection found that although actions continued to be necessary to improve residents' care documentation and medication management procedures, residents were provided with good standards of nursing and social care. Additionally, this inspection found that residents' rights were respected and they were supported to make decisions regarding their daily lives in the centre.

There was further evidence on this inspection that the provider had progressed a number of necessary actions to ensure residents were adequately protected from risk of fire, but assurances were not available that all necessary actions were satisfactorily completed. While acknowledged, the provider reported experiencing unforeseen delays with progressing and completing the necessary fire safety works within planned time lines.

Residents' needs were comprehensively assessed and care plans were mostly developed in line with their needs and individual preferences, the care plans were not always kept updated in line with assessments of need, and therefore the information in a number of residents' care plans could not reliably guide staff on the

care and supports that should be provided to meet a number of residents' needs. This finding also posed a risk that residents' needs would not be effectively communicated to all staff, and is a repeated finding from the last inspections in November 2024 and April 2025.

Residents' end-of-life care needs were met regularly assessed and ensured residents' end-of-life care and supports were provided in line with their individual wishes.

Residents had access to their general practitioners (GPs) and other health care professionals' expertise as needed. Appropriate medical and health care referrals were made to specialist services such as psychiatry, speech and language therapy, dieticians and other community services. Residents' records evidenced that referrals were timely and residents received prompt support from these specialist services when needed.

Residents had access to local and national newspapers and radios. Residents were supported to access and participate in social activities that enabled them to continue to pursue their past interests, enjoy new interests and engage in positive risk-taking and to live their best lives in line within their individual capacities. Residents' social activity needs were adequately assessed in consultation with the residents, and their social activity care plans directed staff on a social activity programme to meet their individual interests and capacities.

The provider had completed a number of actions to improve the premises and the layout of the residents' accommodation, and the choice of communal spaces available promoted their quality of life, and supported their safe access, as they wished. Residents' quality of life was optimised with unrestricted access to all areas of the centre, including the outdoors, as they wished. There were suitable ancillary services throughout the building, including appropriate hand-washing facilities. The centre environment was visibly clean and well maintained.

Although the inspectors observed that residents received their medications, actions by the provider were necessary again on this inspection to ensure that medication management and administration of residents' medicines were in line with professional standards and Regulation 29: Medicines and Pharmaceutical services.

This inspection found that staff provided appropriate support and care for those residents who were known to experience responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This had positive outcomes for all residents' wellbeing and safety.

Measures were in place to ensure residents were safeguarded from abuse, the systems in place were found to be effective and robust monitoring processes were in place to ensure that the risk of abuse to residents was effectively mitigated.

## Regulation 10: Communication difficulties

The inspectors found that residents with communication difficulties had their communication needs assessed and documented in their care plan, and they were facilitated to communicate freely in accordance with their individual needs and abilities. Staff were knowledgeable about each resident's communication requirements and the support each resident needed.

Judgment: Compliant

## Regulation 13: End of life

The centre had a comprehensive End-of-Life care policy in place to guide staff. Following appropriate assessment, residents' wishes and preferences were sought, documented and regularly reviewed in a timely manner to ensure their end-of-life care needs and wishes were respected. End-of-life care assessments and care plans included evidence of regular consultations with the resident and, when appropriate, with the resident's representative.

Judgment: Compliant

## Regulation 28: Fire precautions

Although there was evidence that fire safety works had progressed since the last inspection in April 2025, documentary assurances were not available at the time of this inspection that all of the necessary works to address the known fire safety risks had been satisfactorily completed and that residents' fire safety in the centre was assured. The inspectors were told by the person in charge that an updated fire safety risk assessment, which included an assessment of the fire doors, had been completed prior to the inspection. The assessor's report and a schedule for completion of necessary works to address any risks identified were not available.

Adequate assurances regarding residents' safe emergency evacuation in the event of a fire in the centre were not available, and the provider could not be assured that the emergency evacuation needs of the residents would be met in the event of a fire in the centre. The information available on the simulated evacuation drills completed did not provide assurances or consideration of the following;

- Supervision of residents post-evacuation to ensure their safety. A number of the residents' personal emergency evacuation profiles identified that they would need supervision following their emergency evacuation.

- The information available did not give assurances that calling the emergency services was considered.
  - Staffing resources available in the night and day time scenarios, and details of their roles in the evacuation drill procedure. In the absence of this information, the provider could not be assured that there was sufficient staff available and that all available staff were effectively deployed to ensure each resident's safe evacuation.
  - Limited information was recorded on the available emergency evacuation fire drill record, and therefore, the provider could not be assured that staff were completing the procedure in line with the centre's emergency evacuation policy.
- This is a repeated finding from the last inspection in April 2025.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

Inspectors found examples where medication administration practices did not align with best practice and professional guidelines issued by An Bord Altranais agus Cnáimhseachais. For example:

- A paper form of residents' medical administration records was not signed by a prescriber, and some of the short-term medications prescribed for residents, such as antibiotic treatments, were not discontinued.
- An electronic medication administration record, which also did not have a prescriber's signature, was used as a prescription for administering medications to residents. For example, nursing staff carried a cup containing medications and an electronic tablet to residents' rooms throughout the centre, administering medications by referencing the electronic record against the unsigned prescription and then signing the electronic record. This posed a risk to residents' safety.
- Additionally, while administering medications, nursing staff did not ensure medicines were stored securely. For example, nursing staff left the medication trolley unlocked and unsupervised while administering residents' medicines to them.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care files and found that several of the care plans reviewed did not contain up-to-date information to guide staff regarding the interventions required to ensure residents' care needs were met. For example:

- Residents' care plans were not always informed by up-to-date, validated nursing assessments, such as the residents' risk of developing pressure ulcers. Details of required interventions, such as repositioning schedules and the use of pressure-relieving equipment, were missing from some care plans. As a result, inspectors found that residents' pressure-relieving mattresses were improperly adjusted for the residents' weights, which can lead to discomfort and may not effectively reduce the risk of pressure-related skin damage occurring. The inspectors found on this inspection that there was a recent increase in the incidence of residents developing pressure ulcers in the centre.
- A care plan to guide staff on their care for a resident with a pressure ulcer was missing, and there was no information regarding regular follow-up recorded in the wound assessment and updates on the wound dressings.

Judgment: Substantially compliant

## Regulation 6: Health care

Nursing practices in relation to residents' assessment and care documentation and medicines management did not ensure that residents received a high standard of evidence-based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais.

This is a repeat finding from the last inspection in April 2025 and is discussed further under Regulation 5: Individual Assessment and Care Plan and Regulation 29: Medicines and Pharmaceutical Services.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

There were systems in place to ensure that staff were appropriately skilled to effectively support residents at risk of experiencing responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). On the day of this inspection, inspectors observed staff providing person-centred and supportive care to residents who experienced responsive behaviours, with positive outcomes for these residents' wellbeing.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse and ensured that an up-to-date safeguarding policy was available. Staff had up-to-date training in relation to the prevention, detection and response to abuse. The provider was not acting as a pension agent for a collection of any residents' social welfare pensions.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider promoted a rights-based service for all residents. Residents' rights were upheld in the centre, and all interactions observed during the inspection were person-centered and respectful. Residents were supported and encouraged to participate in meaningful social activities of their choice and were supported in making informed decisions regarding their preferred daily routines. Positive risk-taking was encouraged in line with residents preferences, while ensuring their safety.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Camillus Nursing Centre OSV-0000098

Inspection ID: MON-0047337

Date of inspection: 05/12/2025

## 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 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> <p>The Nursing Centre Training Matrix for 2026 is up to date and informs the PIC when training, including mandatory training, is required throughout 2026. The PIC is responsible to make sure all staff training is completed and up to date. This will occur on a rolling basis throughout the year.</p> <p>The Assessment and Care Plan policy has been reviewed and updated to provide clear guidance on assessment in the care planning process, including timeframes for completion of records. The policy provides details on what should be included in care plans.</p> <p>The following arrangements have been put in place to ensure nursing staff are appropriately supervised to ensure comprehensive assessment and effective care planning for residents:</p> <ul style="list-style-type: none"><li>• An external trainer facilitated assessment and care plan training with registered nurses on the 16th of February 2026.</li><li>• A daily check of care plans of any resident who has had a change in condition or been affected by an incident is carried out by the PIC every morning to ensure that care plans have been updated as needed.</li><li>• A discussion of residents who have returned from hospital, had a change in condition and / or any resident who has been affected by an incident takes place at handover. The CNM checks with nursing staff that all updates to each of these residents' assessments and care plans have been undertaken.</li><li>• One of the ADON's randomly audits two care plans per week and provides feedback to nursing staff on same.</li></ul>	

Further training by an external TVN is planned for Wednesday 11th March in Wound prevention and wound care.

The Nursing Centre's Medication Management Policy has been reviewed and updated to provide guidance to registered nurses on prescribing modalities in the Centre; all electronic prescriptions are now printed and reviewed & signed by the residents' GP, and these are used at every medication round.

Additional measures for supervision have been put in place. These are:

- Medication administration for nurses has been scheduled for the 23rd March. This will be facilitated by an external provider.
- Following training, all nurses will have an assessment of competency in medication administration commencing the week of the 23rd March.
- Cnms will complete a training session on assessing nurses competency in medication administration on Monday 16th March.

Medication audits of medication administration are now included in the audit programme for the centre.

Regulation 23: Governance and management

Not Compliant

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

A new Care plan audit was implemented in January 2026 that is more comprehensive than the previous audit in use. The audit facilitates action plans with time frames and responsible persons. Furthermore, audit results are discussed at clinical governance meetings in addition to disseminating findings to nurses.

A more comprehensive medication audit is in place to include medication administration as outlined under regulation 16.

All residents using one bed rail now have an assessment completed and a care plan in place and are included in the Centre's restrictive practice register. One bed rail is only used in keeping with each residents' individual preference.

The Centre has employed an external dedicated team comprising of Fire Engineer,

Architect & Builder to complete any and all of the fireworks in accordance with the planned schedule of works.

The Nursing Centre’s Organization Risk Register has been updated to reflect the current risk and controls to mitigate risk, including an extra staff member at night dedicated to fire safety.

The following measures are in place to monitor the implementation of policies and procedures of the centre:

- The daily PIC/ADON Governance Walkabout continues, its content is reviewed daily and updated as required to make sure it is current and reflects the required governance needs. The daily walk about is combined with information from Complaints/Concerns reviews; Incident & Accident Reviews; KPI’s as well as Resident and Relative Feedback to reassure the Management Team that staff are working in accordance with policies and procedures and the highest standard of care is being given.
- Supervision arrangements for assessments, care plans and medication administration have been implemented as outlined under regulation 16.
- A comprehensive audit programme is in place, which is updated as required based on monthly review of KPIs, including incidents and complaints. Audit tools have action plan templates for identifying timeframes and persons responsible for actions, including dissemination of learning to staff. This is outlined in more detail under regulation 4. We have increased the check of mattress settings to daily and staff are required to record the mattress settings for individual residents as part of each resident’s daily records. The PIC will check a random selection of care plans on a weekly basis to ensure the daily mattress record is completed

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

Regulation 4: Written policies and procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

The following policies have been reviewed and updated to reflect current practice in the Nursing Centre, in addition to providing additional guidance to staff: Medication Management; Restrictive Practice and Assessment and Care Planning. These policies are readily available for staff in the clinical room at the nurse’s station.

The Management Team assure themselves that staff are following the Nursing Centre Policies and Procedures using the following methods:

Regular Clinical Audits: Scheduled and unannounced audits assess compliance with key policies (e.g., medication management, infection prevention and control, safeguarding, documentation standards). Audit findings are reviewed at Clinical Governance & Management Meetings, and action plans are implemented and monitored.

Supervision and Performance Management: Additional supervision arrangements for assessment, care planning and medication administration have been implemented as per regulation 16. This will be augmented with annual performance appraisals which will be carried out more frequently if an appraisal identifies the need for same.

Management Presence and Walkarounds: Daily management walkarounds provide direct observation of practice, review of documentation, and opportunities to speak with staff and residents, ensuring oversight.

Training: The 2026 Training Matrix is up to date and informs the PIC when staff training is required. This allows for planning ahead with training courses.

Incident Reporting and Review Systems: Incident reporting, investigation, and trend analysis ensure that deviations from policy are identified, addressed, and used to inform quality improvement. These are examined at the Monthly Clinical Governance meetings.

Resident Feedback and Complaints: Feedback, including resident meetings and complaints reviews, provide additional assurance regarding the quality and safety of care delivered.

Governance Meetings and Quality Improvement Plans: Audit outcomes, KPIs, and compliance are reviewed at the monthly Management and Governance meeting, with clear accountability, documented actions, and follow-up put in place.

Together, these systems provide structured assurance that nursing practice aligns with organizational policies and procedures and meets statutory regulatory standards.

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Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

The Nursing Centre has employed an external fire contractor to put together a schedule of works and costings, which was forwarded to the Chief Inspector on 27th February as requested.

The Nursing Centre's risk register has been updated to reflect the current risk as well as the controls in place to mitigate these risks a fire drill record has been implemented that include the recording of scenario evacuation times, number of staff involved, equipment used, lessons learned, problems encountered.

Fire drills are being facilitated daily in groups of four, facilitating increased participation of participants and to reflect nighttime staffing levels. Further evacuation training by an outside trainer will take place on 18/03/26 to aid the in-house trainer who will continue with evacuation training from 19/03/26. Peeps have been reviewed and updated for residents to specify the level of supervision residents require if evacuation of the building is necessary.

The Fire Policy has been updated to provide specific guidance on calling the emergency services and this has been added to drills. The Nursing Centre Eircode is on the telephones.

Additional fire safety measures have been submitted to the inspectorate following the inspection.

An additional staff member with no care responsibilities is being rostered at night to be alert for fire and aid evacuation.

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

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Regulation 29: Medicines and pharmaceutical services	Not Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 The pharmacist is exploring options to enable the uploading of signed physical prescriptions to the electronic system. In the meantime, nurses are now referencing a paper copy of each resident's individual prescription, signed by the prescriber to administer medications during all medication rounds. The CNM is responsible for ensuring the prescriptions are accurate, signed and current, with completed prescriptions being removed and dated. All nursing staff have been reminded during handovers and using the Safety Pause that responsibility for the security of the medication trolley rests with them at all times. A daily spot-check has been incorporated into the Daily Management Governance Walkaround to monitor and ensure ongoing compliance.  
 Additional supervision arrangements have commenced for medication administration as outlined under regulation 16.

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Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:  
 An external trainer facilitated access to care plan training for nurses on the 16th February 2026.  
 Additional arrangements have been put in place to ensure supervision and oversight of assessment and care planning practice as outlined under regulation 16.

The Assessment and Care Plan policy has been reviewed and updated to provide clear guidance on assessment and care planning including timeframes, scheduled checks of the weight settings of all residents motorized pressure relieving mattresses is conducted and recorded weekly.

On a monthly basis, the PIC carries out a check of assessments and care plans that need to be reviewed and a schedule outlining all required routine reviews and updates, including specified dates, is issued to each nurse at the start of the month. The PIC then monitors this schedule weekly to ensure that all assessments and care plans reviews are completed within the required timeframes.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care: Care Planning training was held on 16th February.

On a monthly basis, the PIC carries out a check of assessments and care plans that need to be reviewed and a schedule outlining all required routine reviews and updates, including specified dates, is issued to each nurse at the start of the month. The PIC then monitors this schedule weekly to ensure that all assessments and care plans reviews are completed within the required timeframes.

Additional measures for supervision of nurses in assessment and care planning have been implemented as per regulation 16.

Medication Management: Nurses are now referencing a paper copy of each resident's individual prescription, signed by the prescriber to administer medications during all medication rounds. The CNM is responsible for ensuring the prescriptions are accurate, signed and current, with completed prescriptions being removed and dated. All nursing staff have been reminded that responsibility for the security of the medication trolley rests with the them at all times, a daily spot check by the PIC/ADON/CNM monitors compliance.

Additional measures for supervision of nurses administering medications have been implemented as outlined under regulation 16.



## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	25/02/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	25/02/2026
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	01/09/2026
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Not Compliant	Orange	25/02/2026

Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	04/04/2026
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	28/02/2026
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	28/03/2026
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	25/02/2026
Regulation 5(2)	The person in charge shall	Substantially Compliant	Yellow	25/02/2026

	<p>arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.</p>			
Regulation 5(3)	<p>The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.</p>	Substantially Compliant	Yellow	25/02/2026
Regulation 5(4)	<p>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.</p>	Substantially Compliant	Yellow	25/02/2026
Regulation 6(1)	<p>The registered provider shall, having regard to</p>	Substantially Compliant	Yellow	25/02/2026

	<p>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 Altranais agus Cnáimhseachais from time to time, for a resident.</p>			
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