

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

Issued by the Chief Inspector

Name of designated centre:	College View Nursing Home
Name of provider:	Aspen Green Limited
Address of centre:	Clones Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	03 July 2025
Centre ID:	OSV-0000128
Fieldwork ID:	MON-0047285

About the designated centre

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

College View Nursing home is a purpose-built nursing home located in landscaped gardens on an elevated site within the Cavan town opposite St Patrick's College on the Clones Road. The centre is registered to accommodate a maximum of 69 residents, both males and females, over the age of 18 years on a long-term and short-stay, respite and convalescence basis. The centre provides care for a wide range of age-related conditions such as general nursing care for elderly residents, Old Age Psychiatry, dementia specific care, respite care, post-operative care and palliative care. The town can be accessed by wide footpaths, which have been extended to meet the drive into the nursing home. There are extensive gardens over an acre which include raised flower beds, extensive lawns and secluded sun and patio areas for those residents who like to sit outside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67
--	----

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 3 July 2025	09:30hrs to 16:30hrs	Michael Dunne	Lead
Friday 4 July 2025	09:10hrs to 15:30hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Overall, the inspector found that staff promoted a person-centred approach to care, which supported residents' independence and autonomy. The inspector met and spoke with several residents living in the centre, all residents spoken with gave positive feedback about the staff, their kindness and consideration, and this was observed on both days of the inspection. One resident told the inspector " they were very happy living in the centre, and that staff do all they can for you". The inspector also met, and spoke with family members visiting the centre, and they too expressed content with the quality of the care provided to their loved ones.

Notwithstanding the positive feedback the inspector received, there were some outstanding actions the provider was required to take, in ensuring the service provided met the requirements of the regulations. These areas are discussed in more detail under the relevant sections of this report, and under the themes of Quality and Safety, and Capacity and Capability.

This was an unannounced inspection carried out to review compliance with the regulations, and to follow up on actions the registered provider had agreed to take, as part of their compliance plan, which was submitted following the previous inspections in July 2024. Upon arrival, the inspector completed the sign-in process and proceeded to meet with the person in charge, and later by a regional manager to discuss the format of the inspection. Following the introductory meeting, the inspector commenced a walkabout of the designated centre where they had the opportunity to meet residents and staff as they began preparations for the day.

The designated centre is located on the outskirts of Cavan Town. College View Nursing Home is a purpose-built two-storey building that is registered to accommodate a maximum of 69 residents in three separate units called Farnham, Breffni and Landsowne. Residents' accommodation is located on the ground floor with access to secure garden areas. There were 67 residents living in the centre at the time of this inspection.

There was a calm and homely atmosphere, which helped to reassure residents, especially those with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Observations confirmed that staff were aware of residents' communication needs, and their need for assurances, particularly during personal care support, meal times, and during meaningful activities. This engagement helped to promote an environment where residents were being offered choice and encouragement, and supported to spend their time as they wished.

Families and friends were made welcome to the centre, and signed into the premises before they entered the resident areas. There was a visiting room available; however, on both days, residents were observed to meet with their visitors in the large, comfortable lobby area. Visitors said that they were encouraged

to come into the centre regularly, and that they were kept informed about any changes in their loved one's health condition or well-being. Those visitors who spoke with the inspector were very positive about the care and services that were provided.

The person in charge was well-known to residents and their families, and operated an open-door policy. The inspector observed that all areas of the centre were well-supervised by the staff team, which helped to promote residents' safety. Residents who walked with purpose were supported by staff in a dignified manner, and this approach was seen to reduce potentially challenging situations, and maintain the safety of those residents. Residents with whom the inspector met during the inspection, confirmed that they felt safe living in the centre, and that they could discuss any concerns they had with any member of the team.

Overall, the centre was bright, clean, and welcoming. Long corridors were adorned with pictures and murals to provide points of interest and to help residents orientate themselves when mobilising around the designated centre. There was unrestricted access to secure garden areas for residents to use. Communal rooms were tastefully decorated and comfortable, with a range of seating for the residents. Notice boards were located throughout the centre, and contained information of interest to the residents, for example, how to register a complaint, access advocacy support, and information in relation to safeguarding. Residents' rooms were comfortable and personalised by residents who chose to do so. Residents who spoke with the inspector said they were happy with their room environment, and mentioned that they were regularly cleaned by staff.

There were; however, some areas of the premises that required attention. The inspector observed some ceilings located in corridor areas of the centre that required repainting. Some doors and door frames were scuffed, and were in need of repair. This was acknowledged by the provider who was planning to carry out a painting upgrade. A number of communal toilets, and showers were being used as storage areas for resident mobility equipment, this was pointed out to the management team during the inspection.

Resident activities were well-organised, residents were observed to participate, and enjoy the activities provided on both days of the inspection in line with their capacities and capabilities. The inspector observed residents engaging in knitting and in a bingo session, which was very popular with the residents. Staff supported residents who were unable to participate in the bingo session directly through the on-line platform, which allowed residents to engage in the activity remotely while in their bedrooms. Other activities observed on the days of the inspection included aqua painting and word games. In addition, residents who were unable to engage with group activities were also observed to receive one-to-one support from the staff team. The hairdresser was in attendance on day two of the inspection, and residents enjoyed attending this service. There was a selection of newspapers and magazines available for residents to read, while all residents' rooms were observed to contain televisions.

Residents were complimentary about the food served in the centre, and confirmed that they were always offered a choice of menu options. Residents were seen to be assisted discreetly with their food, and drinks where required. The inspectors attended a meal service and observed that there were adequate numbers of staff available to support residents during mealtimes. One resident was heard saying to another resident "where would you get service like this". There was a range of snacks and drinks made available to residents outside of regular mealtimes. The inspector observed staff attending residents' rooms to ensure residents had access to adequate hydration. On day one of the inspection, residents had a choice of a main meal, which consisted of roast turkey or a sweet and sour chicken option.

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

Capacity and capability

This inspection found that the designated centre was well-managed for the benefit of the residents who lived there. There were systems to ensure that care and services were safe and provided in line with the designated centre's statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care, and support were respected and promoted. There were; however, some improvements required to ensure that existing oversight systems identified all areas that required improvement and these findings are described in more detail under Regulation 23: Governance and Management. In addition, the inspector found that not all of the actions from the provider's compliance plan submitted as part of the last inspection in July 2024 had been fully implemented with regard to fire safety, premises upgrades and infection control.

This was an unannounced risk inspection conducted by an inspector of social services over two days to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). During the service's previous inspection in July 2024, a number of non-compliances had been identified. The compliance plan submitted by the provider to address those findings was reviewed at this inspection to determine whether all actions had been completed within the time frames given by the provider. The findings of this inspection confirmed that the provider had implemented the majority of their compliance plan; however, there were further improvements needed to achieve full compliance with the Regulations.

The registered provider of College View Nursing Home is Aspen Green Limited, and the company's Chief Executive Office (CEO) represents the provider. A regional manager attends the centre on a regular basis to provide oversight of the service. The person in charge works full-time in the centre and has been in the role since

2023. They are supported by an assistant director of nursing, who deputises when the person in charge is not available. The remainder of the staff team consists of staff nurses, a senior household coordinator, an activities coordinator, health care assistants, household, catering, maintenance and administration staff.

The provider had a range of management systems in place to ensure that the service provided was monitored and met the assessed needs of the residents. A system of audit was in place to monitor key areas of service provision, such as falls, complaints, infections, restrictive practice and wounds. Findings on this inspection showed that management oversight systems, and the auditing process required strengthening to ensure the service provided was safe and consistent. This is discussed in more detail under Regulation 23: Governance and management.

Observations on both days confirmed there were appropriate numbers of nursing and care staff available to meet the assessed needs of the residents. Call-bells were responded to in a timely manner, and residents who required reassurance or assistance were supported appropriately. A review of rosters confirmed that staffing levels were consistent with those set out under the centre's statement of purpose. The provider had recently recruited staff to manage upcoming vacancies and was awaiting Garda Síochána (police) vetting clearance, before staff could commence working in the centre. Following the last inspection, the provider was found to have increased their staff levels at night to provide additional support and cover due to deficits found under the existing fire safety arrangements.

Staff confirmed that they were well-supported by management, and that they had opportunities to raise issues in relation to residents and their work schedules. A review of team meetings indicated that relevant issues were discussed and recorded, and that there were effective communication systems in place between the staff and the management team. Staff confirmed that this was a nice centre to work in, and that they had access to regular training. While there was good compliance with mandatory training as described under Regulation 16: Training and development, staff also had access to a range of additional training to support them in their roles, such as falls prevention, wound care, responsive behaviour, and human rights-based approach training.

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with this policy. Eight complaints were recorded since the last inspection, and all were seen to be resolved within the specified timescale as outlined in the complaints policy. The provider was keen to learn from complaints and to identify patterns that may impact on the quality of the service provided.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet residents' assessed care and support needs. Staff were knowledgeable regarding residents' individual needs, and assisted residents with meeting their needs without

delay. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date mandatory training with regard to the safeguarding of vulnerable people, the management of responsive behaviours, fire safety and moving and handling practices. Staff had also completed training relevant to infection prevention and control.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- The replacement and upgrade of fire doors to include compartment doors had not been completed in line with the dates in the compliance plan submitted by the provider for the inspection held in July 2024.
- Upgrades to the laundry room to include the installation of an additional door to allow for the clear segregation of clean and dirty laundry had not been completed in line with the dates submitted in the compliance plan following the June 2024 inspection.
- Infection prevention and control audits did not identify areas that required improvement, such as the inappropriate storage practices of residents' mobility equipment in communal toilet and shower rooms.

- The oversight of fire safety records in relation to checks on fire doors did not identify gaps in the records for March and May 2025.

Judgment: Not compliant

Regulation 3: Statement of purpose

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

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained in the centre. All accidents and incidents as specified by the regulations were notified within the required timescales.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents, and/ or their family members to lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated, and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

While some areas for improvement were identified in respect of the quality and safety of the service received by residents, overall, residents were supported by staff to have a good quality of life in a pleasant and comfortable environment. There was a focus on ensuring that residents' rights were protected, and that residents were able to choose how they lived their lives and occupied their time. Findings confirmed that residents had access to good quality healthcare, and a well-organised programme of social activities. Notwithstanding these positive findings, this inspection found that further actions were required in relation to fire safety, storage of equipment and effective infection control measures to ensure that the service provided is safe, appropriate and consistent.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals, and when changes were noted in a resident's condition. Care plans were updated on a four-monthly basis or as needed. The inspector saw that residents appeared to be well-cared for, and residents gave positive feedback regarding their life and well-being in the centre.

Residents were able to retain the services of their own general practitioner (GP), but also has access to a local GPs who visited the centre on a regular basis. There were arrangements in place for out-of-hours medical review if required. Care and medical records confirmed that appropriate, and timely referrals were made to health and social care professionals when needed. Clinical interventions were subject to routine audit. The provider maintained regular clinical oversight of falls, wound care, nutrition and hydration, medicine management, antibiotic use and skin care. Residents had access to specialist services such as psychiatry of old age and palliative care nursing. Clinical staff were able to access a selection of training resources to maintain their professional competences, such as medication management, wound care and basic life support training.

Residents who expressed a view told the inspector that they felt safe and secure living in the designated centre. Observations carried out over both inspection days confirmed that staff communicated with residents in a respectful and courteous manner. Staff were observed to knock on residents' doors prior to entry, and to explain the purpose of their visit. All staff working in the designated centre had received safeguarding training, and those staff spoken with felt that this training enabled them to support residents who might want to register a concern. A review of records related to safeguarding found that the local management team followed their safeguarding policy and procedure when a safeguarding concern was identified.

Infection prevention and control measures were in place and monitored by the management team. Whilst there was evidence of several good practices in relation to infection control, such as the appropriate use of personal protective equipment (PPE), effective hand hygiene practices, the maintenance and up-keep of sluice equipment, additional oversight was required in relation to the storage of residents' mobility equipment and laundry trollies. The current practice of storing this equipment in high-risk areas increased the risk of cross contamination.

Commitments made to address the flow of clean and dirty laundry by adjusting the existing layout following the last inspection in July 2024 had not been completed at the time of this inspection.

While the majority of fire safety upgrades identified in a fire safety risk assessment (FRSA) carried out in February 2024 had been completed by the provider, in terms of upgrades to attic compartments, service penetrations, final exit doors, attic hatches and emergency exit lighting, not all of required works had been completed at the time of this inspection. Significant upgrades and replacement of fire doors identified in the above (FRSA) had not been started. Assurances were provided post inspection regarding these upgrades. A programme of fire door upgrades and replacement is due to commence in August 2025. The provider had mitigated the risk of fire by the adding an extra staff member at night to assist in case of a fire emergency. Although the provider had additional mitigation in place, such as carrying out fire door checks and fire drills, a review of records found that these checks and drills were inconsistent, and required senior staff sign-off to ensure that they were carried out in accordance with the provider's policy and procedures.

Overall, the premises were well-laid out to meet the needs of the residents. Communal rooms were comfortably furnished, and nicely decorated. Corridors were wide, internal surfaces were well-maintained, and there were handrails in situ to assist residents with their mobility. External facilities were available for residents, with well-maintained garden areas available for residents to use. The centre was clean and tidy; however, upgrades to doors and door frames were outstanding. The inspector was informed that a programme of painting upgrades was to commence in conjunction with the upgrade and replacement of fire doors. Although there were several storage areas located through the centre, there were insufficient in size to be able to store the volume of hoists currently in use in the centre.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Residents were consulted about their individual care needs, and had access to independent advocacy services if they wished.

Visiting was facilitated in the centre in line with national guidance, with high levels of visitors attending the service over the two days. There was a good programme of individualised and group activities available, which was advertised in the centre.

Regulation 11: Visits

Visits by residents' families and friends were encouraged, and practical precautions were in place to manage any associated risks to ensure residents were protected from the risk of infection. Residents were observed meeting their visitors in their bedroom or in the communal area of the centre. Discussions with residents and visitors confirmed that they were satisfied with the arrangements that were in place.

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate storage in their bedrooms, and was able to access and maintain control over their clothing and personal possessions. Residents' clothing was laundered in the centre's laundry on the ground floor, and arrangements were in place to ensure their clothing was returned to them following the laundering process.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that all parts of the premises were appropriate for the number and needs of residents in accordance with the centre's statement of purpose. For example:

- There was a lack of adequate storage facilities to store residents mobility equipment. The impact of this is described in more detail under Regulation 27: Infection control.
- There were a number of doors, and door frames which were scuffed, and required repair.
- Some ceilings required repainting, as there was evidence of paint peeling.
- Signage was missing to identify a number of facilities used to run the service.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had not ensured that effective governance and oversight arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control measures. This was evidenced by the following findings;

- There were no dedicated clinical hand-washing sinks in the centre.
- A full-body hoist was damaged and could not be effectively cleaned.

The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:

- There was a lack of appropriate storage space in the centre, resulting in resident mobility equipment stored in communal bathroom/shower facilities and in the boiler room.
- Laundry Skips/Trolleys were found stored in bathrooms/shower facilities.
- Inadequate organisation and management of general storage facilities meant that there was a risk of cross-infection due to incontinence products stored in an unlocked cupboard in a bathroom.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider was failing to meet the regulatory requirements on fire precautions in the centre and had not ensured that residents were protected from the risk of fire. The provider was non-compliant with the regulations in the following areas:

- There were outstanding works required to ensure that all fire doors provided the required level of protection against the spread of fire and smoke.
- Observations of fire doors on this inspection found that there were excessive gaps around the fire door sets, and there was an absence of fire seals.
- Simulated evacuations had not been held on a regular basis. Although they were due to be held on a monthly basis, the inspector found that there were no records available for May and June 2025.
- The provider had a range of daily, weekly and monthly fire checks in place. However, there were gaps found in the records confirming the consistent checking of fire doors.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of records found that assessment and care planning were of a good standard, which ensured each resident's health and social care needs were identified, and the care interventions that staff must complete were clearly described. The inspector reviewed a sample of residents' care documentation and found the following;

- All resident records reviewed had a comprehensive assessment of their needs prior to admission to ensure that the centre was able to provide care that met residents' assessed needs.
- Care plans were reviewed at four-monthly intervals, or as and when required.

- Residents were consulted about their preferences for care interventions, and where residents were unable to provide this information, records confirmed that a resident-nominated representative was consulted.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. An on-call medical service was accessible to residents out-of-hours, if needed. Residents were supported to safely attend out-patient and other appointments.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to safeguard residents, and protect them from abuse. Safeguarding training was up-to-date for staff. Residents stated that they felt safe staying in the centre, and all staff had a Garda Vetting disclosure on file prior to taking up employment.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Residents were supported to engage in activities that aligned with their interests and capabilities. Activity co-ordinators promote, and delivered a varied and stimulating activities programme every day, such as arts and crafts, quizzes, story-telling, bingo and music session. One-to-one sessions also took place to ensure that all residents could engage in suitable activities, such as cards knitting to align with their interests. Detailed key-to-me assessments were completed, and residents also had life story books, which aided good communication.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for College View Nursing Home OSV-0000128

Inspection ID: MON-0047285

Date of inspection: 04/07/2025

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	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Upgrade of Fire Doors- See regulation 28 for completion 21st December 2025 • A contractor has been appointed to complete the upgrade work which is expected to be completed by 30th October 2025 • IPC audits will be reviewed to prompt a review of appropriate storage in line with IPC guidelines 30th September 2025	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • A full review of storage facilities is underway to designate specific storage areas for homes equipment that is in line with IPC guidelines - 30th September 2025 • Upgrade of Fire doors – See regulation 28 for completion 21st December 2025 • Repainting of the affected ceiling was completed immediately following the inspection. Ongoing painting will be completed once door work has been completed. • Signage required has been sourced and will be completed by the 30th of September 2025	

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: • 3* HBN10 handwashing sinks installed in the Centre- 21st September 2025 • A full review of storage facilities is underway to designate specific storage areas for homes equipment and incontinence wear that is in line with IPC guidelines - 30th September 2025 • Hoist that was damaged and could not effectively be cleaned has been fully repaired to ensure compliance with IPC guidelines going forward. - Complete	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: • The Centre had at the time of inspection identified the work needed, sourced quotes and appointed their preferred contractor. Works on the fire doors will be completed over 7 phases commencing with 60-minute compartment doors Fire doors and doors in higher risk areas before moving to complete remaining doors – 21st December 2025. • Fire drills are completed monthly within the Centre, adherence to this policy will be overseen by PIC/ROM. Where staff are on leave the responsibility will be allocated to another competent person- Ongoing • The Centre has a daily/weekly/monthly fire check policy, adherence to this policy will be overseen by PIC/ADON/ROM and Group head of facilities Where staff are on leave the responsibility will be allocated to another competent person. - Ongoing	

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.	Substantially Compliant	Yellow	21/12/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	21/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Not Compliant	Orange	10/09/2025

	consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	21/12/2025
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	21/12/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is	Substantially Compliant	Yellow	10/09/2025

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
--	---	--	--	--