Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Elm Green Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	New Dunsink Lane, Castleknock, Dublin 15
Type of inspection:	Unannounced
Date of inspection:	19 November 2025
Centre ID:	OSV-0000133
Fieldwork ID:	MON-0047377

About the designated centre

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

Elm Green Nursing Home is located in Dublin 15 and is located in its own grounds. The centre is a two-storey purpose-built building and has 120 single bedrooms all with full en-suite shower rooms. Floors can be accessed by stairs and passenger lifts. Admission takes place following a detailed pre-admission assessment. Full-time long-term general nursing care is provided for adults over 18 years, including dementia care, physical disability and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	118

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
Wednesday 19 November 2025	06:45hrs to 15:00hrs	Sinead Lynch	Lead
Wednesday 19 November 2025	06:45hrs to 15:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Residents living in Elm Green Nursing home told inspectors that they were happy there and felt cared for, and inspectors saw residents being treated with kindness and respect.

The centre was a large building laid out over two storeys and was divided into two units on each floor, Oak and Laurel, with one unit designated as a dementia specific care unit. A large reception area, kitchen and dining room were on the ground floor alongside staff areas, smoking room, visitors room, hairdressing room and prayer room. Residents' bedrooms were located on both floors and communal lounges, dining areas and a library room were located throughout the centre. There were two courtyards and a garden accessible from the ground floor. On the first floor a roof garden was available for residents with raised planting beds and artificial grass. The residents' smoking area was located also in this area. Inspectors observed that since the last inspection there was a call-bell fitted in this area should the residents require assistance. All floors were accessed using the passenger lift available from the ground floor. The residents' bedroom areas were found to be clean, however inspectors found a number of areas that were not clean to an appropriate standard. This included treatment room, kitchenettes, sluice rooms and a bathroom. There was a bathroom off reception which was locked on the morning the inspectors arrived in the centre. This had restricted use for certain staff only. This was not in line with the centre's statement of purpose and is further detailed under Regulation 17: Premises.

The inspectors were not assured that adequate arrangements were in place in respect of maintenance. While providers' environmental audits did not identify any issues of concern, throughout the day of inspection, inspectors observed several examples of areas that were not well-maintained. For example damaged flooring and badly stained ceiling tiles. Other findings posed a health and safety risk and required immediate action as discussed under Regulation 23: Governance and management.

Furthermore, infection prevention and control arrangements were not sufficient to ensure a clean and safe environment was provided at all times in all areas. For example; there were two hand washing sinks and two bed pan washers that had been out of order for a long period of time and many surface areas were visibly dirty. Additional detail is provided under Regulation 27: Infection control.

Fire safety precautions and practices observed throughout the centre required review and stronger oversight, as inspectors observed doors held open with chairs or door closure devices that were alarming, indicating malfunction or battery issues, as detailed further under Regulation 28: Fire precautions.

While there were sufficient healthcare staffing levels at night as seen in the early morning hours of the inspection, there was a deficit in clinical oversight and level of supervision. The inspectors had to highlight a number of issues that were found to the nurse on each unit before the management team arrived at 8am. This included a locked bathroom on one corridor for which there was no available key and none of the night time staff knew where to access the key for this room. There was no master key available and no senior manager on duty with the knowledge of how to access these areas or where to find a spare key. This meant that in the event of a fire alarm, staff would not have access to all areas of the designated centre to respond effectively, which posed a risk to the safety of the residents.

An immediate action was given on the morning of the inspection in respect of a wardrobe that was slanted on a corridor posing safety risk and the cleanliness of a hand hygiene sink in the treatment room that was not fit for purpose.

Visitors were seen coming and going on the day of inspection, and they told the inspectors that they were always made to feel welcome. The inspectors spoke with seven visitors on the day and the overall feedback was that the staff were very kind and attentive. Two visitors commented that management were very visible in the centre and approachable. The activities staff led a group session of exercises in the morning, with one resident saying it was her favourite activity. Other residents told the inspectors that they enjoyed doing jigsaws and colouring. In the dementia specific unit there was a bus stop with seating close by for residents to sit.

Residents spoke positively about the meals and the great choice they were offered. Menus were on display in each dining room and all residents spoken with were very complimentary of the amount and variety of food on offer. Staff were available in each dining room and there was a pleasant atmosphere, with staff and residents chatting and laughing with each other. Residents were observed to be offered drinks regularly and discreet assistance was provided if and when needed.

The centre provided a laundry service for residents. All residents whom the inspectors spoke with on the day of inspection were happy with the laundry service.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, notwithstanding the positive feedback from residents and visitors, the inspectors found concerns in respect of premises, fire precautions and infection prevention and control (IPC) which did not provide assurances that the governance and management arrangements in the centre were consistently effective. The findings from this inspection were that renewed focus and action was required in the

areas of governance and management and ensuring the appropriate oversight was in place to ensure the centre was a safe place for residents to reside, where their quality of life could be enhanced.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended).

The inspectors followed up on the compliance plans from the previous inspection and found that the registered provider had made several positive changes, specifically relating to the storage of residents' records, residents' rights and the complaints procedure. However there were some outstanding actions that had not yet been addressed, which included the cleanliness of the kitchenettes and hand hygiene facilities in one of the housekeeping rooms.

The findings of the inspection were that the provider did not comply with Regulation 27 and the *National Standards for Infection prevention and control in community services* (2018). Weaknesses were identified with the environment, and the governance of infection prevention and control. Details of issues identified are set out under Regulation 23: Governance and management, Regulation 27: Infection control and Regulation 17: Premises.

The registered provider was Costern Unlimited Company, which forms part of the Trinity Care Group. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a regional operations manager who was present on the day of inspection. The person in charge was responsible for the local day-to-day operations in the centre and was supported in their role by the assistant director of nursing (ADON), clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff. There were systems in place to ensure oversight of the centre throughout the day, however, an increase in the clinical and environmental oversight at night time and a more proactive management of maintenance issues were required. This is discussed further under Regulation 16: Training and staff development and Regulation 15: Staffing.

The provider had an audit schedule covering areas such as complaints, care planning, falls, wounds and call-bell response times. Where these audits identified deficits and risks in the service, the provider had a time-bound quality improvement plan. However, the audit in relation to the maintenance in the centre required to be strengthened as it did not indicate issues that were identified by the inspectors on the day as detailed further under Regulation 23: Governance and management.

Staff were provided with appropriate training to meet the needs of their role. Staff training was closely monitored to ensure all staff completed training requirements, which proved effective in improving staff knowledge and practices.

Regulation 15: Staffing

The staffing levels in relation to the maintenance team required review. There was one full-time maintenance person working in the centre which was not sufficient for the size and layout of the designated centre. This was evident as inspectors observed numerous examples of maintenance work required and not completed, some of which are further detailed under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff supervision was inadequate. There were issues identified on this inspection that could pose a risk to residents, however, none of the staff had escalated or reported any risks such as detailed under Regulation 28: Fire precautions, Regulation 17: Premises and Regulation 27: Infection prevention and control. For example;

- There was no senior staff member on duty to provide supervision and access to all areas with a master key to ensure safety in the event of fire.
- Three door closure devices were alarming but staff had not identified this as a risk to residents in the event of a fire. Furthermore, the residents sleeping in those bedrooms had their sleep disrupted by the regular beeping sound.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider had the records set out in Schedules 2, 3 and 4 kept in the designated centre and were made available to the inspectors.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the management structure and governance arrangements in the centre, further improvements were required in relation to the management systems

in place to ensure they are safe, appropriate, consistent and effectively monitored. For example;

- The maintenance audit completed seven days prior to the inspection gave 100% compliance. However, on the day of inspection there were issues identified such as damaged or missing skirting board and fittings which were not in good condition.
- The oversight of infection prevention and control was not sufficient. In many areas of the centre surfaces were not appropriately cleaned as further detailed under Regulation 27: Infection prevention and control.
- The management systems and oversight of fire precautions required review as detailed under Regulation 28: Fire precautions.

There was an immediate action plan given to the management team on the morning of the inspection, and inspectors were satisfied that it was addressed before the end of inspection. This was in relation to;

- A wardrobe on the corridor that was unstable and a risk to residents' safety.
- The cleanliness of a hand hygiene sink in the treatment room that required replacement.

The registered provider did not ensure that the designated centre operated at all times in line with its conditions of registration, and in accordance with the statement of purpose agreed with the Chief inspector of Social Services. For example, a bathroom facility registered for residents' use had been re-assigned for the use of certain staff only, as further detailed under Regulation 17: Premises.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had notified the Chief Inspector of all accidents and incidents within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provide had an accessible and effective procedure in place to deal with complaints, which included a review process and provided information in relation to the Ombudsman.

Judgment: Compliant

Quality and safety

Overall, the inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met. However, inspectors found that there were aspects of the quality and safety of care provided to residents that were impacted by inadequate governance and management as described under the Capacity and Capability section of this report. Inspectors found that the quality and safety of care provided to the residents in key areas such as infection control, fire safety and premises did not ensure that residents were fully protected.

Some action had been taken with regard to the maintenance of the premises since the previous inspection and this was evident on this inspection. The provider had installed new flooring in areas of the centre and was in the process of replacing the flooring in the main reception. However, there continued to be areas of the premises that still required attention similar to some of the findings of the previous inspection such as damaged flooring and ceiling issues. This and further issues are outlined under Regulation 17: Premises.

The oversight of fire precautions required review. There were door closures alarming that no one had identified as concerning and a resident's bedroom door held open with a chair. This would negatively impact residents' safety should a fire occur. This is further detailed under Regulation 28: Fire precautions.

Residents' bedrooms were found to be warm, homely spaces. Some were personalised with ornaments, soft furnishing and photographs from home. Bedrooms were observed to have sufficient storage space for residents' clothing and personal possessions with a lockable unit available for storage if required. Corridors were wide and spacious with handrails to support residents.

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Of the sample reviewed, each resident had a pre-admission assessment carried out to ensure the centre could meet the resident's needs and assessments were completed within 48 hours of admission and ensured that residents' individual care and support needs were being identified and could be met.

The nursing team worked in conjunction with all disciplines as necessary, including; dietitian, speech and language therapist, tissue viability nurse (TVN) and physiotherapy. Residents had their general practitioner (GP) of choice. The GP reviewed residents in the centre regularly and more often when necessary. Out-of-hours medical cover was also provided.

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

Regulation 17: Premises

The premises were not in accordance with the statement of purpose prepared under Regulation 3. For example;

- There was a locked bathroom off the reception area which was not available to visitors or residents and inspectors were informed that it was utilised by a set cohort of staff only.
- The bathroom that contained the hydrotherapy bath was not accessible as the door was locked and keys could not be located. A scissors was used to open the door. This bathroom contained two treatment trolleys, a green fabric chair and an electric lamp. This meant that residents did not have access to use this bathroom, which was being utilised as a storage space.

Some areas of the centre required improvement to ensure that they were in line with Schedule 6 of the Regulations:

- The premises were not well-maintained internally and externally. For example:
    - There were ceiling tiles missing in some areas.
    - Damp patches in the ceiling were observed in many areas throughout the centre.The inspectors acknowledge that the centre had a recent leak and were addressing some of the areas that were affected, however many of the ceilings were old stains.
    - Throughout the day of inspection, the inspectors observed two out-of-order hand wash sinks and one sink not fit for purpose.
    - Hand rails were chipped and required repair or repaint
    - The temperature in the Dementia unit required review. On one corridor it appeared much cooler. When checked, this cooler corridor read 17.9 degree Celsius while the next corridor read 22.2 Celsius.
    - The visitors room on the ground floor had flooring that was in poor repair with visible piping from its previous use as a bathroom.
    - Two bed pan washers were out of order since July 2025.

Judgment: Not compliant

Regulation 27: Infection control

Infection prevention and control (IPC) and antimicrobial stewardship governance arrangements did not ensure the sustainable delivery of safe and effective infection prevention and control. For example:

- The registered provider did not ensure that IPC procedures in relation to environmental hygiene and practices were consistent with the standards published by the authority and are implemented by staff.
    - This inspection found that some areas of the centre (treatment rooms, kitchenettes, sluice rooms, one bathroom) and residents` equipment were visibly unclean and required urgent attention.
    - Deep cleaning records were not consistent with the findings on the day of the inspection.
    - Hand hygiene facilities were not in line with best practice guidelines. For example, two hand hygiene sinks were out of order and many of the hand hygiene sinks needed to be deep cleaned.
    - Two bed pan washers were out of order with no sign on the machine to direct staff. Two of the sluice rooms had stained equipment on the clean rack, indicating that contaminated equipment may not have been cleaned properly.
    - Clinical waste was not segregated in line with best practice guidelines. For example, many of the clinical waste bins had used paper and used gloves from routine care.

Judgment: Not compliant

Regulation 28: Fire precautions

Action was required to ensure that adequate arrangements were in place for containing fires, for example:

- Three door closure devices were alarming which may indicate these are not functioning, and staff working on the floor did not know what these alarm sounds indicated.
- One bedroom was observed to have the door held open with a chair. This posed a risk that in the event of fire, the self-closing door device would not work.
- The door to the main fuse board where the isolator switch was, was found to be unlocked and easily accessible to residents.

- The plant room continued to have insulation exposed. This was a repeat finding from the last inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of 10 care plans. The person in charge had ensured that comprehensive assessments were carried out for each resident on their admission to the centre and care plans were prepared within 48 hours of admission and there was evidence that residents and their families were involved in the care planning process.

Judgment: Compliant

Regulation 6: Health care

Inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to inter-disciplinary team members who came into the centre to review residents. There was a low incidence of pressure ulcers, those residents that were affected were managed appropriately.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for Elm Green Nursing Home OSV-0000133

Inspection ID: MON-0047377

Date of inspection: 19/11/2025

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 15: Staffing	Substantially Compliant

Outline how you are going to come into compliance with Regulation 15: Staffing:
Currently, one full time maintenance person is employed in the nursing home. In order to support the maintenance staff, the Facility Manager for Trinity care has put in additional measures. The Assistant Maintenance Manager, Trinity Care, oversees the day-to-day Maintenance requirements. To support the maintenance person, the painting needs for the nursing home is being outsourced to external contractors, who commenced their work on 16.01.2026 in one unit. The service from the painter employed by Trinity Care is also made available as required.

Any plumbing, electrical and landscaping work is also sourced externally, to enable the in-house maintenance person to focus on the day-to-day maintenance of the home.

The maintenance planner for the home for 2026 was developed by the Maintenance person, Facilities Manager and the PIC, which includes the painting requirements of the walls (already commenced), handrails, skirting boards , flooring in many areas(already commenced) and change of ceiling tiles.

An accurate maintenance audit will be carried out by the Assistant Maintenance Manager and the in-house Maintenance person quarterly with appropriate action plans.

Quality walk arounds are carried out by the PIC regularly and by the Senior Management Team fortnightly, any maintenance issues identified are logged in the electronic system for recording maintenance issues 'Snapfix', which is reviewed by the maintenance team.

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
The Management ensured that a master key for all the doors is provided to the nurse in charge in each units, thus to enable access to the rooms at any time.

Each units staff are educated to identify any maintenance issues and logging them in 'snapfix' promptly. Each unit has access to snapfix in the unit ipad.

Works commenced in October prior to the inspection to replace the battery-operated devices with magnetic-controlled fire-release systems throughout the centre. The remaining door closure devices, which had battery operated devices have now been fully replaced, eliminating the requirement to have any battery devices.

There is ongoing training provided to staff regarding fire safety procedures

The staffing levels in the Centre have been reviewed by the Person in Charge (PIC) and the Senior Management Team. A plan is in place to introduce a Clinical Nurse Manager (CNM) position during the night shift. This will be achieved by assigning an additional nurse to the ground floor unit, which is currently managed by a Clinical Nurse Manager during the day. Consequently, a senior member of the team will be on duty at all times. This measure will enhance staff supervision and monitoring of fire safety practices during nighttime hours. Recruitment for nursing staff is currently in progress and is expected to be completed by 10 February 2026.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The maintenance planner for the home for 2026 was developed by the Maintenance person, Facilities Manager and the PIC, which includes the painting requirements of the walls (already commenced), handrails, skirting boards, flooring in many areas(already commenced) and change of ceiling tiles.

An accurate maintenance audit will be carried out by the Assistant Maintenance Manager and the in-house Maintenance person quarterly with appropriate action plans.

The daily cleaning and deep cleaning schedules and staff practices were reviewed with the house keeping team following the inspection. The House keeping Manager is monitoring the effectiveness of the cleaning practices, PIC monitors this regularly.

The day and night staff were met by the management and reviewed the cleaning practices for treatment rooms, kitchenettes, sluice rooms and hand hygiene sinks.

The hand hygiene sinks that were not functional on the day of the inspection and a sink that was not fit for purpose were replaced with new ones and completed on 10.12.2025.

The 2 bed pan washers that were not working on the day of the inspections were replaced with new ones and completed on 22.12.2025.

The door closure devices, which were faulty on the day of the inspections were removed and replaced with a magnet-controlled fire release on the 25th of November. All fire doors in Elm Green now have a magnet-controlled fire release. Thus, no fire doors have battery-operated door guards since 25th November 2025.

In addition to this, the staff are educated regarding the fire safety procedures regularly.

The unstable wardrobe in first Laurel Extension was being replaced by the in-house maintenance person on the day of the inspection, which was completed and replaced with a new wardrobe during the same day.

The bathroom off the reception was made available to use for visitors, residents or staff from the day of inspection, with no restrictions in place.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The bathroom off the reception was made available to use for visitors, residents or staff from the day of inspection, with no restrictions in place.

The items that were stored in the bath inappropriately were removed on the day of the inspection. The relevant staff were met with, and the PIC reviewed the practices with the staff. The Management team check the baths in the home daily and ensure that these are used for purpose and not kept locked.

The maintenance planner for the home for 2026 was developed by the Maintenance person, Facilities Manager and the PIC, which includes the painting requirements of the walls(already commenced), handrails, skirting boards , flooring in many areas(already commenced) and change of ceiling tiles.

The two-hand hygiene sinks that were not functional and the sink that was not fit for purpose on the day of the inspection were replaced with new ones and completed on 10.12.2025.

The Assistant Maintenance Manager attended onsite on the day of the inspection and identified a fault in the manifold that caused the lower temperature on one corridor in ground Oak unit. This was repaired the next day. The management monitored the area to ensure that residents remained comfortable and warm during this time.
The management ensures during their walkarounds that the temperature in all areas of the home is in normal range.

The flooring of the visitors' room on the ground floor Oak was repaired and the pipe removed. Further refurbishment to this room will be completed by 28.02.2026.

The two bed pan washers were replaced with new ones and completed on 22.12.2025.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
The daily cleaning and deep cleaning schedules and staff practices were reviewed with the house keeping team following the inspection. The House keeping Manager is monitoring the effectiveness of the cleaning practices, PIC monitors this regularly. Monthly house keeping meeting is being carried out with the staff to review the progress.

The day and night staff were met by the management and reviewed the cleaning practices for treatment rooms, kitchenettes, sluice rooms and bathrooms.

The two-hand hygiene sinks that were not functional and the sink that was not fit for purpose on the day of the inspection were replaced with new ones and completed on 10.12.2025.

The two bed pan washers were replaced with new ones and completed on 22.12.2025.

The residents' equipment is cleaned by the night staff in the unit, and a record is maintained in each unit. In order to ensure the effectiveness of cleaning, the management commenced the 'I am clean' tag for the residents' equipment from January 2026. These are placed in each unit, and is to be placed on the equipment by the staff member who cleans the equipment after the use, with their name, date and time when the equipment was cleaned. The IPC lead nurse carries out spot checks to ensure compliance with the practice.

The clinical waste segregation practice in the home is being reviewed by the management actively, with additional staff training and education on this. The IPC lead nurse carries out spot checks to ensure compliance with the practice.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The door closure devices, which were faulty on the day of the inspections were removed and replaced with a magnet-controlled fire release on the 25th of November. All fire doors in Elm Green now have a magnet-controlled fire release. Thus, no fire doors have battery-operated door guards since 25th November 2025.
In addition to this, the staff are educated regarding the fire safety procedures regularly, which includes the door held open with a chair.

The door to the main fuse board in Ground Laurel extension is secured with a lock since 20.11.2025. The key is kept in the CNM office, the nurses has access to this room always.

The facilities team has plans in place to cover the exposed insulation in the plant room.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/01/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	10/02/2026
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared	Not Compliant	Orange	19/11/2025

	under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2026
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	30/01/2026
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	10/02/2026
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	Not Compliant	Orange	22/12/2025

	implemented by staff.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2026