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:	Belmont House Private Nursing Home
Name of provider:	Belmont Care Limited
Address of centre:	Galloping Green, Stillorgan, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	12 August 2026
Centre ID:	OSV-0000014
Fieldwork ID:	MON-0051047

About the designated centre

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

Belmont House is a 156-bed centre providing residential, respite and short-stay convalescent care services to male and female residents over the age of 18 years. The centre was originally a Georgian country house and was owned by a religious order. The building has been extended and completely refurbished while retaining some of its older features. It is located on the Stillorgan dual carriageway, close to the village of Stillorgan, with access to local amenities, including shopping centres, restaurants, libraries, public parks and coffee shops and good access to public transport. Accommodation for residents is across five floors. There are also areas for residents to socialise and relax, including activity rooms, a coffee dock and quiet areas. The majority of bedrooms are single rooms, and there are 25 twin rooms. There is 24-hour nursing care with access to both in-house and specialist healthcare as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	124

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 12 August 2026	08:30hrs to 16:50hrs	Laurena Guinan	Lead
Wednesday 12 August 2026	08:30hrs to 16:50hrs	Sarah Armstrong	Support
Wednesday 12 August 2026	08:30hrs to 16:50hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

Overall, the inspectors found that Belmont House Private Nursing Home was a nice place to live. All residents who spoke to inspectors provided positive feedback about the care and service they received. Residents in particular spoke highly of the staff who cared for them, the food provided and the activities available in the centre. Visitors who spoke with inspectors also complimented the service. One visitor told the inspectors "things are really good here, we're very happy with everything". Staff provided mixed feedback. Whilst all staff said they enjoyed working in the centre, spending time with the residents, and that they felt supported and listened to by the management team, some staff voiced frustrations about the movement of staff between the different units and the impact this was having on residents who responded well to having familiar staff provide their care.

This was an unannounced inspection carried out over the course of one day by three inspectors of social services. Inspectors arrived to the centre at 8.30am and commenced a walk around of the premises. This provided inspectors with the opportunity to observe the morning practices in the centre. At this time, some residents were observed to be up and dressed, sitting in communal spaces enjoying breakfast, whilst others were seen to be sleeping in their beds, in line with their own preferred routines. The atmosphere in the centre on the morning, and throughout the day, was found to be calm and relaxed. Staff were promptly attending to residents' requests for assistance, and interactions between staff and residents were kind and considered.

Inspectors observed the mealtime experience for residents. For lunch, residents were served soup, followed by a choice of beef lasagne or baked ham with vegetables and potatoes. There was also a choice of dessert which included lemon meringue pie or jelly and ice-cream. There were different dining locations within the centre. A large dining space was available to residents on the ground floor, with other smaller dining rooms available on individual units. Residents were observed sitting at neatly set tables, and menus were displayed on each table. There had previously been disruption to the dining service in the main dining room while the kitchen was being refurbished, but on the day of the inspection, the inspectors saw that the dining room was appropriately set up for residents and the lunch service here was calm and relaxed. The food was delivered pre-plated to the units, and was well presented and looked hot. Residents described the meal as "delicious, beautiful food", "lovely" and "very tasty". Residents also told inspectors that they were offered choice at mealtimes. There were plenty of staff available to assist residents with their meals, and where residents required assistance from staff to take their meal, staff were seated next to them and were providing discreet assistance and gentle encouragement.

Residents were observed to have access to a range of activities in the centre. There were different activities schedules for different units, which had been developed

considering the interests and capacities of residents living on the units. Printed schedules were displayed in prominent locations, and pictorial daily activities timetables were also available in communal spaces. Residents had access to activities such as yoga, history, a men's shed, knitting and memory lane, and residents were seen taking part in an exercise class on the day of the inspection. Residents on the Maple and Evergreen units had unit-specific therapies including gentle exercises, proverbs and puppetry and music therapy.

Information notice boards were available in several locations throughout the centre. These included information for residents, staff and visitors on advocacy services, managing your own medications, how to meet with a pharmacist and how to raise complaints. They also included information for staff about the employee assistance programme that was available to support them.

Day spaces for residents were decorated with residents' arts and crafts and photographs of residents enjoying different events in the centre, including the recent summer party. The environment was generally well maintained. Some areas on the upper floors had been recently painted and there was an ongoing programme of works to complete further painting and upgrade flooring throughout the centre. This was due for completion by the end of September. However, some handrails were loose and were unsafe for use by residents. In addition, inspectors observed some equipment, including wheelchairs, to be visibly unclean with a build up of dirt and debris. One visitor was also overheard raising a complaint in relation to this with a staff member. Residents had access to outdoor spaces which were well maintained with safe pathways and full flowerbeds. Outdoor spaces contained plenty of comfortable seating and sun umbrellas for residents. Sun hats were also available adjacent to the door for residents to wear in the sunny weather.

There was an adequate amount of personal protective equipment for staff and residents personal care supplies. Continence wear for residents was observed stored neatly in the bedrooms of those who required it, with surplus supplies stored on the units.

Some areas of the centre were found to be very warm on the day of inspection. While there were systems in place for monitoring and maintaining the temperature on some units, this was not consistently done on all units. For example, there was no thermometer on Beech 1 and Maple 2 units to assist with regulating the temperature, and corridors in these areas were uncomfortably warm, with staff visibly sweating when carrying out their duties. Feedback from staff and visitors on these units often referenced the high temperatures. The lounge on the ground floor was also found to be excessively warm. Staff were observed to be offering and encouraging residents with fluids throughout the day, and residents spoken with said that there was always a good supply of drinks available.

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

Capacity and capability

The inspectors found that this was a well-resourced centre and although the provider had recently implemented a strengthened management structure, the oversight of care plans, staff allocations and staff meetings was insufficiently effective.

This was an unannounced inspection conducted over one day by three inspectors of social services. The purpose of the inspection was to follow up on unsolicited information received by the Chief Inspector and monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Inspectors also followed up on the compliance plan from the previous inspection, and statutory notifications submitted to the office of the Chief Inspector of Social Services since the last inspection in March 2026. Following receipt of the unsolicited information, the Chief Inspector had requested assurances that the service provided was safe and effectively monitored. The providers' response was assessed during this inspection and inspectors had found that measures such as increased monitoring of the service and additional training for staff had been implemented.

Belmont Care Limited is the registered provider for Belmont House Private Nursing Home, and is part of the Emeis group. There was a person in charge who had taken up their role in March 2026. They worked full-time in the centre and was supported in their role by three assistant directors of nursing and a team of clinical nurse managers. The regional director for the group visited on-site a minimum of twice weekly to provide additional management support, and they were present on the day of the inspection. Staff nurses, healthcare assistants, activities coordinators, household, catering and maintenance staff made up the remainder of the staff team in the centre.

The inspectors reviewed a sample of audits, including nutrition and weight management, medication management, manual handling, care plans and falls audits, and these were seen to have corresponding quality improvement plans to address issues identified. These areas had also been identified as areas for improvement from a review of complaints, safeguarding investigations and medication errors, and the frequency of these audits had been increased to ensure greater oversight. However, care plan audits had not identified care plans were not always revised to inform care based on residents' assessed needs as discussed under Regulation 5: Individual assessment and care plan. Manual handling audits showed a high compliance with good practice, and this was supported by manual handling spot checks by the physiotherapist on all units, and discussions about falls prevention during staff meetings. Nutrition and weight management audits demonstrated good practice with responding to residents' nutritional needs, and positive response to the food provided. This reflected what was seen on the day. There was also an enhanced policy schedule to support staff in providing residents

with adequate and correct nutrition and hydration. Trending and analysis of medication errors had resulted in an improvement plan that included measures such as medication spot checks and medication assessments. This had significantly reduced the medication incidents between May and July 2026.

There was a schedule of management and staff meetings which showed that findings from audits, analyses and previous inspections were discussed, with improvements identified. These meetings had action plans to address issues, and these were seen to have been completed, or were being implemented. While the inspectors saw regular staff meetings on each unit, these meetings had low attendance numbers and some staff spoken with were not aware that regular staff meetings were held. This was addressed at the feedback meeting and the regional manager told the inspectors that staff were also provided with updates via an internal software application, but it posed a risk that staff did not receive information pertinent to their roles, or have the opportunity to raise concerns. An annual review for 2025 had been developed in consultation with residents and families and a quality improvement plan was seen to be implemented. The actions committed to in the compliance plan from the previous inspection had been implemented.

A review of staff rosters showed that staffing was in line with the statement of purpose, and reflected staffing levels on the day. All staff were seen to work within their designated role. There were a number of nursing and care staff vacancies for which the registered provider had engaged in active recruitment, and all but one care staff vacancy had been filled. The remaining vacancies had identified candidates who were completing the recruitment process. Residents told the inspectors that there was ample staff to attend to their needs, and call-bells were seen to be responded to promptly. Dependency levels on each unit were reviewed on a weekly basis, and this determined staffing levels and the allocation of staff between units. Staff told the inspectors that while staffing levels were mostly satisfactory, the frequent re-allocation of staff between units sometimes affected residents' routines as staff were not familiar with residents, and residents had also expressed dissatisfaction to them at having different staff attending to their needs. Staff acknowledged that the reallocation of staff was in response to staff shortages, and also confirmed that management ensured a good skill-mix of experienced and new staff when allocating staff to each unit. This will be discussed under Regulation 23: Governance and management.

Staff had access to training appropriate to their roles. Inspectors reviewed the training matrix in the centre and found that there were high levels of compliance with mandatory training including safeguarding, manual handling and fire safety training, as well as training in areas that had been identified as requiring improvement. These areas included medication management, care planning and nutrition. The person in charge had also identified additional training needs from a review of complaints and safeguarding investigations. A training session on effective communication to address the specific concerns raised had been developed and was being provided to all staff. Staff involved in safeguarding investigations or medication errors were seen to have engaged in disciplinary processes, with recommendations such as enhanced supervision and training completed. These

processes were overseen by the person in charge, who assessed the staff member's performance throughout.

New staff and agency staff followed an induction process tailored to their roles. Staff who had recently completed these induction periods said that they were comprehensive, and they felt supported throughout. Since the previous inspection, enhanced management supervision had been implemented so that assistant directors of nursing and clinical nurse managers worked on a supernumerary basis to provide support to staff on the units. This arrangement was in place for all shifts, and staff on the units confirmed that there was always a nurse manager available for support. Various spot checks, walk arounds, and out-of-hours checks were also seen to have been conducted to enhance the supervision of staff practices. Staff spoken with were familiar with the person in charge and members of the management team, and they said they felt concerns were listened and responded to.

The inspectors reviewed a sample of five residents' contracts for the provision of services, which included a sample of different contract types such as long term care and short term care, private and fair deal funded. All contracts accurately described the services provided to residents, the charges associated with the service and were signed by the resident or by an appropriate person on their behalf.

The inspectors reviewed the submission of notifications with the person in charge prior to the inspection, and identified that three notifications had not been correctly submitted. Two incidents had not been identified by staff as requiring notification to the Chief Inspector. A third incident was notified as an update to a related notification. This resulted in all three notifications being received after the required time frame. The criteria for the submission of these notifications were clarified to ensure that all future incidents were correctly categorised. The person in charge had submitted all notifications retrospectively.

Regulation 22: Insurance

There was a valid contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure that the service provided was effectively monitored were insufficient. For example:

- The oversight of staff allocation had not ensured that staff familiar with residents' care needs were consistently providing care to residents. Staff

reported that residents had expressed dissatisfaction at frequent changes to staff attending to their care.
- Not all staff were aware of the schedule for staff meetings. The systems in place to ensure that staff had timely access to this information was insufficiently robust and this had not been identified by management as an area requiring improvement. As a result, not all staff had the opportunity to raise concerns or provide feedback through an open forum, and therefore, relied on the complaints process to raise concerns.
- Oversight through the auditing systems had not identified that care plans contained historic and unnecessary information making it difficult to determine what information was relevant to the residents' current needs.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of five residents' contracts for the provision of services. All contracts reviewed were found to meet the requirements of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Not all the notifications as required in the regulations had been submitted to the Chief Inspector. This included:

- Two incidents had not been correctly identified as requiring notification.
- One notification had been incorrectly notified.

This meant that the notifications had not been received within the correct time frame.

Judgment: Not compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to ensure that residents' needs were met in a prompt manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their roles. Staff spoken with told the inspectors that they felt supported in their roles and were seen to be appropriately supervised.

Judgment: Compliant

Quality and safety

Residents in Belmont House Private Nursing Home appeared content living in the centre and many spoken with said they were happy with the care they received. The inspectors observed that the staff treated residents with respect and kindness throughout the day of the inspection.

A sample of electronic residents' assessments and care plans were reviewed. While all residents had care plans in place, two residents had no updated comprehensive assessment completed to inform the requirement of a care plan. Some care plans also contained unnecessary information that did not clearly direct care. This is discussed further under Regulation 5: Individual assessment and care plan.

Overall, the premises were well maintained. Some areas of wear and tear were observed throughout the centre, including damaged and scuffed paintwork and walls. However, at the time of inspection, there was a programme of works underway to address these issues, with all works scheduled for completion by the end of September 2026. Inspectors observed that some equipment, including wheelchairs, was not clean, and some handrails to promote independent mobility for residents were loose. The management of temperature control throughout the centre, including in residents' bedrooms and communal areas, was also found to be inconsistent. Some areas had mobile airconditioning units or fans, while others had no measures in place to moderate temperatures. Additionally, not all areas had thermometers to facilitate monitoring the temperature and identify areas of concern. These findings are discussed further under Regulation 17: Premises.

Staff working in the centre were knowledgeable of their roles in protecting residents from abuse and had been supported with access to appropriate safeguarding training. There was also a safeguarding policy in place and staff were aware of, and had access to, this policy in the centre. Where an incident or allegation of abuse had been made, the person in charge had conducted an investigation into the matter. Outcomes and learnings of these investigations were shared with staff to promote

learning, and to reduce the risk of similar incidents occurring again in future. Where identified through investigations, additional supports were put in place for staff, such as focused training and enhanced supervision, to facilitate them to develop in their roles and to gain a greater understanding of their role in safeguarding vulnerable adults.

While there were some good practices in medication management, inspectors observed that not all medicines were safely stored in the designated centre and in line with the prescribed guidelines. This is further discussed under Regulation 29: Medicines and pharmaceutical services.

Regulation 17: Premises

While the premises were generally well maintained, and there was an ongoing programme of works in place to address painting and flooring upgrades, some areas of the premises were seen to be in disrepair on the day of the inspection. These areas were seen to have a negative impact on the residents. For example:

- Not all equipment used by residents was clean, including wheelchairs that had a build-up of dirt and debris present.
- Handrails to support residents to mobilise independently in the centre were not always secure; for example, outside bedroom 10 on Evergreen unit and on the stairwell leading from the lower ground to the ground floor.
- Some areas of the premises were uncomfortably warm, with ineffective measures to reduce and monitor room temperatures.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication storage practices were not in line with best practices or local policy, which led to some unsafe practices. For example:

- Some medicinal products and nutritional products required to be stored at a temperature maximum of up to 25 degrees Celsius were stored in store rooms with no means of recording the temperature available. This posed a risk with respect to the effectiveness of those medications.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Following a review of a sample of comprehensive assessments and care plans, not all care plans were seen to be updated to reflect the current assessed needs of residents. For example:

- Two responsive behaviours care plans were in place for residents who had not been assessed as displaying responsive behaviours. Additionally, the care plans included guidance on safeguarding the residents without there being an identified safeguarding concern.
- Medication management care plans were in place for residents did not sufficiently guide the care and management of residents' medication needs. Instead, the care plans contained a chronology of general practitioner reviews and historical information dating back to 2025, rather than providing clear and current guidance to staff on the care required by residents.
- The sleep care plan in place for a resident who experienced sleep disturbances and required monitoring through a sleep chart had not been reviewed or updated since March 2026. In addition, the sleep charts had not been completed since March 2026. Therefore, there was insufficient evidence that the residents sleep pattern had been assessed to inform an updated care plan.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to ensure that residents were protected from the risk of abuse. There were high levels of compliance with staff training in relation to the detection and prevention of, and responses to, abuse. There was evidence that the person in charge had investigated allegations of abuse, and these investigations included an outcome and recommended learnings to mitigate future risks.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Belmont House Private Nursing Home OSV-0000014

Inspection ID: MON-0051047

Date of inspection: 12/08/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
All staff have access to residents' current care plans and relevant clinical information to ensure that they are familiar with each resident's individual needs, preferences, routines and identified risks- complete and ongoing.

Where a staff member is required to work on a different unit from the unit to which they were originally allocated on the roster, an extended handover is provided. The staff member is also supported to work alongside a regular or senior member of the unit team. This approach ensures that staff have the necessary information and support to provide safe and consistent care while minimising the potential impact of staff movement between units- complete and ongoing

The management team completes daily walkaround reviews throughout the nursing home. During these reviews, management engage directly with residents, staff and family members to monitor the overall quality and safety of the service. These daily interactions provide an opportunity to identify concerns at an early stage, address issues promptly and ensure that the service is operating smoothly and safely. Resident involvement and feedback are further supported through monthly resident meetings, where residents are provided with an opportunity to raise concerns, make suggestions and discuss matters relating to their daily experience and the services provided. Feedback from these meetings is considered by management and appropriate actions are taken where required. In addition, the DON operates an open-door policy, allowing residents to approach the DON directly without requiring an appointment. This provides residents with an accessible and informal mechanism to discuss any concerns, suggestions or issues they may have- complete and ongoing

Monthly unit-based staff meetings are held to discuss unit-specific goals, identify areas for improvement and ensure that staff remain informed of agreed actions. Staff are invited to offer any feedback during these meetings. Meeting notes are made available

on the units for staff to review- complete and ongoing

Daily clinical meetings and safety pause meetings involving nurses and CNMs support effective clinical governance and communication across all units- complete and ongoing

A staff messaging system is also used to support communication and share important updates and allows staff to respond to relevant communications- complete and ongoing

Staff will be provided an opportunity to participate in a quarterly staff forum that will commence in Q4 2026. Once participants have been agreed, the initial meeting will agree terms of reference and committee goals and will take place by 30th November 2026.

From 1st December 2026, the meeting schedule will be displayed in advance on each unit, ensuring that all staff are aware of the dates and times of upcoming meetings and have the opportunity to attend.

Care plans are reviewed regularly to ensure that information remains accurate, relevant and reflective of each resident's current needs. Information is updated as required, and unnecessary or outdated information is removed to maintain clear and person-centred care plans- ongoing

In addition to the scheduled care plan audits, a spot-check system has been introduced to provide ongoing oversight of care plan quality and compliance- complete and ongoing

Additional training has also been provided to nursing staff to reinforce expectations regarding care plan documentation, review and updating- complete and ongoing

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
To ensure robust oversight of risk management, incidents are now reviewed on a daily basis by the management and clinical teams to ensure incidents have been escalated and responded to appropriately. The incident reporting system has also been reviewed to ensure that relevant information is recorded accurately and consistently and that the requirement to notify is recognised and responded to within the appropriate timeframe- complete and ongoing

Daily clinical meetings and safety pause meetings involving nurses and CNMs support effective clinical governance and communication across all units and ensure incidents are escalated appropriately- complete and ongoing

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The cleaning schedules for residents' equipment have been reviewed and updated, with the frequency of cleaning increased where required. IPC walkarounds have also been implemented, including spot checks of residents' equipment to ensure that cleaning requirements are being completed and maintained- complete and ongoing
The night clinical manager is responsible for checking equipment cleaning during night-time rounds and reminding staff as required to ensure that cleaning is completed – complete and ongoing
The handrail identified on the day of inspection was immediately reported to the Maintenance Team and repaired on the same day- complete
Management walkarounds now include observation of environmental areas and equipment for potential risks or maintenance issues, with identified concerns escalated promptly to the Maintenance Team. All staff are also encouraged to identify and report any environmental or equipment-related risks to ensure that issues are addressed without delay- complete and ongoing
A daily environmental temperature checklist is now in place, which includes various locations around the nursing home – complete and ongoing

Any variation of comfortable environmental temperature will be escalated to the PIC for discussion with the facility team on immediate risk assessment and actions to mitigate any risk – complete and ongoing

Further plans include exploring the installation of air conditioning in identified areas of the building (library and sitting room) to support effective temperature control and reduce the risk of overheating, particularly during the summer months. This review will be completed by 30th March 2027

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Thermometers have been installed in the stores where nutritional and medicinal products are stored. Temperatures are monitored and recorded regularly to ensure that storage conditions remain within the required range and that products are maintained safely and appropriately- complete

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Named nurses for all residents have been reviewed to ensure clear accountability for the assessment, review and updating of residents' care plans- complete

Additional care plan training has been scheduled for nursing staff, with a particular focus on accurately assessing residents' current needs and ensuring that care plans provide clear, relevant and person-centred guidance- complete and ongoing

A spot-check system has also been introduced in addition to the existing scheduled care plan audits. This provides an additional level of oversight to identify gaps promptly and ensure that care plans remain current and reflective of residents' assessed needs- commenced and ongoing

Additional education and one-to-one support have been provided to nursing staff by CMT in relation to comprehensive assessment, identifying changes in residents' needs, and creating or updating care plans accordingly. Nurses have also been reminded to ensure that care plans contain current, relevant and actionable guidance rather than historical information, and that associated- commenced and ongoing

The effectiveness of these measures will continue to be monitored through ongoing spot checks, care plan audits, clinical supervision and management review to ensure sustained improvement and compliance with residents' assessed needs- 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	30/03/2027
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2026
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	Substantially Compliant	Yellow	31/10/2026

	concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	31/10/2026
Regulation 5(4)	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.	Substantially Compliant	Yellow	31/10/2026