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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Brooklodge Nursing Home Limited
Name of provider:	Brooklodge Nursing Home Limited
Address of centre:	Ballyglunin, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	19 February 2025
Centre ID:	OSV-0005164
Fieldwork ID:	MON-0046327

## About the designated centre

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

Brooklodge Nursing Home is a single storey purpose built premises located in a rural area in County Galway. According to the statement of purpose, the nursing home caters for residents who need long term care, respite care, post operative convalescent care, general medical convalescent care, palliative care, residents with dementia, intellectual and physical disabilities. The centre can accommodate a maximum of 45 residents. It is a mixed gender facility, catering for dependent persons aged 18 years and over. Accommodation is provided in 17 single bedrooms and 14 twin bedrooms, each with an en suite shower, toilet and wash-hand basin. The staff team includes nurses and health care assistants and offers 24 hour nursing care. There is also access to a range of allied health care professionals.

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

Number of residents on the date of inspection:	43
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## 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 February 2025	09:30hrs to 18:45hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. The overall feedback from residents was positive and they were complimentary of staff and management, who were described as 'very good'. Residents were observed to be content and relaxed in the company of staff and the inspector found that staff were knowledgeable of residents' individual care needs.

The inspector was greeted by the assistant director of nursing upon arrival to the centre. Following an introductory meeting, the inspector walked through the centre, giving the opportunity to view the residents living environment and to meet with residents and staff. There was a welcoming atmosphere, and residents were observed to be relaxed in communal rooms and, in the comfort of their own bedrooms.

Located in the village of Ballyglunin, Co. Galway, Brooklodge Nursing Home was a purpose built, single-storey facility, registered to provide care for 45 residents. There were 43 residents living in the centre on the day of the inspection.

The inspector walked around the designated centre and they noted that the environment was homely. Corridors in the centre were long and wide and provided adequate space for walking, with hand rails fitted to maintain residents' safety and independence. The reception area offered views of an enclosed garden which contained seating, apple trees and a variety of shrubs and ornaments. The inspector noted that the garden was easily accessible for residents. An enclosure located outside of the centre contained pet llamas, for resident interest. The inspector noted that the internal courtyard and external gardens were tidy and well-maintained. Other communal spaces included a chapel, an activity room, a communal sitting room and dining room. The inspector noted that resident communal areas were generally clean, warm and well-furnished.

Resident bedroom accommodation consisted of single and shared bedrooms, with ensuite facilities. The inspector noted that resident bedrooms and ensuite bathrooms were generally clean. However, there was a lack of suitable storage space for some resident equipment, such as personal care products and wash basins. The inspector observed that personal care items were stored on windowsills and floor surfaces in several ensuite bathrooms. Residents were encouraged to personalise their bedrooms with items of significance, such as family photographs, ornaments and soft furnishings. Residents had access to television and call bells in their bedrooms. There was an ongoing maintenance programme in place, and with the exception of damage to floor covering along corridors, and in some resident bedrooms, the premises was generally well-maintained.

A programme of activities was available and the inspector noted that two staff were assigned to the provision of activities for residents. The inspector observed that there was a sociable atmosphere in the communal sitting room, and there was a

staff presence in this area at all times. Photographs of events enjoyed by residents were displayed throughout the centre, including seasonal events, celebrations and outings with staff and management. Several residents were observed spending time independently in their bedrooms and they told the inspector that they were 'comfortable' and had 'no complaints'.

The inspector noted that residents knew the management team by name and they were complimentary of the care they received. The inspector observed a number of pleasant staff and resident interactions throughout the inspection. Staff engaged in friendly conversation with residents, and it was evident that residents were relaxed in the company of staff.

Visiting was facilitated and the inspector observed a number of visitors coming and going throughout the day of the inspection.

Information regarding external advocacy services was displayed in the reception area of the centre and the inspector was informed that residents were supported to access this service, if required.

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

## **Capacity and capability**

This was an unannounced inspection by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This inspection also reviewed the action taken by the provider to address issues of non-compliance with the regulations found on the previous inspection in October 2023, in relation to contracts for the provision of care, the complaints procedure and the premises.

This inspection found that, although some action had been taken to complete the compliance plan submitted following the previous inspection, individual assessment and care planning, premises, fire precautions, contracts for the provision of services, governance and management and notification of incidents, did not meet the requirement of the regulations. Furthermore, record management systems were not effectively implemented, and records relating to resident finances, including pension agency arrangements, were not maintained in accordance with regulatory requirements. The provider was required to submit an urgent compliance plan in relation to record management systems, to the office of the Chief Inspector, following this inspection. The urgent compliance response was accepted.

The registered provider of the centre was Brooklodge Nursing Home Limited. There was a well-established management team in place. A director of the company supported the person in charge with operational management of the centre. The

person in charge worked full-time in the centre and they were supported by an assistant director of nursing (ADON), who worked in a supervisory role. The assistant director of nursing deputised in the absence of the person in charge. A team of registered nurses, health care assistants, laundry, house-keeping, activities staff, administration and maintenance personnel made up the staffing compliment. The person in charge facilitated this inspection, and they demonstrated an understanding of their role and responsibilities.

On the day of the inspection, the number and skill mix of staff was appropriate, with regard to the needs of the 43 residents living in the centre. It was evident from discussions with the person in charge and a review of documentation, that staffing levels were kept under continuous review. There were two registered nurses on duty at all times.

There was a training and development programme in place and staff were facilitated to attend training in areas such as patient moving and handling, fire training and safeguarding the vulnerable adult. Safeguarding meetings were held regularly by the management team and these were used as opportunities to discuss safeguarding policies and procedures. Additional training was also provided in areas such as infection control and cardiopulmonary resuscitation.

There were management systems in place to monitor the quality of care and service provided. An audit schedule was implemented to support the management team to monitor the quality of care provided to residents. Audits were completed in areas such as falls, complaints, medication management and infection control. The audits reviewed supported the management team in identifying areas of improvement and the majority of audits completed contained time-bound quality improvement plans. There was evidence of regular departmental meetings within the centre. Records showed that meetings were used to review key clinical and operational aspects of the service.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were in place for all staff. However, the registered provider did not maintain records as required under Schedule 3 of the regulations. For example, records relating to some residents finances were not stored in the designated centre, and therefore not easily accessible to residents. This finding is detailed under Regulation 21: Records.

There was a system in place to manage risk. Records demonstrated that environmental and clinical risk registers were maintained, however, the inspector noted that some risk management controls were not reviewed regularly. For example, the controls set out in an individual risk assessment for a resident who smoked, did not align with the information contained in the residents most up-to-date care plan. Furthermore, some risk management controls were not implemented effectively. For example, the storage of mobility equipment in the designated smoking room was recorded as a risk within the risk register. Existing control measures were the relocation of equipment from this area to a designated storage area. However, the inspector observed that resident mobility aids were being stored

in the smoking room on the day of inspection.

There were contracts of care in place for all residents, however, the services included in the weekly social charge were not described. This is discussed under Regulation 24: Contracts for the provision of care.

A record of all accidents and incidents involving residents that occurred in the centre was maintained. The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, an accidental injury to a resident which required medical treatment, had not been notified to the Chief Inspector, as required under Regulation 31.

There was a policy and procedure in place to guide staff on the management of complaints. The record of complaints viewed by the inspector demonstrated that the management of complaints was in line with the requirement of Regulation 34: Complaints procedures.

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

#### Regulation 14: Persons in charge

The person in charge was a registered nurse and worked full-time in the centre. Their clinical and management experience was in line with regulatory requirements. The person in charge was knowledgeable regarding the specific care needs of the residents accommodated in the centre, and it was evident that they were involved in the day-to-day operation of the service.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose. There were two registered nurses on duty at all times.

Judgment: Compliant

#### Regulation 16: Training and staff development

A review of training records demonstrated that staff were facilitated and supported

to attend training in fire safety, moving and handling practices, and safeguarding vulnerable persons. Staff had access to additional training to inform their practice which included infection prevention and control, restrictive practices and cardiopulmonary resuscitation.

Judgment: Compliant

### Regulation 21: Records

The registered provider did not maintain records as required under Schedule 3 of the regulations. Records relating to resident finances were not retained in the designated centre, therefore, the registered provider had not ensured that residents could access information relating to their finances. An urgent compliance plan was requested, to provide assurances that there were effective record management systems in place, to enable residents to access up-to-date information in relation to their finances, and that such records would be held securely in the designated centre, and accessible to residents at all times. The urgent compliance plan was accepted.

Judgment: Not compliant

### Regulation 23: Governance and management

Some of the management oversight systems in place were not sufficiently robust to ensure the service provided was safe, appropriate and effectively monitored. For example:

- The registered provider had not ensured that record management systems were effectively implemented and not all records set out in Schedule 3 were kept in the designated centre.
- The system in place to manage risk was not effectively utilised. Known risks were documented within a risk register, however, records demonstrated that some risk assessments contained within the register were not regularly reviewed, and others were not implemented effectively. This meant that a formal review of effectiveness of the control measures in place to mitigate risks was not undertaken, in order to ensure resident safety.
- There was inadequate management oversight of contracts for the provision of services, notification management, premises and fire precautions

Judgment: Substantially compliant

#### Regulation 24: Contract for the provision of services

The inspector reviewed a sample of contracts for the provision of care. Residents were charged an additional weekly social charge, however, the contract of care did not detail the services that were included in this fee. This is a repeated finding.

Judgment: Substantially compliant

#### Regulation 31: Notification of incidents

While the majority of notifiable events had been submitted to the Chief Inspector, records demonstrated that one incident had occurred whereby a resident had sustained an accidental injury, and had received medical treatment, had not been notified as required.

Judgment: Not compliant

#### Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Records confirmed that the provider maintained policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

#### Quality and safety

Overall, the inspector found that residents were looked after by a caring staff team,

who knew their individual needs and preferences. Residents had access to a team of allied care professionals and the provider was delivering a satisfactory standard of clinical care to residents, in line with their assessed needs. Residents reported satisfaction with the quality of the service provided. However, the findings in relation to individual assessment and care planning, premises, and fire precautions did not fully align with the requirements of the regulations.

The centre had an electronic resident care record system. Records demonstrated that pre-admission assessments were undertaken by the person in charge, to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use, to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and found that, for the most part, care plans viewed were detailed and informative. However, cognitive assessments were not routinely completed, to ensure a comprehensive assessment of residents needs, and some care plans were not reviewed in line with regulatory requirements. This is detailed further under Regulation 5: Individual assessment and care planning.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was bright and individually personalised, and residents had sufficient storage space for their personal possessions. However, the inspector noted that there was a lack of suitable storage in resident ensuite bathrooms. Other issues noted in relation to the premises included damage to floor covering in resident bedrooms, and the inappropriate storage of residents hoist slings and house-keeping equipment. This finding is discussed under Regulation 17: Premises.

The designated centre had a fire safety system in place, including fire-fighting equipment and a fire detection and alarm system. Staff had access to a fire safety training programme. The inspector found that a door to a designated smoking room in the centre was not fitted with an automatic door closing device. This may impact the effectiveness of the door to contain smoke and fire in the event of a fire emergency. Furthermore, the records of fire drills completed did not evidence the residents' timely evacuation to a place of safety, from the centre's largest compartments, with the lowest staffing levels, to ensure that residents could be safely evacuated with these staffing levels. This finding is detailed further under Regulation 28: Fire precautions.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). Residents were also referred to health and social care professionals, such as tissue viability nurse specialists, and speech and language therapy, as needed. Residents nutritional assessments were completed at least monthly and reviewed formally by the management team. Residents were referred to the dietitian service where required. There were no active wounds in the centre at the time of inspection. A physiotherapist attended the centre weekly and referrals were made to occupational therapy services, as needed.

Residents' meetings were convened regularly and meeting records indicated that

residents were consulted about a variety of topics, including advocacy, mental health awareness, self medication, staffing and restrictive practices. The provider employed an independent advocate who attended the centre regularly and chaired resident advocacy meetings. Meeting records demonstrated that resident feedback was recorded and used to inform quality improvement initiatives, such as increasing links with the community by organising outings in the locality. External advocacy services were available to residents via a referral system, and there was evidence that residents were supported to avail of these services, as needed.

Residents had access to religious services and resources, and they were supported to practice their religious faiths in the centre. A catholic mass took place on alternate weeks in the centre and there was a chapel available for resident use. The centre employed two staff who were dedicated to the provision of resident activities. The programme of activities included bingo, music, chair yoga and sensory activities. Outings outside of the centre were encouraged and several residents enjoyed a regular trip to their local pub. Residents had access to television, radio, newspapers, internet and a mobile library service.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

#### Regulation 10: Communication difficulties

The inspector observed that communication requirements were recorded in resident care plans and resources were made available to support the communication needs of residents.

Judgment: Compliant

#### Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in the communal areas.

Judgment: Compliant

#### Regulation 28: Fire precautions

The provider did not ensure that adequate precautions were in place to protect residents and others from the risk of fire and that the centre was in compliance with

Regulation 28, Fire precautions as follows:

- A timely evacuation of residents from the largest compartment in the centre, containing nine beds, at a time where staff levels would be at their lowest, was not practiced or drilled by staff. This posed a risk to residents accommodated in this area of the centre in the event of a fire emergency.
- A automatic closure device was not fitted to the designated smoking room door. This posed a risk that the fire door may not be effective to containment of smoke, fumes and fire in the event of a fire emergency.
- An annual service record for the emergency lighting system was available, however, quarterly servicing of the emergency lighting system was not completed, in accordance with the centres' own fire safety policy.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Inspector reviewed a sample of residents' care documentation and found the following;

- A comprehensive assessment of residents needs was not completed for all residents living in the centre, as cognitive assessments were not routinely completed by nursing staff. This posed a risk that changes in a resident's cognitive status may not be identified, to ensure that residents care needs were met.

Some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs. For example,

- A resident mobility care plan was not updated to reflect a change in physiotherapy treatment, to direct staff regarding the interventions required to ensure the residents mobility needs were met.
- A care plan for a resident who had sustained a fall was not reviewed or updated following the fall to include interventions that may reduce the risk of further falls. This posed a risk that this information would not be communicated to all staff.

Judgment: Substantially compliant

### Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech

and language therapist.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
<p>Residents were supported to exercise choice in relation to their daily routines. Residents were encouraged to maintain links with their local community and had access to daily newspapers, radio, and television.</p> <p>Resident meetings were held on a regular basis. An independent advocacy service was available to residents living in the centre.</p>
Judgment: Compliant
<b>Regulation 17: Premises</b>
<p>The premises did not conform to the matters set out in Schedule 6 of the regulations. For example:</p> <ul style="list-style-type: none"> <li>• Floor covering along some circulating corridors and in some resident bedrooms was damaged and as such, did not enable effective cleaning.</li> <li>• There was insufficient suitable storage in some resident en-suite bathrooms. Windowsills were cluttered with personal care products and wash hand basins were seen stored on the floor.</li> <li>• Some items of house-keeping equipment was being stored in a sluice room.</li> <li>• A number of resident individual hoist slings were seen stored on top of transfer hoists when not in use, this arrangement posed a risk of cross infection.</li> <li>• Open top refuse bins were observed in most communal toilets and in twin bedroom en-suite facilities. These findings did not support recommended waste management procedures and posed a risk of cross infection.</li> </ul>
Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 17: Premises	Substantially compliant

# Compliance Plan for Brooklodge Nursing Home Limited OSV-0005164

Inspection ID: MON-0046327

Date of inspection: 20/02/2025

## 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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Brooklodge Nursing Home will in future comply with Schedule 2,3 and 4 Regulation 21. Records will be held securely in the designated center and accessible to residents and available for inspection by the chef inspector.  Centre will be conducting quarterly audits so the compliance with regulation is adhered to. These audits will be discussed at quarterly Quality meetings.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Potential and actual risks will continue to be documented in the risk register and will be reviewed regularly. Risk management strategies to minimize and mitigate risks will be audited with Audit Schedule.	
Regulation 24: Contract for the provision of services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The weekly service charge is now included in all residents Contracts of Care.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Notifiable events will continue to be submitted to the Chief Inspector.</p> <p>In future we will seek clarification from case inspector should there be any doubt that the incident might be notifiable.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire drills and evacuation drills will be conducted from the largest compartment and shortest compartment documented monthly.</p> <p>An automatic closing device and has been installed in the Smoking Room.</p> <p>Quarterly service for emergency lighting is now in place.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A cognitive assessment is now in place for all residents. This assessment now forms part of the comprehensive assessment process.</p> <p>A nursing staff meeting has highlighted the need for updating continual changes to resident care plans. Care plans will be reviewed on a quarterly basis by Audits.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>An urgent request has been submitted for a supplier to repair damaged floors.</p> <p>New shelves have been sourced to provide adequate storage for resident bathroom essentials.</p> <p>Housekeeping equipment will not be stored in the sluice room with spot checks being conducted regularly.</p> <p>All residents now have individually labelled slings for hoist use. These slings will now be stored in resident's rooms.</p> <p>Closed top pedal bins is now sourced for all bed rooms.</p>	

## 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	31/05/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Red	25/02/2025
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Red	25/02/2025
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	02/05/2025

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	28/03/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/04/2025
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 reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	28/03/2025

	case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	02/04/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	02/04/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	28/03/2025
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	Substantially Compliant	Yellow	30/04/2025

	consultation with the resident concerned and where appropriate that resident's family.			
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