



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

Issued by the Chief Inspector

Name of designated centre:	Norwood Grange
Name of provider:	Butterfly Care Limited
Address of centre:	Ballinora, Waterfall, Near Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	10 November 2025
Centre ID:	OSV-0000258
Fieldwork ID:	MON-0040266

About the designated centre

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

Norwood Grange is situated in the quiet countryside of Ballinora, Waterfall, near Cork. It is a single storey building with bedroom accommodation for 30 residents in fourteen single bedrooms and eight twin bedrooms. All but one of the bedrooms are en-suite with toilet, shower and wash hand basin. The centre provides 24 hour nursing care to respite, convalescent and long-term residents. The centre is flexible regarding visiting hours, however, they do advise relatives and friends to avoid mealtimes if at all possible. There is space for sitting outdoors at the front of the home, which is controlled by a coded entrance gate. There is also a secure courtyard to the rear and seating is provided for residents and their visitors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 10 November 2025	09:20hrs to 17:30hrs	Breeda Desmond	Lead
Monday 10 November 2025	09:20hrs to 17:30hrs	Louise O'Hare	Support

What residents told us and what inspectors observed

This was an unannounced one-day inspection of Norwood Grange. Inspectors met many residents during the inspection and spoke with 10 in more detail, and met with three visitors. Residents gave positive feedback about their lives in the centre and were complimentary about staff and the care provided. They reported that staff were 'very attentive', that they were 'very well looked after', and their daily choices are respected. Nonetheless, one resident said they would like to go out more often and another said they would like to see a change in menu choice. Visitors spoken with were very complimentary of the management team and all staff in the centre. Overall, inspectors found that residents were supported to have a good quality of life and a rights-based approach to care was promoted. It was evident to the inspectors that the person in charge, management and care staff knew residents well.

There were 30 residents residing in Norwood Grange at the time of inspection. Norwood Grange is a single storey building and resident accommodation comprises a sitting room, dining room and quiet visitors' room; bedroom accommodation comprises, single and twin bedrooms with en suite toilet, shower and wash-hand basin facilities. Some residents had decorated their bedrooms in accordance with their wishes and preferences with photographs and personal mementos. Equipment such as specialist mattresses, low-low beds with mats and hoists were seen. Additional toilets are located near communal spaces for residents' convenience.

In the hallway there was a lovely seating area with large aquarium and TV with soft relaxing music streamed; this was the favourite space of a few residents who loved to relax here. Information available for residents' perusal included the complaints procedure, residents' guide and statement of purpose, advocacy services for example, and a sign-in book. Information regarding meal choices and the activity schedule were on display and items listed included sonas, massage and aromatherapy, physiotherapy, musicians, art and yoga. The person in charge explained that the activities programme is under constant review as residents' change their preferences regularly.

In the day room there was a large board with the month, date, day and year, which was updated daily to orientate residents. Also in the day room there was a piano, old style dresser with lots of mementos and a second dresser with activities paraphernalia. Photographs were displayed at different locations around the centre of activities and celebrations, garden parties and different groups calling to the centre.

At the start of the inspection, inspectors saw that some residents were receiving personal care and there was clear signage on the residents' bedroom doors to say that personal care was being undertaken at this time; others were being taken to communal areas following personal care, and others were in the dining room having

their breakfast. One resident was having a bowl of fresh fruit salad, cornflakes and glass of iced water; they explained this was their daily choice and loved their breakfast. As residents were arriving to the dining room, catering staff welcomed them and served their breakfast in accordance with their choice.

Some residents were seen reading the newspaper, others were chatting with their friends. Residents spoken with explained that another resident, one of their friends, had died earlier in the morning. They spoke of the resident with such fondness and regard, and explained that they were so full of energy and enthusiasm, and would be sadly missed. In the afternoon, some of the residents and staff formed a guard of honour and walked behind the hearse from the centre, down the drive-way to the gate to say their goodbye. There was a lovely remembrance tree in the front sitting room with the names of residents who had passed away in the previous year as part of November remembrance month.

Staff were observed to knock on residents' bedroom doors before entering and introduce themselves, and chat in a lovely social relaxed manner. Residents spoken with at lunch time in the dining room gave positive feedback about the food served and the choice at every meal. The daily menu was displayed on dining tables and a larger white board had a pictorial menu displayed to enable residents easily access menu information to help make their menu choice. Meals were pleasantly presented and looked appetising. Staff engaged with residents in a positive manner and residents needing assistance during the meal were given this in respectful and calm manner.

The outdoor area of the centre contained mature and very well maintained gardens and residents said they used it a lot, weather permitting. They highlighted the new garden furniture and patio area of the garden, which could be viewed from the dining area. Residents who were able to go out independently had a key code available to them to exit. There was a large storage unit to the back of the centre which housed incontinence wear and other equipment.

Emergency evacuation floor plans were displayed at different locations in the centre. They had evacuation routes detailed, a point of reference for ease of interpretation and were orientated to reflect their relative position in the centre. Wheelchairs were discreetly stored at vantage points around the centre for evacuation purposes should the need arise. A sample of fire doors were checked along corridors and these were seen to be in good working order. Fire extinguishers were service in August 2025.

There was a secure medication store located on the corridor. Medication trolleys were seen to be securely maintained in accordance with professional guidelines. While there were sharps containers available, these were seen to be open when not in use, rather than being closed to prevent a potential needle-stick injury. Hand sanitisers were available throughout the centre with advisory signage demonstrating appropriate hand hygiene.

The centre was generally clean, well decorated and warm throughout. Many areas were repainted and decorated and had flooring upgraded, including by main reception and hallways leading from there, and looked really well.

Significant improvement was seen in the layout and work-flow in the laundry. The laundry staff spoken with was knowledgeable regarding infection control practices to prevent cross contamination as well as risk management regarding cleaning the filter of the dryer to mitigate the risk of fire. The room was free of clutter and the handwash sink was easily accessible. A new industrial washing machine was installed and staff reported that this made work practices much more efficient.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This inspection was undertaken to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended), to follow up on previous inspection findings, and to inform the renewal of registration process. The findings of this inspection showed improvement in aspects of the premises, operational management of the laundry, Schedule 5 policies and procedures. Ongoing painting, re-decorating and upgrading was evident throughout which enhanced the environment. Areas for improvement identified on this inspection included risk management regarding policy information, medication management and infection control regarding clinical handwash sinks. These will be discussed under the relevant regulations in this report.

Norwood Grange is a designated centre for older adults and is registered to accommodate 30 residents. Butterfly Care Limited is the registered provider, with three company directors, one of whom represents the registered provider. The provider has a clearly defined governance structure in place to promote and enable a quality service. The person representing the registered provider was on site on a daily basis along with the health and safety manager. The facilities supervisor supports the service regarding non-clinical aspects of service provision. The person in charge was supported in her role by a team of clinical care staff, housekeeping, laundry and catering staff. Deputising arrangements were in place with the clinical nurse manager (CNM) deputising for the person in charge when required.

As part of their quality improvement strategy, key performance indicators such as pressure ulcers, falls, antibiotic usage and complaints for example were monitored on a weekly basis; the person in charge had oversight of these and documentation demonstrated action plans developed following assessment and trending of KPIs, such as falls prevention initiatives. An annual schedule of audit was in place that included both clinical and non clinical aspects of governance. Reports showed that

the findings of these audits and assessments informed the clinical governance meetings, quality improvement plan, daily handovers to staff as well as the daily safety pauses to ensure a high standard of evidence-based nursing care.

Regarding non-clinical oversight, weekly audits of the premises were completed by the facilities supervisor; where issues could be dealt with immediately, these were completed in a timely manner; actions plans were developed for larger pieces of work. The project plan for 2026 was discussed and works included completion of the premise upgrades, as well as installing appropriate clinical handwash sinks to enable compliance with mandated national standards.

The training matrix demonstrated that mandatory training was up to date for all staff. There was adequate staff in the centre during the day and night as seen on the staffing roster. Inspectors were informed that additional staff were being recruited at the time of inspection to ensure residents had continuous access to meaningful activation on a daily basis.

The complaints procedure was displayed and was easily accessible to residents and visitors. Complaints records examined showed that complaints were responded to in a timely manner and records were maintained in accordance with regulatory requirements.

All policies required in Schedule 5 were available, and in date. The statement of purpose and residents' guide were updated on inspection to ensure regulatory compliance.

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary qualifications and experiences as required in legislation. She was involved in the operational management and the day-to-day running of the service; she positively engaged with the regulator and was pro-active in responses to issues identified.

Judgment: Compliant

Regulation 15: Staffing

From a review of staff rosters, feedback of residents and observation on inspection, there were adequate staff to the size and layout of the centre and the assessed needs of residents. The duty roster evidenced that staff were allocated to activities on a daily basis. Recruitment for a designated activities staff was ongoing to enhance the staffing complement.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix demonstrated that mandatory training was up to date for all staff. Other training provided included advanced care directive, person-centred care, and dementia awareness to enhance staff knowledge.

Judgment: Compliant

Regulation 21: Records

Action was required to ensure Schedule 3 records were in accordance with specified regulatory requirements:

- medications requiring crushing were not individually prescribed, to be assured that medications were administered in accordance with manufacturers' instructions to ensure residents received the optimum dosage of their prescribed medication.

Judgment: Substantially compliant

Regulation 22: Insurance

A current insurance certificate was displayed in the centre and it complied with regulatory requirements regarding injury to the resident and other risks including loss or damage.

Judgment: Compliant

Regulation 23: Governance and management

The provider has a clearly defined governance structure in place with identified lines of authority and accountability and management were aware of their roles and responsibilities. Deputising arrangements were in place for key management roles.

The registered provider had ensured that there were sufficient resources to ensure the effective delivery of care and there were effective management systems in place to ensure the service was safe and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed and these included the room assigned to the resident, fees to be charged along with possible additional fees that may be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection to ensure regulatory compliance.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications, correlating with incidents logged, were submitted, within the specified regulatory time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed and was easily accessible to the reader. Inspectors viewed the complaints log which demonstrated that complaints were appropriately recorded and followed up in a timely manner by the person in charge. There was evidence that written responses were given to complainants as well as follow up either in person or phone call by the person in charge. Outcomes, whether the complaint was upheld or not, and the satisfaction of the complainant was

recorded in line with regulatory requirements. Actions taken on foot of complaints to mitigate recurrence were recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a policy relating to risk management, however, this required updating to reflect all infectious diseases and not just COVID-19 information (as detailed in the policy).

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that the culture in Norwood Grange promoted the well-being of the residents to enable and ensure a person-centred approach to care delivery.

Consents forms were used and signed by the resident giving consent for assessment and care planning for example. The daily narrative for both day and night duty was maintained on the resident's status and progress. A sample of residents' care planning documentation was reviewed and showed improvement from the findings of the previous inspection. Validated risk assessments were available to enable staff assess residents care needs, these were comprehensively completed to inform the care planning process.

Residents had timely access to GP services and out-of-hours GP cover was provided. Residents had access to the Integrated Care Programme for Older People (ICPOP) as part of a multi-disciplinary overview assessment to enable better outcomes for residents. An up to date record of residents with previously identified multi-drug resistant organism (MDRO) colonisation (surveillance) was maintained and the person in charge was knowledgeable regarding this information. Medication administration records were examined, and while these were seen to be comprehensively signed by staff administering medications, they required further attention, and this is further detailed under Regulation 21: Records.

In general, the premises was well maintained, with ongoing painting and redecorating seen, and further redecoration was scheduled as part of the quality improvement plan for 2026.

Daily fire safety checks were seen to be comprehensively completed. A sample of fire doors were checked along corridors and these were seen to be in good working order. Wheelchairs were discreetly stored at vantage points around the centre for evacuation purposes should the need arise. Residents personal emergency evacuation plans (PEEPs) were in place and detailed necessary assistance for both day and night. A review of fire safety equipment showed that these were serviced appropriately and all servicing was up to date. Emergency evacuation floor plans were displayed and these were orientated to reflect their relative position in the centre. As part of their quality programme, the fire department of Cork County Council had been on site to assess the building to enable pertinent information to be maintained if needed. Regarding fire drills and simulated evacuations, while these were done as part of training and other scheduled procedures, some of the reports suggested that more frequent drills and evacuations were required to provide assurance. This is further discussed under Regulation 28: Fire precautions.

There was a risk management policy available; while it had most of the required risks detailed, it specified COVID-19 disease rather than all infectious diseases. Other information included management of serious incidents, control measures, root cause analysis of risk identified, and the requirement to develop a response plan if indicated. Nonetheless, this policy required updating to reflect regulatory requirements.

Service records demonstrated that equipment was serviced in accordance with specified requirements, some annually and others biannually, such as electrical equipment, oxygen concentrators, call bell system, generator, water supply and drains for example. Weekly audits were completed regarding the premises both internally and externally, to enable immediate actions to remedy issues identified.

Regulation 11: Visits

Visiting was facilitated in line with the requirements of the regulations. Visitors were welcomed into the centre; the inspector saw that visitors were familiar with the risk management procedures upon entering the centre of signing in and hand hygiene. Staff took time to chat with visitors and provide care updates on their relative when appropriate.

Judgment: Compliant

Regulation 17: Premises

Improvement was noted in the premises with ongoing painting, redecorating and upgrading flooring and furnishings. This project was ongoing to ensure the premises conformed with regulatory requirements and their statement of purpose.

Judgment: Compliant

Regulation 18: Food and nutrition

Mealtimes were seen to be social occasions where residents met up with their friends and enjoyed their meal together. Food served looked appetising and residents reported they had choice at mealtime and the quality of food was good. Assessments and care planning showed that residents had timely access to allied health professionals to enable best outcomes for them.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was updated on inspection to include a sample contract of care in compliance with regulatory requirements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Comprehensive information was seen to be provided when residents were transferred to acute care. The person in charge ensured that upon return from acute care, comprehensive information was obtained to enable the resident to be cared for in accordance with their changed needs.

Judgment: Compliant

Regulation 27: Infection control

Action was necessary to ensure compliance with Regulation 27 as follows:

- there was a limited number of clinical handwash sinks available to staff, and those available did not comply with mandated national standards regarding clinical handwash sinks. The service had identified this as part of their quality improvement plan and clinical handwash sinks were scheduled to be updated in 2026,

- while there were sharps containers available for the disposal of needle for example, these were seen to be open when not in use, rather than being closed in accordance with professional guidelines to prevent a potential needle-stick injury.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required regarding fire precautions:

- while fire drills and simulated evacuations were undertaken, associated records suggested that they should be done more frequently to be assured that they would be done in a safe and timely manner; in addition, two of the reports highlighted the positioning of ski sheets as a matter of concern, however, controls were not evident that this had been actioned to be assured that possible impediments to a safe evacuation were mitigated.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were examined and these showed improvement following the findings of the last inspection. Assessments were seen to be comprehensive, and these informed the care planning process. Information contained was person-centred and informed individualised care. Other information detailed social and personal histories which informed their activities and communication care plans. End of life information was detailed to enable residents to be cared for in accordance with their stated wishes and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to GP services. Out-of-hours GP services was provided. Residents' documentation showed that a multi-disciplinary team was involved in resident care to enable better outcomes for residents, such as speech and language, dental, dietician, and specialist care such as gerontology, psychiatry of old age, and tissue viability nurse specialist to support wound care. Residents had access to palliative care services when required.

Judgment: Compliant

Regulation 8: Protection

As part of reviewing safeguarding measures, this service was not a pension agent for any resident. All staff had up-to-date training related to safeguarding. Issues requiring investigation, were addressed appropriately to safeguard all residents. There was a culture of respect promoted and residents reported that they could raise any issues with the person in charge and it would be dealt with immediately.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were appointed to the activities programme and a review of this programme showed a variety of activities such as music, bingo, arts and crafts, aromatherapy and hand massage, yoga, and newspaper reading. The person in charge had ensured that all those eligible to vote were included in the voting register for the recent election. Records demonstrated that independent advocacy was accessed for residents in accordance with their wishes.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Norwood Grange OSV-0000258

Inspection ID: MON-0040266

Date of inspection: 10/11/2025

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: We acknowledge this finding. We wish to highlight that the issue had already been self-identified through our internal Quality Improvement Plan.</p> <p>A structured work programme, in collaboration with our pharmacy team, had commenced prior to the inspection to address the required updates to crushed medication documentation.</p> <p>As this aspect relied on a third party, the delay was outside the nursing home's direct control; however, we continued to take proactive steps to ensure safe and accurate practice throughout.</p> <p>This has been actioned upon since Inspection and is fully complete.</p> <p>In addition, there is a weekly audit by the Nursing team which provides more oversight in Medication Management.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Risk Management policy was updated to include all Infectious diseases and more. A full review was done on the policy and is complete.</p>	

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Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Sinks:</p> <ul style="list-style-type: none"> • Several locations would require significant structural work to accommodate wall-mounted fittings. Such works must be carefully planned to avoid service disruption and to ensure construction safety. In many existing areas, retrofitting is not always feasible due to the level of plumbing and construction required to install the recommended taps and sinks. • However, we remain fully committed to meeting national standards and will continue to progress these upgrades in a safe, phased manner, where structurally possible. We are in consultation with our Plumber to identify a possible solution. • The reference to Sinks on the Quality Improvement Plans was a reference to one additional sink that we ourselves wished to install in 2026 and would adhere to Current National Standards, which changed after we installed all other Clinical sinks in the home. <p>Sharps:</p> <ul style="list-style-type: none"> • There is a daily reminder and check to ensure that sharp containers are closed when not in use and we will continue to monitor the practice. <p>We continue to follow professional guidelines for the safe use and closure of sharps containers and continue our daily audits.</p> <p>]</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Our internal process is to document the programme, outcomes, and any corrective actions taken following drills in our fire safety management records.</p> <p>We are committed to maintaining high standards and engaging in ongoing self-reflection regarding fire awareness and resident safety as proven by our self-identification of issues that cropped up during a drill and subsequently highlighted in your report.</p> <p>We see all issues identified during drills as key learnings and as an opportunity to re-educate/ remind all staff of the importance of checks.</p> <p>HCA's attending to bed dressings, daily walkabouts by management and audits are routine in our home.</p> <p>Fire drills are carried out as often as is necessary to ensure that staff are competent in</p>	

implementing evacuation procedures and that the evacuation can be achieved safely within the centre's defined safe evacuation time and is a core part of our routine health and safety briefs.

Any issues identified during the fire drills are immediately corrected and communicated to the team post evaluation.

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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 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.	Substantially Compliant	Yellow	01/12/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	11/11/2025

Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	11/11/2025
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