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:	Our Lady of Fatima Home
Name of provider:	Dominican Sisters Tralee Company Limited by Guarantee
Address of centre:	Our Lady of Fatima Home, Oakpark, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	19 November 2025
Centre ID:	OSV-0000264
Fieldwork ID:	MON-0047330

About the designated centre

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

Our Lady of Fatima Nursing Home is a single-storey building that commenced operation in 1968. It provides continuing, convalescent and respite care for up to 68 residents. It is situated on the outskirts of Tralee town and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum. There is a chapel attached to the centre where mass is celebrated daily. Residents accommodation is provided in 58 single bedrooms and in four twin bedrooms all which are en-suite. There is a large central dining room and a number of sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden and a smaller enclosed area opening from the activities room. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	67

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 November 2025	13:10hrs to 19:45hrs	Louise O'Hare	Lead
Thursday 20 November 2025	09:00hrs to 14:40hrs	Louise O'Hare	Lead
Wednesday 19 November 2025	13:10hrs to 19:45hrs	Caroline Connelly	Support
Thursday 20 November 2025	09:00hrs to 14:40hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Overall, the inspectors found that residents were happy and content living in this centre. During the inspection, inspectors spoke to several residents, and to more than 20 residents in detail, as well as speaking to a number of visitors and staff to gain an understanding of what it was like to live in Our Lady of Fatima home. Feedback from residents was generally positive, one resident told inspectors that "we are in the lap of luxury", another resident said it was "a once in a lifetime place", while another said they were "very happy here". One resident told inspectors that staff were "exceptionally good" and another that they were "very nice". Visitors who spoke with inspectors were also positive in their feedback. However two different sets of visitors said there had been issues with their family members care but these were resolved when discussed with the person in charge

Inspectors were greeted by the person in charge on arrival to the centre and took part in an initial walk around with them followed by an introductory meeting later in the day. On arrival residents had just finished their lunch and many were observed sitting in the sun lounge before going to activities, while others were resting in their rooms, or going about their day.

Our Lady of Fatima Home is a single storey building located in the outskirts of Tralee which accommodates 68 residents. On the day of inspection, the centre was warm, homely and nicely decorated. It was divided into six distinct wings, and there was clear signposting throughout the centre. Bedroom accommodation consisted of 50 single en-suite bedrooms, four twin en-suite bedrooms and ten suites. Suites comprised a bedroom, sitting room and bathroom. Bedrooms were bright, very spacious and were personalised with items such as residents' own furniture, art and photographs. Some residents had double beds and residents had been encouraged to decorate their rooms to their taste and this was evident to inspectors on observation. However, on one corridor inspectors observed a lot of items left out in bedrooms giving an untidy appearance particularly in twin bedrooms this corridor was at odds to the rest of the centre that was neat and very clean. The inspectors also observed excess nutritional drinks left in residents shared bedrooms which was not in keeping with correct medication storage and will be discussed further in the report.

A number of communal areas were available to residents including dining rooms, sitting rooms, an activities room, a sun lounge, a large chapel and a courtyard garden. The garden was well-maintained and decorated with planters and garden furniture. Residents were able to access all communal areas without restriction.

A large photoboard was displayed in the reception area, showing pictures of residents enjoying a recent outing. Inspectors met residents who were enjoying getting their hair done in the busy hair salon on the first day of inspection. The hairdresser attended the centre one day a week. Inspectors observed that there was at least one activities staff rostered to be in the centre every day. On the second

day of inspection, two activities staff were present as well as two work experience students. Activities scheduled were displayed on notice boards throughout the centre. Inspectors observed that residents could participate in a range of activities that they enjoyed or had meaning to them. For example, on the first day of inspection residents were observed enjoyed a word game followed by a singsong. While on the second day of inspection, one group of residents were observed enjoying a fun and lively game of "mouse trap" while another group of residents were taking part in a word game in another sitting room. A third group of residents were participating in an art therapy session. Mass took place in the centre's large chapel six days a week and residents told inspectors that this was important to them.

Residents told inspectors they could get up when they chose to, and had choice about how they spent their day. Inspectors spent time in communal areas and walking around the centre, on both days of inspection, to observe interactions taking place. All residents had access to call-bells in their bedrooms and these were observed to be answered in a timely manner. Inspectors observed kind and respectful interactions between staff and residents throughout the inspection. Staff displayed a good knowledge of residents and their needs and preferences during their interactions with them.

Inspectors observed the residents dining experience on both days of inspection. The majority of residents attended the busy main dining room for their meals, while a number ate in the smaller dining room or their bedrooms. Tables in both rooms were neatly laid with placemats and cutlery, and residents in the main dining room had a menu on each table. However, on the first day of inspection residents in the smaller dining room were observed to be served meals on trays which was not conducive to a homely dining experience, despite the tables being laid. This had been actioned by the second day. Staff sat and assisted residents who required it discreetly. Most residents who spoke to inspectors told us that they enjoyed the food and had plenty of choice. Refreshments were available to residents throughout the day, and some residents told inspectors how much they looked forward to the refreshments trolley coming.

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

Capacity and capability

This was an unannounced inspection, carried out over two days by two inspectors 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. Overall, the findings of this inspection were that while the day to day management of the centre was effective, some aspects of the managerial structure and

governance arrangements were not clearly defined and did not provide assurance regarding the lines of accountability which could impact the residents living in the centre.

The Dominican Sisters Tralee CLG is the registered provider of Our Lady of Fatima Home. The centre was managed on a day to day basis by the person in charge who has been in post since 2023. They were supported in their role by an assistant director of nursing (ADON), a clinical nurse manager (CNM), and a team of registered nurses, healthcare assistants, activities, housekeeping and administrative staff. There was an operations manager post on the centre's statement of purpose, however this role had been unfilled for two years due to extended leave. This presented a potential risk to residents as there was a lack of clarity on who was responsible for covering all of the operations manager's duties.

On the day of inspection, there was confusion regarding roles and responsibilities in the centre. Clarity was sought on this from the board of management following the inspection. The minutes of the board of management meetings were also unavailable on the day of inspection, these were requested during the inspection and the day following the inspection: however, these were not submitted to the office of the chief inspector. Thus inspectors could not be assured as to governance oversight and the management structure for the designated centre. A sample of contracts of care were reviewed and although they outlined the service to be provided a number were missing information this will be further detailed under Regulation 24: Contracts of Care.

Key performance indicators were collected weekly and there was a comprehensive monthly audit schedule in place. Inspectors saw that there was evidence of appropriate actions taken following audits. The person in charge told inspectors about quality improvement plans underway such as a winter preparedness plan. An annual review of the quality and safety of care delivered to residents was prepared and made available on inspection. While this contained most required information it needed review to ensure it was compliant with the regulations as per Regulation 23. Monthly staff meetings took place in the centre and staff who spoke to inspectors told us that they were able to raise concerns if appropriate.

There was a sufficient number and skill-mix of staff on duty to meet the assessed needs of residents on both days of the inspection. A review of staff files showed they contained the information and documentation required in Schedule 2 of the regulations. There was a training matrix in place to provide an overview of staff training. Staff were facilitated to attend both mandatory training and other relevant training to support them in meeting the needs of residents. However, further action was needed to ensure training was up-to-date as detailed in Regulation 16: Training & staff development.

Records were securely stored in the centre and made available for inspection. Incident reports were recorded and maintained on a new electronic system. Inspectors reviewed a sample of incident reports which showed that all notifiable incidents were appropriately reported to the Chief Inspector by the person in charge. Complaints records received in 2025 were reviewed by inspectors. They

were managed, investigated and followed up appropriately. Residents and visitors who spoke to inspectors said they knew who to complain to if needed. However, action was required to ensure the requirements of the regulation were fully met as detailed in Regulation 34: Complaints procedure.

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider failed to give 8 weeks notice in writing to the chief inspector in relation to change of company directors as required under paragraph 3 of Schedule 1.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors found that there was a sufficient number and skill-mix of staff on the day of inspection to meet the assessed needs of residents, and considering the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

While the majority of training was up-to-date, further action was needed to ensure that all staff received mandatory training:

- 19% of staff required training on responsive behaviour, this was scheduled to take place by the end of the year.
- One external provider had not received all mandatory training such as safeguarding.

Judgment: Substantially compliant

Regulation 21: Records

Records were stored securely in the centre and made available for inspection. A review of records found that they contained the information set out in Schedule 2, 3 and 4 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were not assured that the governance structures in place were sufficiently robust and action was required to ensure compliance with the regulations as follows:

- There was not a clearly defined management structure in place as a senior management role, that was detailed on the organisational structure in the Statement of Purpose submitted to the Chief Inspector in February 2025, had been unfilled for the previous two years.
- There had been a number of changes to the directors of the company that had not been informed to the Chief Inspector as required by legislation
- There was confusion with regards to senior roles and responsibilities above the role of the person in charge within the organisation and the lines of authority and accountability were not clear.
- There were no board meetings or agendas for meetings available for review to demonstrate governance and oversight of the centre. Information requested on the day of inspection was not submitted to the office of the chief inspector.
- The annual review prepared for 2024 did not reflect consultation with residents and their families.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

While the contracts reviewed agreed terms in writing with residents, action was required to ensure the requirements of the regulation were met as follows:

- Contracts required updating to reflect changes in terms agreed with residents.
- Fees for services provided were not stated in all contracts.
- The room number where the resident was to reside was not included in a number of contracts.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifiable incidents were recorded and reported in writing to the Chief Inspector as appropriate.

Judgment: Compliant

Regulation 34: Complaints procedure

While a review of the complaints recorded found that complaints were managed appropriately further action was required to ensure compliance with the regulation. The complaints procedure displayed at reception did not have a named review officer, and did not display the correct timelines for management of complaints. In one case a written response had not been provided to inform the complainant of the outcome of the complaint process.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that residents in Our Lady of Fatima home were supported to have a good quality of life, and many residents told inspectors that they were happy living there. The compliance plan from the previous inspection had been followed up by the provider and the majority of actions had been completed. However, further action was required as detailed in the following section.

The provider had addressed a number of issues from the previous inspection relating to infection prevention and control. Staff nurses told inspectors that education huddles had been held for nursing staff regarding catheter care. Excess equipment had been removed from the sluice room and refillable alcohol gel dispensers had been replaced with dispensers that used disposable single-use cartridges in line with national guidelines. However, further action was required to be fully compliant as detailed in Regulation 27: Infection control.

Inspectors reviewed a sample of care plans which had been migrated to a new software system since the previous inspection. Care plans were reviewed at intervals not exceeding four months. Validated assessment tools were used to inform care plans. Detailed care plans on topics including management of responsive behaviour and communication were person-centred and contained sufficient information to

direct care. However, some action was required as per Regulation 5: Individual assessment & care plan.

Residents had good access to GP services as well as a range of health and social care professionals. A record of restrictive practices was maintained in the centre and inspectors saw that residents who used restraints such as bedrails had risk assessments in place. Regular audits of managing responsive behaviours and use of restrictive practice were conducted. Residents told inspectors that they felt safe living in the centre. The provider was not a pension agent for any resident. Petty cash and items were held in the safe for residents. Inspectors saw that regular audits were conducted, and records were maintained and signed appropriately.

Residents had end of life care plans in place which were very detailed and had been developed with consultation from the resident or their family if appropriate. The person in charge told inspectors that a number of staff were participating in a Caru education programme (a continuous learning programme supporting care and compassion at end of life in nursing homes). If needed, residents could be referred to community palliative care to ensure appropriate care and comfort when approaching end of life care.

Resident's risk of malnutrition was monitored, and those who required input were referred to dietitian or speech and language therapy as appropriate. Residents' care plans seen incorporated their recommendations. Inspectors observed the dining experience and saw that meals appeared wholesome and nutritious. Inspectors were told, and observed, that a refreshments trolley was brought around the centre to offer drinks and snacks to residents three or four times a day. Most residents who spoke to inspectors were very positive about the food in the centre. One resident told inspectors that the food was "top class". Inspectors saw that there had been a small number of complaints regarding food and these had been acted upon.

There was a varied activities programme seven days a week in the centre. Voting had been facilitated for residents in the recent presidential election. Residents had access to various forms of media and were supported to be involved in the local community. Residents had access to independent advocacy services, and inspectors saw that a number of residents had availed of this. Minutes of residents' meetings seen by inspectors showed that issues raised by residents were acted on appropriately and feedback was given to them. There was a number of activities planned in the lead up to Christmas including visits from local schools and a Christmas party.

Regulation 10: Communication difficulties

From a review of care plans, inspectors found that residents had detailed communication care plans in place to support them to communicate freely in accordance with their needs and ability.

Judgment: Compliant

Regulation 13: End of life

Residents had detailed care plans relating to end of life care, which respected their dignity and autonomy, and accounted for their physical, emotional, social and spiritual needs. The person in charge had ensured that the residents' preferred arrangements were also documented.

Judgment: Compliant

Regulation 18: Food and nutrition

Based on the observation of inspectors and what residents told us, residents had choice at mealtimes. Meals appeared wholesome and nutritious, and residents had access to refreshments and snacks at all reasonable times. There was an adequate number of staff available to assist residents, and they were seen to offer assistance in a discreet and dignified manner.

Judgment: Compliant

Regulation 27: Infection control

While a number of actions from the previous inspection had been followed up appropriately, further action was required to ensure compliance with the *National Standards for infection prevention and control in community services*:

- Inspectors spoke to staff who told them that they manually decanted the contents of commodes/bedpans prior to placing them in the bedpan washers for decontamination. This increased the risk of environmental contamination.
- One storage room had excess items stored on the floor preventing effective cleaning.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While a number of good medication management practices were observed during the inspection, the arrangements for secure storage of all medicinal products required review, for example, inspectors observed nutritional supplements left out in twin rooms on both days of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Although care plans reviewed were person centred and contained information to direct care, further action was required as follows:

- A number of care plans were duplicated and contained repetitive information making them difficult for staff to read and could lead to errors as some information may also be conflicting.
- One resident with a multi-drug resistant organism (MDRO) did not have a relevant care plan.
- Some care plans contained outdated information, such as nutritional status that had changed and required updating, this may increase the risk of error in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical assessment and review by their general practitioner (GP). Residents could also be referred to a number of health and social care professionals including physiotherapy, speech and language therapy, dietitians and tissue viability nurses. Access to specialist services such as community palliative care and the Integrated Care Programme for Older People (ICPOP) was also facilitated.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors found that care plans for residents with responsive behaviour were detailed and had a person-centred approach. A restrictive practice register was established and maintained in the centre. Where restrictive practice was in use, appropriate risk assessments had been completed.

Judgment: Compliant

Regulation 8: Protection

Residents who spoke to inspectors said they felt safe living in the centre. Staff were aware of their responsibilities regarding reporting of safeguarding concerns. Safeguarding issues which had been identified were investigated and had appropriate action taken to protect the resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a varied activities programme seven days a week. Inspectors observed minutes of residents' meetings which showed that residents were consulted on the operation of the centre. Residents were supported to exercise their civil, political and religious rights, and had access to independent advocacy services.

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	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Our Lady of Fatima Home OSV-0000264

Inspection ID: MON-0047330

Date of inspection: 20/11/2025

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**
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: A change to the board in September 2024 was not correctly notified to HIQA, and steps have been taken to ensure HIQA are properly informed for all future changes. It should be noted that the two subsequent changes to the board earlier in 2025 have been correctly communicated to HIQA	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Responsive behaviour training has been scheduled for all staff members. This is expected to be complete for all staff and external provider by the end of January.	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
There is a clearly defined management structure in place, with DON, ADON and CMN. All have contracts of employment clearly stating roles and responsibilities. DON is responsible for the day-to-day management of the home, and reports to the board. The Operations Manager is on long term leave. The Operations Manager responsibilities are currently being attended to by the clinical management team, and a review of the function is being undertaken to ensure that all operational duties are maintained effectively.
A change to the board in September 2024 was not correctly notified to HIQA, and steps have been taken to ensure HIQA are properly informed for all future changes. It should be noted that the two subsequent changes to the board early in 2025 have been correctly communicated to HIQA.
The person in charge reports to the board. The board is comprised of the directors of the company and the secretary of the board.
The request for provision of agendas or minutes of board meetings will be discussed by the board at the January board meeting.
The annual review will reflect consultation with residents and their families. Surveys are carried out throughout the year.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
Contracts of Care has been reviewed by Board of Management. All Contracts of Care are currently being reviewed and will be updated with all current information. Residents and their families have been contacted to inform them of this review. A new contract will be presented to residents who have had changes to their original contract. Contracts will be reviewed on a yearly basis and/or when required.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure displayed at reception has been reviewed and edited to contain the correct information. A written response will be provided to inform complainants of the outcome of the complaint process.

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All staff made aware of how to use bedpan washers including information on IPC risks when manually decanting contents of commodes/bedpans prior to placing them in the bedpan washer. Training Huddles have commenced to ensure all staff are trained on this and are aware of risks. All store rooms have been cleaned with excess items removed. This will be monitored closely.	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All staff made aware of importance of secure storage of nutritional supplements. This has been highlighted to all staff daily. Nurses reminded to administer nutritional supplements as prescribed and to check all rooms twice daily for excess stock. This is highlighted at safety pause daily.	

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:	

All care plans are in the process of being reviewed to ensure that they no longer contain outdated or repetitive information. Staff Nurses will be offered training with DON/ADON and CNM to ensure uniformity and continued review. A care plan has been put in place for resident with an MDRO

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
Registration Regulation 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Not Compliant	Orange	18/12/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	24/01/2026

Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	18/12/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/01/2026
Regulation 24(2)(b)	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 fees, if any, to be charged for such services.	Substantially Compliant	Yellow	31/01/2026
Regulation 27(a)	The registered provider shall	Substantially Compliant	Yellow	31/01/2026

	ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	18/12/2025
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	18/12/2025
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	18/12/2025
Regulation 34(2)(e)	The registered provider shall	Substantially Compliant	Yellow	18/12/2025

	ensure that the complaints procedure provides that a review is conducted and concluded, as soon as possible and no later than 20 working days after the receipt of the request for review.			
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	31/01/2026