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:	St Joseph's Home
Name of provider:	Nazareth Care Ireland
Address of centre:	Ballymacprior, Killorglin, Kerry
Type of inspection:	Unannounced
Date of inspection:	17 April 2026
Centre ID:	OSV-0000287
Fieldwork ID:	MON-0050236

About the designated centre

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

St. Joseph´s Home is a purpose-built home, designed for older people a short distance from Killorglin town in County Kerry. The centre provides 24-hour nursing care for up to 48 residents from low/medium to maximum dependencies. The range of nursing care provided for each resident is assessed on an individual basis. The aim of St. Joseph's Home is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes the health and well being of residents. Bedroom accommodation consists of 30 single bedrooms and 9 twin bedrooms, all with en-suite facilities. The layout of St. Joseph´s Home allows ample space for mobilization, indoors and outdoors with a variety of communal spaces available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

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
Friday 17 April 2026	09:40hrs to 17:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This was a one day unannounced inspection to monitor regulatory compliance. Residents living in St. Joseph's Home who spoke with the inspector, 13 in total, were very complimentary of the staff who provided them with care and support in a respectful manner. The inspector availed of the opportunity to meet with residents in both communal areas and in their bedrooms throughout the day. One resident told the inspector they are "so good to us here" while another stated they "enjoyed the variety of activities ". However, three residents expressed dissatisfaction with their access to call bell facilities in their bedroom and told the inspector that they had requested that this be addressed numerous times over the past few months.

St Joseph's Home is a designated centre for older people situated on the outskirts of the town of Killorglan, in County Kerry. The centre is registered to provide care for 48 residents and there were 45 residents living in the centre on the day of this inspection. The centre is situated on a green large site surrounded by farmland. The river Laune runs adjacent to the centre, and could be heard and viewed from some of the bedroom windows. The centre was observed to be nicely decorated and well maintained, with adequate communal space for residents to avail of which was nicely decorated and homely.

Throughout the day, the inspector spent time observing staff and resident interactions in the various areas of the centre. Residents were observed to be relaxed and familiar with one another and with staff. All staff wore name badges which displayed their first names clearly. Staff who spoke with the inspector were aware of residents' preferences and needs for support and demonstrated a clear understanding of their roles and responsibilities. There was a calm atmosphere in the communal rooms of the centre and the inspector saw that staff took time to chat with residents about their day and they were very attentive and kind in their approach towards residents. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

From conversations with residents in their bedrooms the inspector was informed that call bell facilities were not always functioning. Residents told the inspector that there were issues with their call bell and sometimes the bell did not ring and alert staff that they needed assistance. Residents stated that although they had been allocated a manual bell to ring, this was not always heard by staff and there were no bells in the toilet facilities. This was immediately brought to the attention of the management team and the inspector was informed that this had been a malfunction dating back to August 2025 and an was awaiting an upgrade to the system. This finding is actioned under Regulation 23.

The inspector saw that residents were offered a choice for their lunch and there were menus displayed on each table. Textured and modified diets were seen to be well presented. Residents were chatting together during the their meal and

appeared to enjoy this time. The inspector observed that care staff provided assistance to residents with their meals in a respectful and dignified manner. Residents could also choose to eat their meals in their rooms, if it was their preference. Residents told the inspector that they were happy with the choice and amount of food available to them and they were frequently asked if there were specific foods they would like. For example; residents had requested a take away and a food truck was arranged to visit the centre. A review of residents meetings and surveys evidenced that some residents had expressed concern in relation to the temperature of food and this had been immediately addressed by management.

Visitors were observed calling from mid-morning onwards and throughout the day. They were welcomed by staff and staff knew visitors by name and actively engaged with them. The four visitors who the inspector met with spoke positively about the care that their family member received and praised the kindness of the staff working in the centre.

The centre employed three activity staff to provide a range of activities throughout the week. The daily schedule of activities for the residents was displayed in the centre. A local priest celebrated Mass in the centre on Wednesdays and many residents watched mass on the televisions during the week. The inspector saw that residents had opportunities to participate in a range of group and individual activities. After lunch 25 residents were observed in the larger sitting room playing a game of bingo. Residents appeared to be enjoying the fun in a relaxed manner and the activities staff member was respectful of each resident's communication needs and ability to participate.

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

Overall, findings of this inspection were that that although there was a clearly outlined management structure in place management oversight of the service required action, to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. These findings related to the premises, notification of incidents, complaints, fire precautions and residents rights. These will be detailed under the relevant regulations.

The registered provider of St Joseph's Home is Nazareth Care Ireland, a company comprised of 11 directors. The provider was represented by the CEO of the company. The centre is part of the Nazareth Care Group, which operates seven other designated centres across the country. There was a clearly defined management structure in place with identified lines of authority and accountability.

The provider employed a Chief Clinical Officer, who was a named persons participating in management (PPIM), on the centres registration.

Within the centre, care was directed by an appropriately qualified person in charge who was supported by a clinical nurse manager. The person in charge reported directly to the senior management team who attended the centre at a minimum monthly, to provide oversight and governance support to them. The centre also received support from the group's quality department.

During this inspection the inspector followed up on the actions taken by the provider following the previous inspection of August 2025 and found that the registered provider had implemented their compliance plan and increased staffing levels, provided additional training in care planning and had added further information to residents contract of care. The provider had also applied to renew the centres registration and this inspection would inform the decision making process associated with this application.

On the day of this inspection, the centre had sufficient staffing resources to ensure effective delivery of care and support to residents. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, activities, catering and maintenance staff in place. There were clear lines of accountability at individual, team and service levels, so that all staff working in the service were aware of their role and responsibilities and to whom they were accountable.

Staff had access to education and training appropriate to their role and a training schedule was in place. Staff had completed training such as fire safety, safeguarding of vulnerable people and manual handling techniques. The majority of training was up-to-date with some training booked for the week following this inspection. A training matrix was well maintained by the management team to monitor staff attendance at training provided.

The provider had implemented some management systems to monitor aspects of the quality of the service. Records demonstrated that internal governance meetings took place weekly between the management team. Key clinical indicators with regard to the quality of care provided to residents were collected on a weekly basis and collated to develop a monthly report to support oversight of the service. This included the incidence of wounds, restrictive practices, falls, and other significant events. There was an auditing schedule in place which included a programme of auditing in clinical care and environmental safety. However, findings of this inspection were that some management systems in place were ineffective, which is detailed under Regulation 23: Governance and Management.

A centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. However, the management systems in place to recognise and respond to complaints did not ensure that complaints and concerns were acted upon in a timely manner and resulted in inconsistent recording of complaints. The inspector found that expressions of

dissatisfaction submitted verbally to the registered provider had not been logged as complaints. Additionally, feedback from residents did not assure the inspector that action plans developed in response to complaints were implemented in a timely manner, such as call bell response times. These findings in relation to complaints are detailed under Regulation 34: Complaints Procedure.

A record of incidents occurring in the centre was well maintained. However, all incidents had not been reported in writing to the Chief Inspector, as required under the regulations, within the required time period, which is actioned under Regulation 31: Notification of Incidents.

Registration Regulation 4: Application for registration or renewal of registration

The provider had applied to renew the registration of the centre. The application for registration renewal was submitted to the Chief Inspector, within the required time frame and included all information required, as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre with the relevant qualifications and experience, as required by the regulations to undertake the role. They had been employed as person in charge since 2018 and had a post registration management qualification. The person in charge was knowledgeable of individual residents' clinical needs.

Judgment: Compliant

Regulation 15: Staffing

Based on the size and layout of the centre, and having regard for the assessed needs of the residents, the inspector was assured that there was a sufficient level of staffing with an appropriate skill-mix, across all departments. The provider has increased the allocation of healthcare assistant hours in the morning, in response to the findings of the previous inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were supervised in their roles daily by the management team. Additional training had been provided in individual assessment and care planning in response to the findings of the previous inspection.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required action to ensure that the service provided was safe, appropriate, and consistently monitored, evidenced by the following findings:

- The complaints management system found was not to be effective to ensure that complaints were recorded and acted on in a timely manner, as evidenced under Regulation 34. This was also a finding on the previous inspection of this centre.
- The risk of residents not having access to call bell facilities was not being monitored effectively. Actions implemented to mitigate the risks were not effective or monitored.
- The oversight of incidents occurring in the centre was not robust, to ensure that they were notified to the Chief Inspector in line with the regulations.

The registered provider had not allocated resources to repair or replacement of the call bell system in a timely manner as the system had not been functioning effectively for eights months. As mentioned earlier in the report the provider was issued with an Urgent Compliance plan to address this. The provider responded to this in appropriate manner and increased staffing levels, sourced portable call bell facilities for residents, and enhanced monitoring of residents in their bedrooms, until the new system was installed.

Judgment: Not compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It

accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Three notifications had not been reported to the Chief Inspector, within two days, as required by the regulations. These notifications related to the unexpected death of a resident.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints log in the centre found that complaints were inconsistently managed in line with the centres' own complaints policy and with the requirements under Regulation 34. This was evidenced by the following findings:

- Some issues of concern in relation to access to call bell facilities had been brought to the attention of the management team but were not appropriately documented and managed within the centre's complaints register. Consequently, there was no record of how these issues were acknowledged, investigated or resolved to the satisfaction of the complainant.
- A review of complaints records found that the there was not always a provision of a written response to the complainant. This is required to inform the complainant whether or not their complaint had been upheld, the reasons for that decision, any improvements recommended and details of the review process. This is a requirement of the regulation.
- There was inconsistent recording of complaints. For example, there were two complaint reporting systems in use, and staff were unclear on which system to use. The lack of clear procedure on the appropriate complaint reporting system to record complaints impacted on the timely review and resolution of complaints.

This is a repeat area of non-compliance.

Judgment: Not compliant

Quality and safety

Overall, residents living in St. Joseph's Home had good access to healthcare services and opportunities for social engagement. Residents spoke positively about the care and support they received from staff and told the inspector that staff were respectful and kind to them and they enjoyed their life in their home. However, action was required in relation to the premises, fire precautions, residents' rights, and care planning, as outlined under the relevant regulations.

There was evidence of good access to medical care with regular medical reviews by general practitioners (GP). Residents weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Residents also had access to a range of other health professionals such as an in house physiotherapist, speech and language therapists, and dietitians. Residents were appropriately referred to speech and language therapy and dietitian as required, and their recommendations implemented. There was sufficient number of staff available at mealtimes to assist residents with their meals.

Residents' records reviewed evidenced that residents received a good standard of evidence-based nursing care. This was detailed in the daily progress notes and the individualised plans of care. Pre-admission assessments were conducted in order to ascertain if the centre could meet the needs of residents prior to admission. A review of a sample of residents' records evidenced that residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre, in line with regulatory requirements. There was evidence of additional training having been provided to support staff in the care planning process and there was increased monitoring of care plans by management which had improved compliance. However, some further actions were required in care planning to ensure all information contained was accurate to care delivery, which is further detailed under Regulation 5 of this report.

Records maintained evidenced that there was a preventive maintenance schedule of fire safety equipment and the fire alarm and emergency lighting were serviced in accordance with the recommended frequency. Personal emergency evacuation plans were in place for each resident and updated on a regular basis. The provider had completed a full review of all fire safety in the centre in 2024 and a follow up review in 2025 which evidenced good oversight of fire safety. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis. However, further action was required in relation to fire safety, to ensure residents could be evacuated in a timely manner, when staffing levels were at there lowest, which is further detailed under Regulation 28 of this report.

The centre was observed to be clean and overall well maintained and the layout and design of the premises met residents' individual and collective needs. Residents had free access to the internal courtyards. The provider employed a person with responsibility for maintenance of the premises and they worked full time in the

centre. However, as mentioned earlier in this report residents did not always have access to call bell facilities in their bedroom.

Residents' meetings were convened monthly to ensure residents had an opportunity to express their concerns or wishes. A recent resident's survey had been complete and feedback from residents was very positive about the care they received. The provider had facilities for resident's occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents had access to an independent advocacy service, telephone and newspapers.

Regulation 17: Premises

Findings of the inspection were that some residents did not have access to appropriate call bell facilities in their bedrooms and in their bathrooms. From discussions with residents and staff and a review of records, it was evident that this had been first raised as an issue in August 2025 (Eight months prior to this inspection). Additionally, residents had submitted numerous complaints in relation to the inadequate call bell facilities. Therefore, the inspector was not assured that residents had access to appropriate call bell facilities, and this also impacted their rights. These findings of concern were brought to the attention of the internal management team and the Chief Operations Officer on during the inspection and the registered provider was issued with an urgent compliance plan.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' nutritional and hydration needs were assessed and closely monitored in the centre. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were met. Comprehensive care plans were in place to support residents with their nutrition needs and intake and output records were maintained when necessary, to support the monitoring of nutritional and fluid intake.

Judgment: Compliant

Regulation 28: Fire precautions

Although fire drills were being undertaken there was not evidence from these drill records that the centres largest compartment, could be evacuated in a timely manner, when staffing levels were at the lowest. The provider is required to regularly undertake these drills with all staff, to ensure they are competent to carry out a full compartmental evacuation, when staffing is at its lowest.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Although improvements were noted in the care planning process, some further actions were required evidenced by the following findings:

- There was not always evidence that residents were consulted with in relation to their care plan, to ensure it reflected their specific care interventions and wishes. A review of residents surveys indicated that many residents were unaware that they had a care record.
- A resident who required eye care daily did not have this detailed in their care plan to direct care delivery.
- A resident's continence assessment did not accurately reflect the resident's continence needs and was not detailed enough to direct care.

This could result in errors in care provided, as care should be provided in accordance with the care plan.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to allied healthcare professionals including general practitioner and physiotherapist weekly. In addition, the centre also has access to dietetic, speech and language and chiropody services. In the sample of files reviewed, information regarding the assessment, involvement and recommendations of these services was reflected.

Judgment: Compliant

Regulation 9: Residents' rights

Findings of this inspection were that the lack of access to call bell facilities for some residents since August 2025 impacted residents' rights. For example; residents did

not always have control over their their daily routine and the choices that they could make, as this was impacted by the ability to call for staff when required. Coupled with this resident's feedback in relation to the impact of the lack of call bell facilities, had not been appropriately acted on to ensure that resident's rights were protected and upheld.
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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	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	Substantially compliant

Compliance Plan for St Joseph's Home OSV-0000287

Inspection ID: MON-0050236

Date of inspection: 17/04/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Provider response / action points:
• The registered provider has strengthened governance and assurance arrangements in St Joseph's Home with immediate focus on call bell risk, complaints management, statutory notifications, fire safety assurance, care planning and residents' rights.
• A centre compliance tracker is in place and will be maintained by the PIC, with support from the CNM. The tracker records each action, named lead, target date, evidence required and date completed.
• Call bell risks are being monitored through twice-daily functionality checks, a call bell oversight log, individual risk assessment where required, and documented enhanced monitoring for residents assessed as requiring it. The call bell system was repaired and had full functionality on the 28 April 2026.The full replacement upgraded call bell system is scheduled for week commencing 25 May 2026.
• The complaints register, incident records, statutory notification tracker, call bell logs, care plan review tracker and fire drill action log will be reviewed through the local governance process each week until 30 June 2026.
• The Group Quality, Safety and Risk Manager will sample the compliance tracker and supporting evidence monthly for three months, with any unresolved or repeat issue escalated through provider oversight.
• The Chief Clinical Officer / PPIM will review progress with the PIC fortnightly until 30 June 2026 and thereafter through the scheduled provider governance process.
• Evidence retained: centre compliance tracker, local governance notes, call bell logs, notification tracker, complaints audits, care plan audits, fire drill record s and provider oversight records.
Completion date: 30 June 2026

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
Provider response / action points:
• The registered provider and PIC have reviewed the statutory notification requirements, including the requirement to notify the Chief Inspector within the required timeframe where a notifiable incident occurs.

• A notification checklist has been introduced to support review of incidents, unexpected deaths and other events.
• A notification tracker is in place and records the incident date, notification type, required submission date, actual submission date, HIQA reference where available and the person responsible for submission.
• The PIC, or nominated nurse manager in the PIC's absence, will review potential notifications before close of the next working day to confirm whether a notification is required.
• The PIC and CNM will review the notification tracker weekly for eight weeks and monthly thereafter through the governance review process.
• The Group Quality, Safety and Risk Manager will sample the tracker monthly for three months to confirm that notifications are submitted within the required timeframe.
• Evidence retained: notification checklist, tracker, HIQA submission confirmations, governance review notes.
Completion date: 30 June 2026

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
Provider response / action points:
• The registered provider has clarified the complaints management process and one consistent complaint recording system is now in use in the centre.
• All verbal and written expressions of dissatisfaction, including concerns raised through residents' meetings, relatives, staff or call bell feedback, will be reviewed and recorded as complaints where they meet the complaints threshold.
• Each complaint record will include acknowledgement, investigation summary, outcome, whether the complaint is upheld or not upheld, actions taken, written response, delay notification where applicable and the review process offered to the complainant.
• Separate informal complaint tracking arrangements have ceased so that the PIC can

maintain clear oversight through one register.
• The Group Quality, Safety and Risk Manager and PIC will provide focused staff briefing on recognising, recording and escalating complaints. Attendance will be recorded on the training matrix and included in induction for new staff.
• The PIC will review the complaints register weekly for eight weeks to confirm timely acknowledgement, investigation, response and closure of actions. Review will move to monthly once sustained compliance is evidenced.
• The Group Quality, Safety and Risk Manager will complete a monthly complaints audit for three months and thereafter through the scheduled governance audit programme.
• Evidence retained: complaints register, written responses, delay notifications where required, review records, staff briefing attendance, complaints audit and governance action tracker.
Completion date: 30 June 2026

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Provider response / action points:
• The registered provider acknowledges that effective emergency call facilities must be available to residents from bedrooms, bathrooms and resident-used areas.
• A full centre-wide call bell audit has been completed across resident-occupied bedrooms, en-suite / bathroom areas and resident-used communal areas.
• Pending completion and commissioning of the new nurse call system, interim controls remain in place.
• Twice-daily call bell functionality checks are completed and recorded. Any fault, intermittent issue, delay or anomaly is recorded on the call bell oversight log and escalated for immediate follow-up. Additional staff introduced for a period of time until call bell system was repaired to ensure residents were checked every 30 mins.
• The PIC or CNM reviews the call bell oversight log daily while interim arrangements remain in place.
• Following installation, a full centre-wide operational test will be completed to confirm that call bell facilities are functioning from bedrooms, bathrooms and relevant resident-used areas.
• The installation / commissioning certificate and post-installation testing record will be retained in the centre.
• Evidence retained: centre-wide call bell audit, twice-daily check records, call bell oversight log, resident risk assessments where required, maintenance records, commissioning certificate and post-installation test record.
Completion date: 12 June 2026

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Provider response / action points:
• The registered provider will ensure that fire drill records clearly evidence safe evacuation arrangements, including the centre's largest compartment and the lowest staffing level scenario.
• A simulated evacuation drill for the largest compartment will be completed at the lowest staffing level, informed by competent fire safety advice where required.
• The drill record will document the compartment tested, staffing numbers and grades, resident dependency assumptions, evacuation method, evacuation times, learning identified and actions required.
• PEEPs will be reviewed to confirm that they reflect residents' current evacuation needs and are aligned with the drill scenario.
• Scenario-based fire training and repeat drills will continue until the PIC and provider are assured that staff can describe and implement the required evacuation arrangements.
• The PIC will review completion of actions from fire drills through the local governance process. Any outstanding fire safety action will be escalated to provider oversight.
• Evidence retained: fire drill records, staff attendance, PEEP review tracker, fire safety action log and governance review notes.
•The local Fire Officer will complete a risk assessment on the largest compartment to clarify the safe evacuation time required.
Completion date: 30 July 2026

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:
Provider response / action points:
• The PIC and CNM are completing a focused review of the residents identified during inspection and a sample of additional care plans to confirm that assessments and care plans reflect current assessed needs.
• Care plans and assessments relating to daily eye care, continence needs and other care delivery requirements identified on inspection will be reviewed and updated where required.
• Care plan reviews will evidence consultation with the resident and, where appropriate,

the resident's representative. Where consultation is not possible, the reason will be recorded.
• A care plan review tracker is in place to monitor residents reviewed, actions required, date completed and evidence of consultation.
• The PIC will complete a monthly sample audit of care plans for three months to confirm that improvements are embedded and that reviews are completed within the required four-month timeframe.
• Learning from audits will be discussed with nurses through handover, supervision or clinical governance as appropriate.
• Evidence retained: updated assessments and care plans, consultation records, care plan review tracker, monthly care plan audits and action records.
Completion date: 30 July 2026

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Provider response / action points:
• The registered provider acknowledges that access to effective call bell facilities supports residents' rights, choice, control, independence and ability to request assistance in private areas.
• Residents will be updated through residents' meetings regarding the call bell replacement programme, interim arrangements and how to raise any further concern.
• Any resident feedback or expression of dissatisfaction will be recorded and managed through the complaints process where appropriate.
• Following installation and commissioning of the new nurse call system, the PIC or CNM will complete a resident experience review to confirm that residents can summon assistance from bedrooms and bathroom areas and that feedback has been acted upon.
• Care plans and risk assessments will be updated where call bell access or interim monitoring arrangements affect a resident's daily routine, choice, privacy or independence.
• Evidence retained: residents' meeting minutes, individual communication notes, resident experience review, updated care plans where required, complaints records and governance tracker.
Completion date: 30 June 2026

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.	Not Compliant	Orange	13/06/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/06/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Not Compliant	Orange	30/06/2026

	appropriate, consistent and effectively monitored.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	30/07/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	30/06/2026
Regulation 34(2)(g)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant when the complainant will receive a written response in accordance with paragraph (b) or (e), as appropriate, in the event that the timelines set out in those paragraphs cannot be complied with and	Not Compliant	Orange	10/06/2026

	the reason for any delay in complying with the applicable timeline.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	10/06/2026
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Not Compliant	Orange	30/06/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Substantially Compliant	Yellow	30/07/2026

	concerned and where appropriate that resident's family.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/06/2026
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant	Yellow	30/06/2026