

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

Issued by the Chief Inspector

Name of designated centre:	Hillside Nursing Home
Name of provider:	Mary Nuala Cormican
Address of centre:	Attidermot, Aughrim, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	24 June 2026
Centre ID:	OSV-0000347
Fieldwork ID:	MON-0049163

About the designated centre

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

Hillside Nursing Home is a single storey premises located in the village of Aughrim on the outskirts of Ballinasloe, Co Galway. Accommodation is provided in eight single, five double and two treble bedrooms. The centre provides residential, respite and convalescent nursing care to 24 residents from the surrounding catchment area. Hillside Nursing home's objective is to create a home facility that provides high quality care to residents; to meet residents mental, physical and spiritual needs in a safe, secure and comfortable environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 June 2026	09:00hrs to 16:40hrs	Sharon Kane	Lead
Wednesday 24 June 2026	09:00hrs to 16:40hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This was an unannounced inspection by two inspectors of Social services, conducted over one day, to monitor compliance with the Health Act 2007 (Care and welfare of residents in Designated Centres for older people) Regulations 2013 (as amended). Inspectors identified significant non-compliance with fire safety management and the overall governance and management of the centre, which is discussed throughout the report.

On arrival to the centre, inspectors were greeted by the person in charge and they had a walk around the centre to observe the premises and to meet staff and residents. Inspectors observed staff and residents' interactions. These interactions were observed to be kind, unhurried and respectful. Residents were observed spending time in the communal areas or receiving care in their bedrooms. Some residents chose to remain in their bedrooms and were supported in doing so. Communal areas were appropriately supervised by staff. There was a calm atmosphere in the centre throughout the inspection, and care was observed to be delivered in a kind and caring manner. Inspectors met the majority of the residents and spoke with eight residents in more detail. Inspectors also met and spoke with four groups visitors. Visitors spoke positively about the care that staff provided. Feedback from residents was generally positive, however, there was some concern voices in relation to the premises, and the lack of available Wifi in the building which will be discussed further in the report. Residents reported feeling safe and well cared for, and were complimentary of the staff in the centre.

Hillside Nursing Home is a single-storey facility located in the village of Aughrim near Ballinasloe, Co. Galway. Bedroom accommodation comprised of single and multiple occupancy rooms. Bedrooms were observed to be neat and tidy, and many residents had furnished their bedrooms with personal belongings such as photographs, artwork and soft furnishings. There were sufficient bathroom and toilet facilities available, conveniently located throughout the centre. There was a variety of communal areas available for resident use, including two sitting rooms, a dining room, a sunroom and a reception area. Residents had access to pleasant gardens and an outdoor patio area. Some residents and their family members were observed making use of the outdoor space on the day of inspection. However, some areas of the premises were observed to be in a poor state of repair such as flooring, including the carpet in some areas, was showing signs of wear and tear. Resident furniture, such as bedside tables and lockers and outdoor garden furniture for resident use, was scuffed and damaged. These areas are discussed further in the report.

Inspectors identified some fire safety concerns during the initial walk around the premises and garden area. There was no designated smoking area in the centre. A resident was observed smoking in an external storage shed that contained

combustible material. The provider was requested to take immediate action to address this risk.

Residents were complimentary about the choice of activities available to them and spoke positively about the art sessions, the music sessions and religious services on offer. A large group of residents were observed taking part in an art class during the morning. Residents were looking forward to entering their artwork into an art competition and were very proud to show the inspectors samples of their work, which were displayed throughout the centre. It was evident that residents could exercise choice in how they spent their day. One resident told inspectors that they preferred to spend time and have their meals in their bedroom, but liked to attend the day room for the activities. They reported that this was always facilitated.

The lunchtime dining experience was observed by inspectors. Most residents attended the dining room for their meal, while a small number chose to have their meals in their bedroom. The mealtime experience was observed to be a social occasion, where interactions between staff and residents were observed to be friendly and respectful. There were four choices of main meal on offer to residents' and the meals presented to residents appeared appetising and nutritious. Residents who required assistance were offered this in a discreet and respectful manner. Residents spoken with were complimentary of the choice and quality of meals on offer.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced monitoring inspection, carried out by 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). Inspectors followed up on notifications submitted by the provider since the previous inspection in May 2025.

The findings of this inspection were that while the residents reported having a good quality of life in the centre, and were observed to have their care needs met to a satisfactory standard, the registered provider had failed to put effective management structures and systems in place to ensure that the service provided was safe and appropriately monitored. The provider did not ensure appropriate oversight and management arrangements were in place. An immediate action was issued to the provider on the morning of the inspection to arrange an appropriate

area for residents who wished to smoke, to do so safely. By mid-day, appropriate action had not been taken, and a second immediate action request was issued.

On review of the fire safety arrangements in the centre, inspectors found that staff and management were unclear in relation to the compartment boundaries in the centre. This impacted on the quality and effectiveness of the fire drills completed by staff, as they were not clear as to how many residents were in each compartment, and therefore how many residents were required to be evacuated to a place of safety, in the event of a fire. In light of this risk the provider was required to submit an urgent compliance plan response to the Office of the Chief Inspector, providing clarity in relation to the evacuation procedures for the centre.

The registered provider of this centre was Mary Nuala Cormican, a sole trader who was also the person in charge in the centre. The person in charge was a visible presence in the centre and was well known to residents and visitors. They were supported in their role by a clinical nurse manager, who deputised in their absence. A team of nurses, healthcare assistants, catering and cleaning staff made up the staffing complement. There was a clearly defined management structure that identified the lines of authority and accountability, specifies roles, and the responsibilities for all areas of care provision were clear.

There were management systems in place to ensure that the service was delivered in a safe and consistent manner. Management systems included risk management systems, governance meetings, and a monitoring system consisting of a schedule of clinical and environmental audits. However, some of these systems were found to be not fully effective, as risks such as the fire safety issues and incomplete documentation of incidents, identified on this inspection, had not been identified by the monitoring systems in the centre. In addition, a review of the incident log found an incident that may have indicated a safeguarding concern. However, this had not been identified and no preliminary safety screening had been completed to establish if there was a cause for concern.

A review of the staffing roster found that, while there was an appropriate level of staffing in the centre during the day, the night-time staffing level was low, with one nurse and one carer on duty. Considering the fire safety concerns, this staffing level did not ensure that residents could have their health and safety needs met in the event of a fire or any adverse incident.

A review of resident documents found that information, required to be submitted to the Chief Inspector, through quarterly and two-day notifications, has not been submitted

A complaints policy was in place in the centre and outlined the process for raising a complaint or concern. A complaints log was maintained and there was evidence that some complaints had been addressed by the provider. However, not all complaints were managed in line with the centre's own policy or regulatory requirements.

Staff training records were not available on the day of inspection and were submitted to the inspector on the day following the inspection. Training records reviewed were incomplete.

The provider had a complaints policy and procedure in place and there was evidence that some complaints had been actioned and investigated appropriately. However, a review of some complaints found that not all complaints were logged, and some logged complaints had not been managed in line with the centre's own complaints procedure.

Regulation 15: Staffing

Staffing levels at night-time did not meet the health and safety needs of residents in the centre. This was evidenced by

- low levels of staff at night, with one nurse and one carer on duty to care for 23 residents
- poor staff knowledge of compartment boundaries and safe evacuation procedures.

Judgment: Not compliant

Regulation 16: Training and staff development

A review of the training records for staff found that not all staff had received training appropriate to their role. For example;

- the senior management team did not have up-to-date training and knowledge in relation to fire procedures, including fire containment, in the centre.
- care staff had not received training in the management of responsive behaviours

Judgment: Not compliant

Regulation 23: Governance and management

Inspectors found that the management systems in place to monitor the quality and safety of the service were not fully effective. This was evidenced by:

- The monitoring and oversight of fire safety was not effective and did not ensure the safety of the residents. The centre's fire safety management

system did not identify that there was no designated safe smoking space for residents

- The complaints management system was not fully effective. Records did not consistently demonstrate that complaints had been investigated. Without documented investigations, complaints could not be adequately reviewed to identify trends, support quality improvement, or promote organisational learning. This created a potential risk that opportunities to improve the quality of care and service delivery could be missed.
- Incident management systems were not fully effective. Inspectors identified a potential safeguarding incident that had not been investigated, in accordance with the centre's safeguarding policy or the regulatory requirements. Consequently, it could not be confirmed that appropriate preliminary screening had been undertaken to establish whether there were reasonable grounds for safeguarding concerns.
- Clinical and environmental audits did not identify significant fire safety risks in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not notified the Chief Inspector, at the end of each quarter, in relation to the occurrence of any incidents set out in schedule 4 (7) (2).

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaint management system found that some complaints were not recorded and managed in line with the centre's own policy, and the requirements of the regulation. This was evidenced by;

- Records showed that not all complaints or expressions of dissatisfaction with the service had been investigated and therefore, there was no plan in place to address the issues of concern.
- Inspectors were informed and shown evidence by a resident, that they had communicated a complaint to staff in the centre, which had not been addressed. The complaint had not been recorded in the complaints log.
- Open complaints that had not been resolved to the complainant's satisfaction, showed no evidence that the complaint had been referred on to the complaints review officer, in line with the centre's own policy.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found, that although residents had good access to health care, the findings of the inspection were that ineffective governance and management systems in place, impacted on the quality and safety of care provided to residents. This inspection found that the premises, fire precautions, protection and residents' rights were not in line with the requirements of the regulations. As previously outlined the non-compliance regarding fire precautions required the provider to submit an urgent compliance plan.

Fire safety records were reviewed and showed that servicing had been completed within the required time frames by a competent fire safety contractor. A review of the fire safety drills completed by staff found that drills did not provide assurance that the residents could be safely evacuated to a place of safety during night-time hours (using two staff), in the event of a fire emergency. Staff and management were unclear in relation to compartment boundaries, and therefore, fire procedures did not accurately direct staff to a place of safety. Inspectors also found that the provider had failed to provide a safe smoking area for residents. .

Inspectors identified areas of the premises that were observed to be in a poor state of repair. Fixtures and fittings were damaged, worn and not well-maintained. A sample of residents' records were reviewed. Comprehensive assessments of residents' needs had been completed using validated clinical assessment tools. These assessments informed the development of person-centred care plans, which contained sufficient detail to guide staff in the delivery of care. Care plans were updated in response to changes in residents' needs, in accordance with regulatory requirements.

A safeguarding policy was in place to guide staff in protecting residents from the risk of abuse. Staff attended safeguarding training and demonstrated an appropriate awareness of their responsibilities in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider acted as pension agent for one resident, and arrangements were in line with regulatory requirements. However, a review of resident records indicated that there was a potential safeguarding incident that had not been recognised as such, and there was no evidence that preliminary screening investigations was carried out in line with national safeguarding policy.

Residents had access to healthcare services, including general practitioners, dietitians, physiotherapists, psychiatry of later life and end of life care services. Recommendations made by healthcare professionals were reflected in residents' care plans.

There was appropriate oversight and monitoring of restrictive practices in the centre. Records relating to residents who required bed rails demonstrated that appropriate risk assessments had been completed and that care plans were in place to support their use safely.

Inspectors found that appropriate systems were in place to support safe medication management practices. Residents had access to pharmacy services, including arrangements for the return and disposal of unused medicines. Staff spoken with demonstrated good knowledge of residents' medication needs and confirmed that they had attended medication management training relevant to their role. However, medicines were not consistently stored safely. Inspectors observed that a cupboard containing medicinal products was unlocked throughout the day of inspection.

Residents were complimentary about both the quality of food and the choice available to them. The mealtime experience was observed to be a social occasion with conversations occurring between residents. The provider had systems in place to ensure residents' nutritional status was effectively monitored, and there was a clear referral pathway to specialist healthcare professionals if required. Staff were knowledgeable regarding the nutritional needs of individual residents. Where required, residents were assisted in a discreet manner, and there were appropriate levels of staff available to provide assistance.

Inspectors observed that residents' rights and choices were generally respected in the centre. There was a busy activity schedule in place and residents were complimentary of the activities available to them. Residents had access to an independent advocacy service. However, the provider did not always ensure that residents could undertake activities in private. For example, the internet did not reach all of the bedroom areas in the centre, and as a result, residents who wished to use the internet had to do so in the communal areas of the centre.

Regulation 17: Premises

The designated centre did not fully conform to the matters set out in Schedule 6 of the regulations in the following areas;

- Flooring, including the carpet in some areas, was showing signs of wear and tear.
- Resident furniture, such as bedside tables and lockers and outdoor garden furniture for resident use, was scuffed and damaged.
A shared bathroom lacked an internal lock and/or an occupied/vacant sign, compromising privacy.
- A door to an ensuite in a shared bedroom could not close fully, compromising resident privacy.
- A shower in a shared bathroom was not functioning properly. The hose height could not be adjusted. The hose holder was damaged and residents

<p>were restricted to a maximum of an eight minute shower due to risk of tripping the electrical circuit.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 18: Food and nutrition</p>
<p>Residents had access to adequate quantities of food and drink. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services, when required. There were sufficient numbers of staff to assist residents at mealtimes.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>Fire safety arrangements in the centre were not in line with the requirements of the regulations. This was evidence by;</p> <ul style="list-style-type: none"> • The arrangements in place, to contain a fire, through the compartmentation of the centre into safe zones, were not clear, and not known to the centre's management or staff. This impacted on the effectiveness of the fire drills practiced by staff and posed a risk to the safe and timely evacuation of residents in the event of a fire emergency. • There were no appropriate arrangements in place to ensure a safe smoking area for residents. Immediate action was required on the day of the inspection to address this risk. • The registered provider was issued with an urgent compliance request to address these risks, following this inspection while some assurance was received by the chief inspector further action was required to meet the requirements of the regulations.
<p>Judgment: Not compliant</p>
<p>Regulation 29: Medicines and pharmaceutical services</p>
<p>Inspectors found that a cupboard in the nurses station containing medication was left unlocked throughout the inspection. There was a potential risk of harm if residents were to access the medications stored in this cupboard.</p>

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of the resident care records found that all residents had an assessment of their health and social care needs completed, and that a care plan was in place to address the needs of the residents. The provider ensured that care plans were implemented and reviewed, in line with the changing needs of the residents, as per regulatory requirements.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical care including a General Practitioner (GP) and a range of allied health care professionals such as physiotherapy, occupational therapy and palliative care services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was supported in the centre. Each resident had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team. The care plans were kept under review and updated when changes in the resident's condition occurred.

Judgment: Compliant

Regulation 8: Protection

The registered provider had not taken sufficient reasonable measures to protect residents from abuse. For example, a review of resident records demonstrated that a potential safeguarding incidents had not been recognised as such and there was no documentary evidence of pre-liminary screening having taken place to establish if there was safeguarding concern.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider had not ensured that some residents could carry out personal activities in private. For example, internet did not reach all bedrooms. As a result, residents could not access the internet in their rooms and were required to use the internet in the communal areas.

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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Hillside Nursing Home OSV-0000347

Inspection ID: MON-0049163

Date of inspection: 24/06/2026

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The roster is continuously under review, and from time to time an extra person is employed to meet increased dependency, severe illness of a resident, or other occasions such as a flu outbreak, pandemic, or a resident requiring 1:1 care. To further strengthen assurance following the inspection, since 1 August 2026 there is a new emergency on-call roster whereby a minimum of 2 staff members are on call to respond immediately to any adverse event, e.g. fire. The roster is compiled four-weekly with the full co-operation of staff, is clearly displayed in the office together with contact phone numbers and is checked daily by the Person in Charge or Senior Nurse to ensure continuity of the on-call arrangements.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have undergone training and have become familiar with the re-zoned fire compartments in the nursing home. A new, re-configured zoning was developed by an external fire engineer, with the re-configuration work carried out over a two-day period in June 2026. The reconfiguration reflects the fire compartments as defined by the fire doors and corresponding attic fire walls, and a revised, highlighted copy of the zones is displayed alongside the fire panel. Fire training has continued by means of simulated fire drills that reflect night-time staffing level and at all other times. Results of fire drills are used to improve system and are documented and audited every 3 months.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A designated smoking area is due for completion Aug 28th 2026. From Aug 1st all complaints will be fully documented to allow outcomes to be audited. In addressing incident management going forward all incidents will have preliminary safeguarding screening and policy has been revised to reflect same, July 6th 2026 All results of fire drills will be audited and any fire risk not on audit list will be included, July 6th 2026.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Going forward, since July 31st 2026, all notifiable incidents are notified to the relevant authority (the Office of the Chief Inspector), in line with the regulatory notification requirements.</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Following the inspection, the following measures have been implemented to strengthen this system:</p> <ul style="list-style-type: none"> • All complaints and expressions of dissatisfaction, however they are raised, are logged immediately in the centre's complaints register, with a named action owner and target resolution date. • Effective Aug 1st 2026, the Person in Charge holds a weekly complaints review meeting to check the status of every open complaint, confirm that investigations are progressing, and agree next steps. 	

- Any complaint not resolved to the complainant's satisfaction within the centre's standard resolution timeframe is now automatically escalated to the complaints review officer, in line with the centre's policy and the regulatory requirement.
- All staff have been briefed on the requirement to log every complaint or expression of dissatisfaction at the point it is received, regardless of how it is communicated.
- The complaints log and associated investigation records have been added to the centre's internal audit schedule, providing ongoing independent assurance that this process is being followed consistently.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

An environmental audit continues on a monthly basis, and an improvement plan is in place. Works already completed include, bedside chairs replaced (January 2026), mattresses replaced (April 2026), carpet cleaning (May 2026), and painting of rooms and corridors (May 2026). Further works, within budget, are planned for the remainder of 2026, including replacement of carpets and other flooring.

Alongside the centre's ongoing environmental audit and improvement programme, the three items identified at inspection have each been addressed and are now complete: an internal lock and occupied/vacant indicator has been fitted to the shared bathroom; the ensuite door affected has been adjusted so it now closes fully; and the shared shower's hose, height adjustment, and the associated electrical circuit fault have been repaired by a qualified electrician. This work was completed on 10 July 2026 and has been added to the centre's environmental audit checklist so that resolution is independently verified and signed off.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The centre has been re-zoned to represent the existing fire doors and corresponding attic fire walls. Please note all fire doors and fire walls were already in place; the exercise required adjusting the zoning and, in places, rewiring. This procedure was carried out over a two-day period in June 2026, and the re-zoned areas are clearly documented and displayed alongside the fire panel.

All fire drills carried out since 1 July 2026 have been based on the newly zoned areas,

and all staff have received appropriate training and have become familiar with the new zoning.

A safe, designated smoking area is due for completion on August 28th 2026.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Staff nurses on duty have been re-instructed that all cupboards containing medicines are locked at all times and keys retained. This has been established practice at Hillside.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

Any incident of suspected abuse will, going forward, have a preliminary screening carried out within the required timeline.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

In the process of getting a quote for a mesh Wifi/access-point upgrade to cover all bedrooms; in the interim, Hillside will offer an alternative (mobile data device) so residents aren't forced into communal areas for private activity.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/08/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	07/07/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/08/2026

Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	06/07/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	26/06/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	26/06/2026
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a	Substantially Compliant	Yellow	01/07/2026

	resident are stored securely at the centre.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2)(a) to (e) of Schedule 4.	Not Compliant	Orange	31/07/2026
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	01/08/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	01/07/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	15/09/2026

	may undertake personal activities in private.			
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