



**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:	Maryfield Nursing Home
Name of provider:	West of Ireland Alzheimer Foundation
Address of centre:	Farnablake East, Athenry, Galway
Type of inspection:	Unannounced
Date of inspection:	24 April 2025
Centre ID:	OSV-0000359
Fieldwork ID:	MON-0046950

About the designated centre

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

Maryfield Nursing Home is a designated centre that provides long term and respite care for 23 male or female residents who have dementia or a related condition. The centre is located in a rural setting approximately two kilometres from the town of Athenry and 25 kilometres from Galway city. The centre is purpose built. It is single storey and residents' accommodation is provided in 11 single and six double rooms. There is adequate sitting and dining space to accommodate all residents in comfort. A safe garden area is also available. The environment has been enhanced by the use of dementia friendly features that include signage, good levels of natural lighting and a homelike layout.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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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
Thursday 24 April 2025	09:00hrs to 16:45hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in Maryfield Nursing Home received individualised and person-centred care and support from a team of staff who knew their needs and preferences. The service provided a supportive environment for residents with varying cognitive abilities, including those living with dementia. The service promoted residents' independence while ensuring they received appropriate health and social care. The observations made during this inspection reflect a service that ensured residents were safe, well cared for, and socially engaged.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and met with the majority of residents and spoke to five residents in detail about their experience of living in the centre. Some residents were unable to articulate their experience of living in the centre. However, those residents appeared comfortable and relaxed in their environment. Staff were observed spending time with the residents to ensure they were comfortable in their surroundings.

There was a warm and welcoming atmosphere in the centre. Residents were observed enjoying each other's company in a variety of communal areas such as the dayroom and dining room. Some residents chose to remain in bed until later in the morning and were observed having their breakfast while watching their television, or listening to the radio. Residents reported a high level of satisfaction with the quality of care and support they received from staff.

The inspector spent time in the different areas of the centre chatting with residents, and observed that the quality of staff interactions with residents was that were respectful and person-centred. Staff knew residents individual communication needs. The inspector observed staff speaking to residents in a polite, kind and reassuring tone to encourage them to participate in activities they enjoyed, including going for a walk after dinner. This approach was observed to create a supportive environment where residents were seen to be comfortable and motivated to engage in daily activities that promoted their well-being.

The centre accommodated 23 residents in both single, and multi-occupancy bedrooms. Residents bedrooms were personalised with items of significance to them, reflecting their individual preferences and memories. One resident spoke highly of their bedroom, noting how they had made it their own space with carefully chosen items. They had personalised their bedroom with photographs, a comfortable rug on the floor, and plants on the window. The resident expressed their enjoyment of spending much of their time in their bedroom, which had become a comfortable and familiar space for them. There was adequate storage facilities for residents clothing and personal possessions. The inspector observed that some bedrooms showed signs of wear, including chipped paint on walls and damaged skirting. Additionally, the handles and latches on some bedrooms doors were not

functioning and this prevented the doors from closing fully.

Residents personal clothing was laundered on-site. There was a system in place to manage the identification of residents clothing.

The inspector observed that items and equipment stored along corridors created obstacles for some residents to mobilise safely and easily. Linen receptacles were stored along a corridor and this was observed to impede the proper closing of a fire door. The inspector also observed the storage of equipment in residents bedrooms and toilets. A hoist was stored in a residents bedroom, and one bathroom contained multiple chairs including shower chairs and commodes. The storage room designated for clinical equipment was observed to be untidy and cluttered.

Most areas of the centre, including corridors, bedrooms, and communal areas were clean and appeared visibly well-maintained. However, some areas did not meet the same standard of hygiene, particularly the communal toilets and certain equipment used by residents such as the bath and raised toilet seats. Floor coverings in some areas that extended up the side of walls were lifting away. While some of these areas had been repaired, this did not fully resolve the issue and the issue impacted on effective cleaning of the area.

The dining experience for residents was observed to be a social occasion. The inspector observed that staff provided sensitive and attentive support to residents during mealtimes. Staff created a calm and relaxed dining experience for residents and assistance was offered discreetly and respectfully, which allowed residents to maintain as much independence as possible. The inspector observed that meals were attractively presented, including meals for residents who required modified consistency foods. Residents appeared to enjoy their meals and engaged positively in the overall dining experience.

There was a wide range of activities offered to residents and with a strong emphasis on respecting residents preferences and choices. While there were dedicated activity staff, all staff members recognised the importance of engaging residents in meaningful activities and actively supported them to participate in activities of their choosing. The activity schedule included activities such as horticulture and walks. The schedule was adapted to include art on the day of inspection to suit residents' preferences and levels of engagement. Some residents required the assistance of staff to engage in activities, and staff were observed to provide that support in a kind and caring manner.

The inspector observed that visitors were warmly welcomed at the centre and there were no restrictions place on visiting. Visitors expressed satisfaction with the quality of care provided to their relative, and stated that their interactions with the management and staff were positive.

The following sections of this report details the findings with regard to the capacity and capability of the provider and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced inspection, carried out over one day by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider following the last inspection in October 2024.

The findings of this inspection were that Maryfield Nursing Home was a well-run centre with an established management structure that was accountable and responsible for the provision of safe and quality care to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoted their well-being. While the provider had taken some action following the previous inspection to ensure that resident's individual assessments and care plan were reflective of their current care needs, the inspector found that care plans were not always revised in a timely manner following a change in a resident's care needs. While there were management systems in place to support governance and oversight of the service, some of those systems were not effective in ensuring full regulatory compliance in relation to the premises and the quality of environmental and equipment hygiene.

West of Ireland Alzheimer Foundation is the registered provider of Mayfield Nursing Home. It is a company comprised of eight directors, one of whom represented the registered provider and another who was a regional manager and a person participating in the management of the centre. The person participating in management provided governance and support to the person in charge. The structure was found to be effective to ensure the provider had oversight of all clinical and non-clinical aspects of the service.

Within the centre, there was a nurse management structure that was responsible and accountable for the delivery of safe and person-centred care to the residents. The person in charge was supported clinically and administratively by an assistant director of nursing (ADON) who worked part-time in the centre. The assistant director of nursing was delegated accountability and responsibility for monitoring the quality of all aspects of the service provided to residents, the supervision of staff and ensuring clinical care records such as care plans were appropriately maintained. While this arrangement was mostly effective, the inspector found that there were no clearly defined arrangements in place to ensure continued oversight of the service when the ADON was not on duty. This impacted on the continuity of daily monitoring of the service that included infection prevention and control and the quality of resident's care plans.

The provider had systems in place to support their oversight of the quality of care received by residents. A schedule of clinical and environmental audits were in place for 2025 to monitor, evaluate and improve key aspects of the service. This included an audit of medication management, restrictive practices, incidents and falls, clinical

records and infection prevention and control. Quality improvement action plans were developed in response to audit findings and delegated to the appropriate responsible persons. For example, an annual audit in relation to the premises and facilities to support effective infection prevention and control was completed in April 2025. The audit had identified a number of deficits in relation to the premises and improvement action plans had been developed and delegated to the responsible persons. However, the action plan did not specify a time frame for completion of the identified actions. In addition, there was no established system in place to monitor the quality of environmental hygiene during the intervening period of time between audits. The impact of this was observed in the variability of hygiene standards observed in some areas of the centre.

An annual review of the quality and safety of care delivered to residents had been completed for 2024. This review included an analysis of incidents, complaints, admissions and a wide range of clinical and operational aspects of the service. As a result of this process, a quality improvement plan had been developed for 2025 to guide ongoing enhancements to care and service delivery. This review was available to residents.

The centre was proactive in identifying, recording and managing risks that may impact on the safety and welfare of residents in the centre. The risk management system was underpinned by a comprehensive risk management policy. The centre maintained a risk register that contained clinical and environmental risks. Risks, and the controls in place to manage risks, were monitored for their effectiveness, and staff were kept informed with regard to the actions to be implemented to manage and reduce risks to residents. There were systems in place to record, investigate and learn from incidents involving residents.

The centre had sufficient resources to ensure effective delivery of good quality care and support to residents. The centre had a stable team of staff. This ensured that residents benefited from continuity of care from staff who knew their individual needs. The team providing direct care to residents consisted of registered nurses, and a team of health care assistants. There were sufficient numbers of housekeeping, catering and maintenance staff in place. There was a system in place to ensure clear and effective communication between the management and staff.

There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed training in fire safety and safeguarding of vulnerable people. In recognition of resident's needs, staff were also facilitated to attend training relevant to supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training, with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse.

Policies, procedures and guidelines, required under Schedule 5 of the regulations, were appropriately maintained and accessible to staff. The policies detailed how the service was organised, managed and delivered to ensure residents received safe and consistent care. Staff recognised that policies, procedures and guidelines supported

them to deliver suitable and safe care, and this was reflected in practice.

A review of the system of complaints management found that complaints and expressions of dissatisfaction with the service were documented and managed in line with the centre's complaints policy and procedures. There was a low level of complaints in the centre. The complaints procedure was displayed prominently. A review of the complaints log found that complaints were recorded, investigated and managed in line with regulatory requirements.

Regulation 15: Staffing

There was adequate staff available to meet the needs of the current residents, taking into consideration the size and layout of the building. There were satisfactory levels of health care staff on duty to support nursing staff. The staffing compliment included cleaning, catering, activities and administration staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in supporting residents living with dementia and infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction and performance review processes.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 of the regulations were safely stored in the designated centre and were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

While there was a defined management structure in place, the governance arrangements in place to oversee certain aspects of the service were not consistent and therefore not effective. There were inadequate arrangements in place to ensure consistent monitoring and oversight of the service, when key management personnel were not on duty. This included the oversight of infection prevention and control and resident records.

Management systems were not sufficiently robust to ensure the service was safe, appropriate, consistent and effectively monitored. For example,

- Supervision of aspects of care, particularly in relation to maintenance and cleaning was not fully effective and impacted on the quality of some areas of the care environment.
- The systems of monitoring, evaluating and improving the quality and safety of the service were not effectively implemented. For example, improvement action plans developed from audits were not consistently subject to time frames for completion, or progress review.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints management system was in place and met the requirements of the regulation. A complaints procedure was displayed in the centre and detailed the process for making a complaint and the personnel involved in the management of complaints.

Records of complaints detailed the actions taken by the complaint officer to resolve the complaint, the satisfaction of the complainant with the outcome and lessons learnt that were shared with the wider staff team to improve the quality of the service.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of safe and effective care to the residents.

Judgment: Compliant

Quality and safety

Overall, resident's health and social care needs were maintained by a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents reported feeling safe and content living in the centre. While the provider had taken some action in relation to the quality of residents' care plans, the inspector found that care plans were not always updated in a timely manner following a change in a resident's assessed care needs. In addition, this inspection found that there were aspects of the premises that were not appropriately maintained and the quality of environmental and equipment hygiene did not always ensure residents were protected from the risk of infection.

The inspector acknowledged that the care needs of residents were known to the staff. Residents' care needs were assessed prior to admission to the centre, to ensure that their needs could be met. However, following admission to the centre, nursing admission assessments were not always completed in line with the centres procedure. For example, a resident admitted in October 2024 did not have their admission assessment fully completed. This impacted on the development of person-centred care plans, particularly in relation to residents end-of-life care plans. In addition, some care plans were not always updated following a change in the residents care needs. For example, while the care plan for a resident who had experienced falling incidents has been documented as being reviewed, the care plan had not been updated to include fall-prevention strategies following a fall incident.

A review of residents' records found that residents had access to a GP of their choice, as requested or required. Arrangements were in place for residents to access the expertise of health and social care professionals for further assessment. The recommendations of health and social care professionals was observed to be implemented, and reviewed frequently to ensure the care plan was effective.

The centre was actively promoting a restraint-free environment and the use of bed

rails in the centre had reduced since the previous inspection. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned.

A review of the physical environment found that not all areas of the centre were appropriately maintained. This included areas of the premises such as bedrooms, bathroom facilities, ancillary areas, and communal areas that were not all maintained in a satisfactory state of repair. While issues had been identified in a recent audit, and an improvement action plan developed, there was no time-line for completion of all actions.

A review of the care environment found that an appropriate standard of hygiene was maintained in the dining room, dayroom and most bedrooms. While there was a cleaning schedule in place, the inspector observed that some areas of the centre were not appropriately cleaned. This included communal toilet and shower facilities. The inspector observed care equipment which was visibly unclean, and this posed a risk of cross contamination, and therefore risk of infection to residents. In addition, effective cleaning was compromised by deficits in relation the premises such as floor coverings.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents told the inspector that they felt safe living in the centre. The provider did not manage any residents' pension payments.

There were opportunities for residents and their representatives to consult with management and staff on how the centre was run. Minutes of meetings were reviewed and evidenced that feedback provided by residents was acted upon to improve the service for residents.

There was an activity schedule in place and residents were observed to be facilitated with social engagement and appropriate activity throughout the day.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre. Visitors were complimentary of the care provided to their relatives.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre.

Judgment: Compliant

Regulation 17: Premises

The inspector found that the premises did not fully comply with the requirements of Schedule 6 of the regulations.

- A number of bedroom doors were not appropriately maintained. Latches were not functioning and this prevented the door from fully closing. Door closers on some bedroom doors were not functioning.
- Doors, skirting and walls were not all appropriately maintained. For example, some had scuff marks and walls were visibly chipped and paint peeling in a number of bedrooms.
- Floor coverings in some bedrooms and communal areas were visibly damaged, marked and in a poor state of repair in some areas. This impacted on the cleanliness of some floors.
- Areas behind sanitary ware such as the floor and wall were visibly damaged. A wood block was wedged against a waste pipe to secure it to the back of a toilet.
- Radiators in a number of locations were observed to be unclean and rusted in parts.
- The external enclosed garden was not appropriately maintained. Numerous pieces of equipment such as empty crates and stainless steel equipment were stored in the residents garden. Items awaiting disposal were stored in a corner. Additionally, some seating for residents was observed to be rusted.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not meet some aspects of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018). For example;

- The oversight of the cleaning procedure and the quality of environmental hygiene in some areas of the centre was not effective. For example, cleaning records for communal toilets and shower rooms were incomplete and indicated that those areas had not been appropriately cleaned in line with the cleaning schedule. The inspector observed that some equipment contained in communal toilet were visibly unclean on inspection.
- Equipment shared by residents was not always cleaned, or appropriately decontaminated after use. This included a urinal and a toilet seat used to raise the height of the toilet. This increased the risk of cross infection.
- The sluice room was not visibly clean on inspection. A waste pipe on a sluice room sink was leaking and a bucket containing used gloves was placed underneath the pipe to catch the leak. This posed a risk of cross

contamination.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
<p>Care plans were not consistently reviewed or updated in a timely manner following changes to a residents condition or care needs. For example, a resident who had experienced weight loss did not have an assessment of their weight completed or a care plan developed for two months after the initial weight loss was identified. In addition, residents who experienced a fall incident did not have an appropriate fall management plan developed following a change in their assessed mobility care needs. Consequently, staff did not have clear guidance from the care plan on the interventions necessary to manage the risk.</p>
Judgment: Substantially compliant
Regulation 6: Health care
<p>Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre as required or requested.</p> <p>Services such as physiotherapy were available to residents weekly and services such as tissue viability nursing expertise, speech and language and dietetics were available through a system of referral.</p>
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
<p>A restraint free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.</p> <p>Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive. Staff had up-to-date knowledge to support residents to manage their responsive</p>

behaviours.
Judgment: Compliant
Regulation 8: Protection
There were systems in place to safeguard residents and protect residents from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse.
Judgment: Compliant
Regulation 9: Residents' rights
<p>Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they chose.</p> <p>There were facilities for residents to participate in a variety of activities such as art, horticulture, exercise classes and music events. Although a structured activities plan was in place, daily activities were flexible, allowing residents to guide the daily schedule based on their interests, abilities and preferences. This person-centred approach ensured that engagement was tailored to the needs of each individual.</p> <p>Residents and their representatives participated in regular meetings with the centre's management team to discuss all aspects of the service. The meetings provided a forum for residents and their representatives to provide feedback and contribute to quality improvement plans.</p>
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	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 Maryfield Nursing Home OSV-0000359

Inspection ID: MON-0046950

Date of inspection: 24/04/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• The system for oversight of all aspects of maintenance of premises and of adherence's to cleaning schedules in the absence of the PIC has been highlighted to all Nursing staff. Any shortcomings identified in the absence of the PIC will be escalated to the Provider.• The system for oversight of all aspects of maintenance of premises and of adherence's to cleaning schedules in the absence of the PIC has been highlighted to Nursing staff. Any shortcomings identified in the absence of the PIC will be escalated to the Provider.• An audit system is in place, overseen by the person in charge, to monitor, supervise and improve the quality of infection control and the premises. Any shortcomings identified in the audits will have timebound action plans for rectification of any shortcomings, with action plans reviewed and signed by the PIC confirming completion of the actions.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Review of all bedroom door latches and door closers has been undertaken – remedial work to those identified with shortcomings will be completed by the 20th June 2025.• All doors, skirting and walls have been examined with any shortcomings being rectified – these works will be completed by the 27th June 2025.• All floor coverings have been reviewed and those requiring remedial action have been identified – repair works will be completed by the 31st July 2025.• Areas behind sanitary ware have received appropriate attention and have been rectified.	

- All radiators have been reviewed and thoroughly cleaned - those identified as requiring painting will be painted by the 20th June 2025.
- All items stored in residents garden have been removed and rusted seating has been replaced.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- A review of the cleaning procedure has been undertaken, and additional training / guidance has been provided to all staff around their responsibilities of ensuring the cleanliness of all equipment utilised in the provision of care.
- A process has been put in place to ensure oversight of cleaning schedules in the absence of the Person in Charge to ensure that they are fully adhered to.
- Training has also been provided on the importance of cleaning / decontamination of all equipment after use to reduce the risk of cross infection.
- The waste pipe in the sluice room is functioning properly and the importance of fully functioning equipment and cleanliness has been highlighted to staff to minimise / eliminate the risk of cross contamination

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- Training has been provided for all staff to ensure care plans are updated in a timely manner following changes to a resident's condition or care needs.
- The importance of updating care plans as required during shifts has been highlighted.
- Responsibility for reviewing individual care plans has been allocated to nursing staff.
- Shortcomings identified during inspection have been rectified.
- An audit is in place to ensure that the process for updating and reviewing care plans is being adhered to.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	23/07/2025
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.	Substantially Compliant	Yellow	27/05/2025
Regulation 23(1)(d)	The registered provider shall ensure that	Substantially Compliant	Yellow	27/05/2025

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	27/05/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	27/05/2025