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:	Moycullen Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinahalla, Moycullen, Galway
Type of inspection:	Unannounced
Date of inspection:	12 August 2025
Centre ID:	OSV-0000365
Fieldwork ID:	MON-0047902

About the designated centre

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

Moycullen Nursing Home is a purpose built facility located in Ballinahalla, Moycullen, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is single storey in design and accommodates up to 53 residents. Residents are accommodated in 47 single bedrooms and 3 double bedrooms. Resident living space is made up of a large sitting room and a large dining room. In addition, the centre has a smaller lounge, a visitors room and an oratory. Residents also have access to an enclosed courtyard and gardens. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50

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
Tuesday 12 August 2025	10:10hrs to 18:00hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. The feedback from residents was that this centre was a nice place to live, and residents spoken with were complimentary of the service and the care provided. The inspector heard positive comments in relation to staff such as, "they are very attentive" and "they can't do enough for me here". One resident told the inspector that the centre was "a beautiful place".

The inspector was greeted by the person in charge upon arrival to the centre. Following an introductory meeting, the inspector walked through the centre, giving an opportunity to meet with residents and staff. Many residents were relaxing in the main communal sitting room and some residents were receiving assistance with their personal care needs in their bedrooms.

Located on the outskirts of Moycullen village, Co. Galway, the designated centre is registered to provide care to a maximum of 53 residents. There were 50 residents living in the centre on the day of inspection.

The centre was a purpose built single-storey facility. The entrance to the centre opened into a reception area, leading to an office and a clinical room. A large communal sitting room was located opposite the reception. Other communal spaces included an oratory, a visitors room, a lounge and a large dining room. Resident bedroom accommodation was provided in single and twin bedrooms.

The majority of residents were seen spending time together in the main communal sitting room throughout the day of the inspection. The atmosphere in the sitting room was sociable. A staff member facilitated a programme of activities in this room throughout the inspection and the inspector overheard friendly conversation and banter between residents and staff. One resident enjoyed a birthday on the afternoon of the inspection, a birthday cake was present by a member of staff, and residents were heard singing in celebration.

As the inspector walked through the centre, they noted that many bedrooms were personalised with items of significance including, pictures and soft furnishings. There was sufficient storage space for resident personal possessions, however the inspector observed that some resident lockers were damaged. The inspector noted that several mattresses and furnishings were being stored in a vacant bedspace in one shared bedroom. One resident unlocked their bedroom door to show the inspector their bedroom, which was very personalised. They told the inspector they locked their room as a precaution, to deter some residents who may attempt to enter it, without invitation.

The inspector spoke with some residents who preferred to spend their time resting in their bedrooms. Several residents reported that they enjoyed reading and listening to the radio in the comfort of their own rooms. One resident said the centre

could be noisy at times, but that this did not bother them. Another resident told the inspector they enjoyed going for walks with staff, but preferred not to attend the communal rooms. The inspector noted that each residents preference was respected. There were some residents living in the centre on a short term basis, and they told the inspector they were being supported to move back into the community.

The building was found to be well laid out to meet the needs of residents, and to aid and encourage independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Residents moved freely throughout the centre and there was unrestricted access to an enclosed courtyard garden, where some residents were seen spending time. Residents were also assisted on walks on the grounds of the centre and residents who could mobilise independently were encouraged to do so. Staff were observed supporting residents with their mobility needs and interactions observed by the inspector were patient and kind. The inspector observed one staff member using humour while supporting a resident to mobilise, and the resident appeared to enjoy this interaction.

Visiting was facilitated in an unrestricted manner and the inspector observed visitors being welcomed to the centre throughout the day of the inspection.

The next two sections of the report detail the findings in relation to the capacity and capability of the provider and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

Capacity and capability

This was an unannounced risk inspection to follow up on solicited and unsolicited information submitted to the Chief Inspector, in relation to the management of the quality of care and the supervision of residents, and to monitor the provider's 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 provider's compliance plan response to the previous inspection in February 2025 in relation to staffing, the management of responsive behaviours and the premises.

The inspection found that there was a well established management team in place who were working hard to improve the quality of care in the centre. While good levels of compliance was identified on this inspection overall, some of the provider's monitoring systems were not sufficiently robust, to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This inspection also found that individual assessment and care planning, the management of responsive

behaviours, premises and infection control were not fully aligned to the requirements of the regulations.

Mowlam Healthcare Services Unlimited Company is the registered provider of Moycullen Nursing Home. There was a clearly defined management structure in place. The person in charge worked full-time in the centre. They were supported in their role by a clinical nurse manager who was allocated 16 supervisory hours per week. The clinical nurse manager deputised in the absence of the person in charge. A team of nurses, healthcare assistants, catering, activity, and social care practitioners made up the staffing compliment. Maintenance and house-keeping services were provided by an external company. There was no administrative staff in post in the centre at the time of the inspection, and some administrative tasks were devolved to the management team.

Following the previous inspection in February 2025, the provider had committed to introducing a twilight shift, to assist with supervision of communal areas and to provide assistance and support to residents during the evening and early night-time. A review of roster records demonstrated that, although the twilight shift had been implemented, there were not sufficient staffing resources available to ensure this shift could filled on a daily basis. Management meeting records showed that recruitment was ongoing.

Training records demonstrated that staff had access to a varied training programme including fire safety, safe-guarding, patient moving and handling, and infection control. Staff with whom the inspector spoke were able to describe the action they would take in response to a safeguarding incident in the centre.

There were management systems in place, including a programme of audits that included reviews of wound care, falls, and the use of restrictive practices. Audits were used to identifying areas of compliance and where quality improvement was necessary. Audits were accompanied by time-bound quality improvement plans. However, records demonstrated that some audit actions were not progressed in a timely manner, such as the replacement of defective floor covering, identified in a falls prevention audit completed in June 2025. There was a system to manage risks in the centre, and clinical and environmental risks were recorded on a risk register. However, some of the control measures in place to mitigate the risk relating to residents with exit-seeking behaviours were not implemented effectively, in order to ensure resident safety.

The provider had arrangements for recording accidents and incidents involving residents in the centre, and notifications were submitted as required by the regulations.

An annual report on the quality of the service had been completed for 2024 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

On the day of inspection, there was adequate staff available to meet the needs of the current residents taking into consideration the size and layout of the building.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

Staff also had access to additional training to inform their practice which included infection prevention and control, falls prevention, care planning, and cardio pulmonary resuscitation (CPR) training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had committed to the introduction of a twilight shift following the previous inspection in February 2025. However, at the time of inspection, records demonstrated that there were not sufficient staffing resources in place, to ensure that this shift could be rostered on a daily basis. Roster records showed that there were nine occasions over a four week period where there was no twilight shift in place.

Some management systems were not sufficiently robust to ensure the service provided was safe, appropriate and effectively monitored. For example:

- Supervision and monitoring of some aspects of care, including care planning and the completion of location records, for residents who demonstrated responsive behaviours, was not fully effective.
- Known risks were documented within a risk register, however, the inspector observed that some risk controls such as the completion of risk assessment for residents who displayed exit seeking behaviours, were not implemented effectively, in order to ensure resident safety.
- There was inadequate oversight of infection control.

Judgment: Substantially compliant

Quality and safety

On the day of inspection, residents reported that they were satisfied with the care received. Residents had access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. However, individual assessments and care planning and the management of responsive behaviours did not fully align with the requirements of the regulations. Furthermore, the care environment, in relation to premises and infection control did not achieve full compliance with the regulations.

A review of resident care records demonstrated that each resident had a comprehensive assessment of their health and social care needs carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support. Following admission, a range of clinical assessments were carried out, using validated assessment tools to identify areas of risk specific to each resident. The outcomes of these assessments were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. However, the inspector found that some individual assessment and care planning documentation did not always contain up-to-date information to guide staff to meet the needs of the residents.

Documentation completed for the temporary transfer of residents' to hospital was unavailable to view in two resident records. This did not give assurances that all relevant information about the residents was sent to the receiving hospitals.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm and resident's accommodation was individually personalised. However, the inspector identified some areas of the premises where furnishings were damaged.

Infection prevention and control measures were in place and monitored by the person in charge. While there were cleaning schedules in place, the inspector observed that some areas of the centre were not cleaned to an appropriate standard. The segregation and organisation of equipment in one sluice room did not ensure that good standards for infection prevention and control were maintained. Furthermore, there were areas where floors, walls, skirting boards were in a poor state of repair and were not amenable to cleaning.

Records demonstrated that residents were referred to allied health specialists such as tissue viability nurses, dietitians and speech and language therapists. A physiotherapist was employed in the centre and residents were referred to occupational therapy, if required.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. The provider

acted as a pension agent for one resident, and the resident's pension was paid into a separate resident bank account. Records showed that a ledger was maintained detailing each residents' payments and surplus amounts was available to review.

Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including activities, food and the quality of care. Residents' satisfaction surveys were carried out. Residents had access to an independent advocacy service. There was a schedule of activities which included bingo, exercise and music. Residents' wishes in relation to their preferred religious practices were recorded and respected. Residents had access to television, wifi, radios, books and newspapers. The schedule of activities included exercise programmes, art, music and outings.

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Visiting arrangements in place were appropriate and met the needs of residents. The inspector observed that visitors were made welcome in the centre and residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

Visiting was facilitated in an unrestricted manner and the inspector observed many visitors being welcomed to the centre throughout the day of the inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The documentation completed for the temporary discharge of residents to hospital was not available for review in two individual residents records on the day of inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

A number of issues were identified which had the potential to impact the effectiveness of infection prevention and control within the centre. This was evidenced by:

- Continence care equipment which was visibly unclean was being stored in a designated clean area in the sluice room.
- Hairdressing equipment including a portable sink and drying unit were being stored in the sluice room with continence care equipment. This arrangement posed a risk of cross contamination.
- An item of resident seating in the oratory was visibly unclean.
- One resident seating system was torn with the foam exposed, this was not amenable to cleaning.
- Wall surfaces in some resident bedrooms were visibly unclean.
- Floor surfaces in several resident bedrooms were not flush with the wall, and as such, did not facilitate effective cleaning as evidenced by dirt and debris visible between the floor and skirting boards.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of residents' individual assessments and care plans found that some care plans did not meet the requirements of Regulation 5. This was evidenced by:

- Care plans were not consistently developed, based on an assessment of need, within 48 hours of the residents admission to the centre. For example, three residents who demonstrated responsive behaviours did not have a care plan in place in place to guide staff regarding the interventions required to recognise, respond to and manage those behaviours.
- Safeguarding plans had not been developed for one resident in response to a peer-to-peer incident in the centre.

Some care plans were not reviewed to ensure that they contained the most up-to-date information in relation to residents' care needs and that outdated information which was no longer relevant had been removed. This posed a risk that this information would not be communicated to all staff. For example:

- The safeguarding arrangements described to the inspector by the management team did not align with the information contained in one residents' care plan.

Judgment: Substantially compliant

Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The management team had identified that a number of residents who experienced responsive behaviours required increased levels of supervision. However, records reviewed by the inspector that demonstrated risk assessments were not complete for all residents identified, and location checks were incomplete for several residents. Furthermore, staff responses regarding the level of supervision required for some residents and frequency of location checks required were inconsistent. This did not provide assurance that residents received the supervision required, to ensure their safety.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 17: Premises

There were areas of the building that did not meet the requirements under Schedule 6 of the regulations. For example:

- There was insufficient storage space for equipment. Mattresses and additional furnishings were observed to be stored in a vacant bedspace, in a shared resident bedroom, which was occupied by one resident at the time of inspection.

- Lockers were observed to be damaged in several resident bedrooms.
- A laminate surface on a dresser unit was observed to be torn and damaged in one resident bedroom.
- Paintwork on some wall and skirting board surfaces was damaged in several resident bedrooms and along circulating corridors.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 25: Temporary absence or discharge of residents	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for Moycullen Nursing Home OSV-0000365

Inspection ID: MON-0047902

Date of inspection: 12/08/2025

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:

· The Person in Charge (PIC) will ensure that the staff roster includes the twilight shft as an integral part of the working hours for Healthcare Assistants every day.

· The PIC, supported by the Clinical Nurse Manager (CNM) will ensure that assessments and care plans are developed and implemented for all residents. The CNM will supervise all aspects of care and will ensure that where location charts are indicated, they will be completed consistently. The CNM will monitor the delivery of care to ensure that residents' care needs are met in accordance with the plan of care and the residents' own preferences.

· The PIC will monitor the records of residents who demonstrate reponsive behaviours and will ensure their care needs are clearly identified. Monitoring checks will be completed in a timely manner and reviewed at Safety Pause meetings to evaluate their effectivenesstiveness.

· The PIC will complete a review of all risks identified on the risk register and will identifiy whether the control measures for managing exit-seeking behaviours are effective in aiding staff to maximise resident safety.

· The Infection Prevention & Control (IPC) Lead nurse will continue to complete IPC audits and will escalate findings to the PIC; together, they will agree and implement a Quality Improvement Plan (QIP) to address any non-compliances.

· Since the inspection the clinical supervision hours have been increased to allow dedicated time for oversight of clinical care and the effective implementation of infection control standards.

· Cleaning schedules and findings from hygiene audits will be on the agenda for all Infection Prevention & Control meetings and monthly Management Team meetings. Corrective actions will be identified as part of the overall quality improvement programme. These will be overseen by the designated Infection Prevention & Control Lead Nurse and the PIC will review the quality improvement plan and evaluate its effectiveness.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

· The PIC will ensure that all documentation for residents who are transferred to hospital will be completed and scanned to the residents' files.

Regulation 27: Infection control	Substantially Compliant

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

The PIC and CNM will conduct daily walkabouts of the centre to facilitate the inspection and monitoring of Infection Prevention & Control (IPC) practices and will address areas requiring improvement where they observe deficits.

The PIC and IPC lead nurse will ensure that the tagging system that is in place for the cleaning of equipment will be monitored daily.

The CNM will supervise IPC practices to ensure that staff are vigilant and that they provide a consistently high standard of infection control in accordance with the centre's IPC policies and HPSC guidelines.

The PIC has completed a review of the storage of equipment to ensure safe and appropriate storage. The maintenance person has decluttered all storage rooms and ensured appropriate storage of allocated equipment. The PIC has completed a review of the storage of equipment to ensure safe and appropriate storage. The maintenance person has decluttered all storage rooms and ensured appropriate storage of allocated equipment.

The PIC will complete a review of all funiture and ensure any with visible damage are disposed of and replaced with new items of furniture.

The PIC and Facilities Manager will conduct a review of all rooms in the centre and a programme of planned works will be developed to upgrade decorative standards of residents' bedrooms and damaged walls, door frames and skirting boards will be repaired and repainted as required.

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:

· The PIC will ensure that all residents' needs will be assessed within 48 hours of admission to the centre and that an individual care plan will be developed based on the assessed needs.

· The care plans will clearly describe the strategy to address responsive behaviours on an individual basis. They will provide clear guidance for staff about appropriate interventions and techniques to recognise escalation in anxiety and agitation and the specific actions to take to address responsive behaviours and ensure resident safety and wellbeing.

· The PIC will oversee clinical documentation and will ensure that each resident's required care needs are clearly described and that the care plan guides the delivery of care. The PIC and CNM will ensure that the care delivered is reviewed and evaluated appropriately in accordance with the resident's expressed preferences.

· Findings and recommended improvements in the care of individual residents will be discussed at nursing staff meetings, daily handover/Safety Pauses and at monthly Management Team meetings. Any changes or developments in residents' conditions or plan of care will be updated as they occur.

The PIC will ensure that Safeguarding care plans are developed and implemented as required. The PIC will complete a review of all current Safeguarding care plans to ensure that they guide staff to provide appropriate care interventions.

The PIC will ensure that any information that is no longer relevant or applicable will be archived and that current care needs are recorded accurately and available for staff to refer to as required.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

· The PIC will ensure that a sufficient number of staff will always be rostered to enable the assessed care needs of all residents to be met safely and that appropriate supervision is always provided for residents who display responsive behaviours.

· The PIC will ensure that risk assessments will be completed in their entirety for all residents who display responsive behaviors. The risk assessments will be discussed at weekly management meetings and monthly as part of the Quality Care meeting to ensure that the individual care needs of residents can be met safely and effectively.

· The PIC, with the support of the CNM, will ensure that locations charts are reviewed weekly as part of the individual care plan review and any learnings or areas of improvements identified will be shared with staff as part of the daily Safety Pause Meeting.

· The PIC will ensure that staff are aware of the appropriate monitoring checks and staffing levels required for residents.

Regulation 17: Premises	Substantially Compliant

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

- The PIC, with support of the maintenance staff, will review storage of equipment and will designate an appropriate area for the storage of mattresses and additional furniture.
- There will be no inappropriate storage of equipment in residents' rooms.
- The PIC will complete a review of all lockers and ensure replacements are available for residents.
- We will implement a scheduled programme of works to improve the nursing home environment including the repair, renewal and replacements of skirting boards and a painting schedule will be completed to address the areas within the centre that require repainting.

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.	Substantially Compliant	Yellow	31/12/2025
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.	Substantially Compliant	Yellow	30/11/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	30/11/2025

	consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	30/09/2025
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	31/12/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the	Substantially Compliant	Yellow	30/11/2025

	designated centre concerned.			
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	30/11/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/12/2025