



**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:	Ardeen Nursing Home
Name of provider:	Ballincaorigh Limited
Address of centre:	Abbey Road, Thurles, Tipperary
Type of inspection:	Unannounced
Date of inspection:	17 June 2026
Centre ID:	OSV-0000406
Fieldwork ID:	MON-0048718

About the designated centre

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

Ardeen Nursing Home is registered to accommodate up to 36 residents and the provider is a limited company called Ballincaorigh Ltd. The centre is a detached two storey building, situated close to the centre of Thurles town and within easy reach of local supermarkets, post office, train and bus stations. The stated aims and objectives of the centre are to ensure a person centred approach, placing the resident as an individual at the heart and centre of any exchange covering the provision or delivery of a service. The accommodation in the centre comprises of 18 single bedrooms, seven twin bedrooms and one four bedded room, all laid out over two floors. Access between floors is facilitated by a chair lift. Upstairs accommodation consists of five single bedrooms. A pre-admission assessment is completed on all potential admissions. This assessment determines the suitability of any resident to the centre and also with a view to admission to the first floor area. Residents admitted to the first floor must have low dependency needs and meet the following criteria: be fully mobile, low level of assistance with the activities of daily living, no history of falls, no history of confusion or no history of depression or anxiety. All residents are reviewed three monthly or more frequently if required, and if their status changes this is discussed with the resident with the view to alternative accommodation downstairs. The centre offers nursing care for low, medium, high and maximum dependency residents for long stay, short stay, respite care and convalescent care. Residents medical care is directed by their own General Practitioner (GP). The centre provides 24-hour nursing care and support provided by registered nursing and health care assistant staff with the support of housekeeping, activities, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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 17 June 2026	09:15hrs to 16:40hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Overall, residents living in Ardeen Nursing Home expressed high levels of satisfaction with the quality and safety of the service they received. Residents spoke positively about the care they received, their access to healthcare services, and the support provided by staff. They described being actively involved in the day-to-day operation of the centre and expressed satisfaction with the physical environment. Residents consistently described the centre as their home and spoke warmly about their experiences of living there.

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector also followed up on notifications submitted by the provider since the previous inspection.

On arrival to the centre, the inspector was met by the person in charge and the assistant director of nursing. A brief introductory meeting was held to discuss the resident profile and any significant changes within the service since the previous inspection. Following this meeting, the inspector completed a walk-through of the centre, meeting with residents and staff and observing the care environment and the care and support being provided to residents throughout the day.

Residents were observed throughout the morning in a variety of locations across the centre. Some residents were enjoying breakfast in the comfort of their bedrooms while reading the morning newspaper. Other residents remained in bed resting, in accordance with their preferences and usual routines. A number of residents were spending time in communal areas, where staff were observed checking in regularly with them while supporting other residents with their morning care needs. Housekeeping staff were seen cleaning communal areas and corridors throughout the morning. There was a warm and familiar rapport observed between residents and staff, who addressed one another by name and engaged in friendly conversations about the day, the weather, and everyday events. The overall atmosphere was calm, relaxed and unhurried.

The inspector spoke with a number of residents, including some who had recently moved into the centre and for whom this was their first experience of residential care. These residents described the transition as a significant life change initially. However, they spoke positively about the support provided by staff during this period. Residents explained that staff took time to learn about their previous routines, preferences and individual care needs, and sought to maintain these as much as possible following admission. Residents said that staff had taken the time to get to know them and their families, which helped them to settle into their new surroundings and feel safe and comfortable. Residents consistently described staff as kind, attentive and responsive, with several commenting that staff "could not do enough" for them. Residents who required significant assistance with their daily

activities reported that support was always available when needed and that they did not experience undue delays in receiving care.

The inspector observed that improvements had been made to the physical environment since the previous inspection. These included the installation of new floor coverings in corridors and a sluice room, which enhanced the overall presentation of these areas. Ongoing efforts were evident to ensure that the environment was maintained to a good standard and presented in a homely and welcoming manner. The centre was visibly clean throughout all areas inspected. Housekeeping staff were observed carrying out cleaning duties in a systematic and organised manner that minimised disruption to residents and their daily routines.

The mealtime experience was observed to be relaxed, well-organised and resident-centred. Residents were offered choice regarding where they wished to dine, with some choosing to enjoy their meals in the privacy of their bedrooms, while others attended the communal dining room. Meals were freshly prepared on-site and were attractively presented. Residents spoke positively about the quality, variety and quantity of food available to them, with many complimenting the standard of catering services provided in the centre. Staff demonstrated good knowledge of residents' nutritional care needs and individual preferences. Where assistance or supervision was required during mealtimes, this was provided in a sensitive, discreet and unhurried manner that maintained residents' dignity and independence. The dining room was observed to be a social and enjoyable environment, with residents engaging comfortably with one another and staff throughout the meal.

The inspector observed that some action had been taken since the previous inspection to address fire safety concerns identified at that time. Improvements included the sealing of a number of openings in ceilings and walls that had the potential to compromise the effectiveness of fire containment measures. While these actions had resulted in improvements, the inspector identified additional areas during the course of this inspection where similar openings may affect fire containment.

The inspector met with a number of visitors during the inspection. Their feedback was consistent with that of residents and reflected a high level of satisfaction with the service provided. Visitors described the centre as warm, welcoming and homely. They commented that the atmosphere created by staff made them feel as though they were visiting their relative in their own home. Visitors reported that, where appropriate and with the resident's consent, they were kept informed of any changes in their relative's condition or care needs. They stated that open communication and the responsiveness of staff had helped to develop trusting relationships with the management team and staff, and had contributed positively to their overall experience of the service.

Through discussions with staff and observations of care practices throughout the inspection, it was evident that residents' rights were promoted and respected in the day-to-day operation of the centre. Staff demonstrated a clear understanding of the importance of supporting residents to exercise choice and control over their daily lives, while maintaining their dignity and independence. Residents were supported

to make decisions about their preferred daily routines, including what time they wished to get up or retire to bed, where they chose to spend their day, and whether they wished to participate in activities.

A programme of activities was available and was facilitated by dedicated activity staff. Residents spoke positively about the range and variety of activities on offer and described having opportunities to participate in activities that reflected their interests and preferences. The inspector observed that the centre actively promoted links with the local community, with individuals and groups regularly visiting the centre to engage with residents and participate in events and activities. Residents stated that these opportunities helped them to maintain connections with their community and contributed positively to their quality of life and overall well-being.

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

Capacity and capability

The findings of this inspection were that Ardeen Nursing Home was a well-run centre with established systems to monitor the quality of care and support provided 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. Since the previous inspection in July 2025, the provider had taken action to address issues in relation to residents' assessments and care plans, fire safety, premises and infection prevention and control practices. While action had been taken to address a number of identified issues, the actions taken had not been sufficient to achieve full regulatory compliance in all areas. Fire precautions and residents' care planning arrangements did not fully ensure that care records accurately reflected the care and support being delivered to residents.

Ballincaorigh Limited is the registered provider of this designated centre and is comprised of a single director, who holds overall responsibility for the governance, operational management and oversight of the service. Within the centre, there was a well-established and experienced nurse management team in place with clear accountability for the provision of safe and effective care to residents. A person in charge was supported in their role by an assistant director of nursing. Throughout the inspection, both members of the management team demonstrated knowledge of the service and the residents living in the centre. They were familiar with residents' individual needs, preferences and circumstances and were actively involved in the day-to-day oversight of care delivery and service operations.

Effective management systems were in place to monitor the quality and safety of care provided to residents and the operational performance of the service. The management team maintained oversight of key clinical indicators through the

regular collection and analysis of information relating to areas such as residents' weight loss, incidents and accidents, wound management, restrictive practices and nutritional care. This information was reviewed to identify trends, monitor outcomes and inform quality improvement initiatives. In addition, a programme of audits was in place to assess compliance with regulatory requirements and the effectiveness of service delivery. Audit activity included areas such as the premises, fire safety, medication management and antimicrobial stewardship. Findings from audits were reviewed by management and used to identify opportunities for improvement and support ongoing quality assurance processes. However, the systems in place to monitor some aspects of the services were not fully effective in identifying and addressing deficits in fire safety management, and resident records.

The provider had established arrangements to oversee infection prevention and control practices within the centre. An infection prevention and control committee met at regular intervals throughout the year to review infection prevention and control practices, audit findings, antimicrobial usage, outbreak preparedness arrangements and quality improvement initiatives. The committee was led by a designated infection prevention and control link practitioner who provided leadership and oversight in this area. Records reviewed showed that housekeeping practices and environmental cleaning arrangements were also discussed, with opportunities identified to further strengthen infection prevention and control measures and maintain a safe environment for residents, staff and visitors.

Systems were in place for the recording, review and management of incidents in the centre. Records reviewed by the inspector showed that incidents were documented and reviewed by management. However, one incident had not been fully reviewed and managed in line with the centre's safeguarding procedures.

Staffing resources were planned and managed to meet the assessed needs of residents. Staffing levels had been increased since the previous inspection in response to the changing care and support needs of residents. The centre was staffed by a stable team of nursing, care, household and support staff. Residents benefited from continuity of care from staff who were familiar with their individual needs, preferences and routines.

Staff had access to mandatory training appropriate to their roles, including training in fire safety and safeguarding vulnerable adults. Training records indicated that staff were up-to-date with these training requirements, and discussions with staff demonstrated an appropriate awareness of their responsibilities in these areas. In addition, a member of the management team had completed enhanced fire safety training to further strengthen oversight and response arrangements within the centre. The knowledge and learning gained from this training were being shared with the wider staff team to support ongoing development of fire safety awareness and practices throughout the service.

The nurse management team were visible and present around the centre, providing supervision to staff, particularly in relation to the direct care provided to residents.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A review of the record of all complaints that was maintained by the person in charge demonstrated that complaints were managed promptly and in line with the requirements of the regulations.

Regulation 15: Staffing

On the day of inspection, there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of residents, taking into account the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were arrangements in place to ensure that staff were facilitated to access training in areas such as fire safety, safeguarding of residents, and moving and handling practices. There were systems in place to support the supervision of staff.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place were not always effectively implemented to ensure that the service provided was subject to effective monitoring and oversight. For example;

- Management oversight and monitoring of adverse incidents involving residents did not ensure that an incident was appropriately notified to the Chief Inspector, as required.
- While arrangements were in place to monitor fire safety within the centre, the oversight of fire safety risks did not fully ensure that all potential risks were comprehensively identified, assessed and managed. This was evidenced by the findings relating to fire containment measures and the building fabric identified during this inspection.
- The system in place to monitor the quality and accuracy of residents' care records were not fully effective to ensure that care plans consistently reflected residents' assessed needs, preferences and the care and support being provided.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's complaint records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies, required to be maintained under Schedule 5 of the regulations, had been updated in the last three years and were made available to staff.

Judgment: Compliant

Quality and safety

Residents care needs were met to a satisfactory standard. Residents reported that they felt safe living in the centre, and arrangements were in place to safeguard and protect them from the risk of harm or abuse. Residents' rights were respected and upheld, and they were supported to engage in activities that promoted their well-being and quality of life. However, residents individual assessments, and the care plans informed by them, did not always accurately reflect residents' needs. In addition, fire safety management systems had not fully ensured that all fire containment measures within the centre were adequately maintained.

All residents had a pre-admission assessments completed in advance of the resident moving into the centre to ensure that their assessed needs could be met. All residents had a care plan in place to guide the delivery of their care. However, some care plans did not accurately reflect the person-centred care needs, preferences or the care and support being provided by staff. This was evident in records relating to the management of residents requiring enhanced supervision and behavioural support, and residents at high risk of falling.

Residents' health care needs were met through unrestricted access to general practitioner services, who attended the centre, as required or requested. Residents

also had access to a range of allied health and social care professionals for specialist assessment and intervention, including dietetic services, speech and language therapy, physiotherapy and occupational therapy. These services were accessed through an established referral process.

Arrangements were in place for the service to provide compassionate end-of-life care to residents, in accordance with residents' preferences and wishes. Staff had access to specialist palliative care services for additional support and guidance to ensure residents end-of-life care needs could be met.

There were arrangements in place to safeguard and protect residents from the risk of abuse. A safeguarding policy detailed the roles and responsibilities of staff, and the appropriate steps to take, should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

Each resident was provided with a guide to services in the designated centre in an accessible format on admission to the centre. The guide had been updated to reflect changes to the complaints procedure, including the personnel responsible for the management of complaints.

The provider had implemented effective systems to support infection prevention and control practices within the centre. Governance arrangements were in place to monitor and review infection prevention and control practices, and there was evidence of ongoing oversight through audit and quality improvement activities. While some aspects of the premises presented challenges in achieving optimal hygiene standards, the provider had implemented appropriate measures to minimise associated risks and maintain a clean and safe environment for residents. Overall, the findings of this inspection were that residents were supported to live in an environment where infection prevention and control practices promoted their safety and well-being.

The provider had taken action since the previous inspections to enhance the premises and improve the living environment for residents. Works completed included replacement of a number of damaged floor coverings and ongoing redecoration of the centre. The external grounds were well-maintained and provided residents with pleasant outdoor spaces. While the premises was generally well-presented, some areas of the premises required further attention to ensure that they were maintained to a consistently good standard of repair.

The inspector reviewed the arrangements in place relating to fire safety. The inspector found that documentation in terms of regular in-house fire safety checks in the centre were completed and recorded. There were daily, weekly and monthly checklists which included for example; testing of fire equipment, fire alarm testing, emergency lighting, means of escape and fire exit doors, all of which were up-to-date. However, the inspector found that the fire safety documentation did not clearly identify the extent and integrity of fire compartments throughout the centre. Staff in the centre did not demonstrate appropriate awareness of the compartment boundaries in the centre. This posed a potential risk to the safe evacuation of all persons in the designated centre in the event of a fire emergency.

Residents told the inspectors that they felt at home in the centre and that their privacy and dignity was protected. Residents were free to exercise choice about how to spend their day and were encouraged to enjoy and participate in activities in the wider community. Residents were provided with opportunities to attend monthly meetings to discuss the organisation of the service and provide feedback on the quality of the service received. Satisfaction surveys were carried out with residents and relatives and reflected a high level of satisfaction with the service provided.

Regulation 13: End of life

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plans in consultation with the resident's General Practitioner (GP). The centre had access to specialist palliative care services to provide further support to residents. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

There were aspects of the premises that did not fully comply with the requirements of Schedule 6 of the regulations.

In a small number of areas, floor coverings, as well as sections of walls and ceilings where plumbing and electrical works had been carried out, were damaged or left unfinished following these works.

Judgment: Substantially compliant

Regulation 20: Information for residents

Residents were provided with a residents' guide that contained information about the services and facilities available in the centre. The guide also outlined the terms and conditions relating to residency, arrangements for accessing inspection reports, the centre's complaints procedure, visiting arrangements and information on advocacy services available to residents.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control practices were consistent with the National Standards for Infection Prevention and Control in Community Services. The centre was visibly clean throughout, and housekeeping staff were observed carrying out cleaning duties in a structured and systematic manner. Cleaning schedules were in place and records reviewed demonstrated ongoing monitoring of environmental hygiene standards.

An infection prevention and control committee met regularly to review audit findings, antimicrobial usage, outbreak preparedness arrangements and quality improvement initiatives. The committee was led by a designated infection prevention and control link practitioner who provided oversight and support to staff.

Staff demonstrated appropriate knowledge of infection prevention and control practices relevant to their roles, and there were adequate arrangements in place to support the management of infectious outbreaks and the prevention of healthcare-associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The following findings, identified during the inspection demonstrated deficits in the fire safety arrangements within the centre:

- Services such as pipe-work and cabling, were observed passing through walls and ceilings without evidence of appropriate fire stopping.
- A number of full-width curtains and curtain poles were installed above a number of fire exits. This could potentially obscure a fire exit and delay egress from the centre in the event of a fire.
- A number of areas were fitted with glazing, such as the first floor landing. It was unclear if these screens provided the appropriate fire containment measures in the event of a fire.
- The precise extent and location of all fire compartment boundaries throughout the building were unknown to staff. Consequently, the effectiveness of some fire containment measures could not be fully assured.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents assessment and care plans found that they were not fully in line with the requirements of the regulations. For example;

- Care plans were not consistently reviewed or updated in a timely manner following changes to a resident's condition or care needs. A resident's care plan had not been updated to reflect changes in their complex behaviour and supervision needs following an incident. As a result, the care plan did not reflect the necessary safeguards to protect both the resident and others.
- A resident who was assessed as being at high risk of falls did not have an appropriate fall management plan developed or implemented following an increase in fall incidents and changes in their mobility care needs. Consequently, staff did not have clear guidance from the care plan on the interventions necessary to manage the risk.

Judgment: Substantially compliant

Regulation 6: Health care

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.

Services, including physiotherapy, tissue viability nursing expertise, speech and language, and dietetics were available through a system of referral.

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. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

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 choose.

There were facilities for residents to participate in a variety of activities such as art and crafts, exercise classes and live music events. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer.

Residents attended regular meetings and contributed to the organisation of the service. Residents felt that they could provide feedback about the centre, and they told the inspector that they felt that their opinion would be listened to. A review of minutes of residents' meetings evidenced that, where residents made suggestions for improvement, these were acted upon by staff in the centre.

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 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ardeen Nursing Home OSV-0000406

Inspection ID: MON-0048718

Date of inspection: 17/06/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: DON/ADON/CNM will ensure that all incidents are screened to ensure that if they meet the requirements for notification they are submitted to the Chief Inspector within the appropriate time frame. Fire – We will review our current system to identify these risks and update it to ensure it captures all aspects of Fire Safety. Care Plans will be audited and reviewed weekly by senior staff and PIC to ensure that they are accurate and up to date.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The floor coverings and sections of walls and ceilings have been assessed, we have engaged a person to carry out the repairs.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 28(1) (a) We have engaged a competent person to carry out fire stopping works on pipe work and cabling. 28 (1) (c) (1) Curtain poles and full width curtains have been removed in final fire exit areas to ensure free egress in the event of fire. A competent external contractor has been retained to provide door screens 28(1)(c)(11) The glazing has been reviewed by a competent person and is signed off as being Fire Resistant. 28 (2)(1) Fire Consultant has reviewed all Fire Compartments boundaries throughout the Nursing Home to ensure they equate to the zones displayed, as per our floor plan and this has been communicated to all staff. Fire Compartment Boundaries in the Attic Area of the building have been assessed by an external competent company and works are being undertaken. This has been risk assessed and an action plan has been put in place.	
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: Comprehensive Assessment is completed by S/N. prior to admission of resident. Following admission, further assessment is completed and Care Plans initiated within 48 hours of admission. Assessments and Care Plans are reviewed and updated at intervals not exceeding 3 months. Following changes to a residents condition, Care Plans are now consistently reviewed and updated in a timely manner, in consultation with the resident/ residents family. Clear guidance is documented in Care Plan.	

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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	31/12/2026
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	19/06/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	31/12/2026

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/08/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	17/11/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2026
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 designated centre concerned.	Substantially Compliant	Yellow	19/06/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise	Substantially Compliant	Yellow	19/06/2026

	it, after consultation with the resident concerned and where appropriate that resident's family.			
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