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:	Nenagh Manor Nursing Home
Name of provider:	Foxberry Limited
Address of centre:	Yewston, Nenagh, Tipperary
Type of inspection:	Unannounced
Date of inspection:	29 July 2025
Centre ID:	OSV-0000422
Fieldwork ID:	MON-0047665

About the designated centre

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

Nenagh Manor nursing home is located a short walking distance of the town of Nenagh. It is set out over three levels and provides 24 hour nursing care. It can accommodate 50 residents over the age of 18 years and includes a dementia specific unit which accommodates 10 residents. It is a mixed gender facility catering from low dependency to maximum dependency needs. It provides short and long-term care, convalescence, respite and palliative care. There is a variety of communal day spaces provided including dining rooms, day rooms, conservatory, hairdressing room and residents have access to landscaped secure garden areas. Bedroom accommodation is offered in single and twin rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 29 July 2025	09:40hrs to 17:45hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. Feedback from residents living in the centre was positive in relation to the kindness of staff who were described as 'helpful' and 'so hardworking'. However, the inspector also heard several concerns in relation to staffing levels, and there were occasions observed during this inspection where residents were not appropriately supervised.

Located in the town of Nenagh, Co. Tipperary, the designated centre is registered to provide care to a maximum of 50 residents. On the day of inspection, there were 46 residents living in the centre, which was a large Victorian house, extended, over time. The centre was laid out over three storeys which were accessible by stairs and by passenger lift. The lower ground floor was sub-divided to include a dementia unit, known locally as the 'Butterfly unit', making up a total of four separate care areas in the centre.

The inspector was greeted by a member of staff upon arrival to the centre. Following an introductory meeting with the person in charge, the inspector walked through the centre where they met with residents and observed their living environment.

There was an entrance area on the lower ground floor which contained an open reception, an office and a hairdressing room. A secure unit for residents who were living with dementia was located to the left of the reception area. The Butterfly unit accommodated a maximum of 10 residents in single occupancy bedrooms, with ensuite toilet and shower facilities. Communal spaces in this area consisted of a sitting room and a small conservatory room, located at the end of the unit. The conservatory was furnished with comfortable seating for resident use, however, the inspector noted that one area of the room had been designated as a hoist storage area. An enclosed garden was accessible from the conservatory, which was restricted by keycode access.

In the morning, the inspector observed that some residents in the Butterfly unit were being assisted with personal care and others were spending time in their bedrooms. The inspector noted that the communal sitting room also functioned as the main dining area, and was used to facilitate resident activities. The inspector spent time in the unit at intervals in the morning, before and during lunch, and they observed that no activities were taking place in the sitting room. Several residents were observed in the sitting room, the television was playing, and one resident was observed doing art. Staff allocated to the unit were noted to be providing some residents with personal care up to lunch-time, and there was limited opportunities for the provision of meaningful activities. A member of staff who was dedicated to the provision of activities attended the unit at lunchtime to greet residents. They informed the inspector that they would facilitate an activity in the unit, on afternoon of the inspection.

The lunch-time meal service was observed in the Butterfly Unit. The inspector observed that two dining tables were arranged in one area of the sitting room. Tables were set to serve a maximum of five residents. The inspector noted that one resident was assisted to eat their meal at a breakfast table, and several other residents received their meals in their bedrooms. The inspector observed that the dining tables were set with cutlery and table cloths. All meals were delivered in a hot box and served without delay. Residents had a choice of menu, and meals were observed to be well-portioned. Residents were offered a choice of drinks. Staff who engaged with residents were seen to demonstrate kindness, and residents appeared to enjoy their lunch. However, the inspector noted that the sitting room was not supervised by an experienced member of staff for the entire duration of the meal service, as they were required to assist other residents who were dining in their bedrooms. The inspector also observed occasions where there was no staff supervising the communal sitting room, to ensure resident safety.

Resident bedroom and communal accommodation was located to the right of the reception, containing a conservatory and nine bedrooms. The inspector spoke with several residents who were accommodated in this area and feedback given was positive in relation to the service. One resident told the inspector that staff worked very hard in the centre and that they very were grateful for the care they had received.

The upper ground floor included a sitting room, a library room, a lounge and 18 single bedrooms. The inspector spent time in the lounge on the upper ground floor where several residents were observed relaxing. One resident described their experience of living in the centre. They were complimentary of staff, but described a daily routine which was determined by the availability of staff, as opposed to making their own choice around the time they got up, and the time they went to bed. On the evening of the inspection, the inspector observed that one resident who requested assistance was instructed to 'wait five minutes', as staff were unable to assist to them immediately. Several staff spoken with described challenges experienced as a result of reduced staffing levels, in both care staff and nursing departments. Staff expressed that it was ' difficult to get to everyone ', but they were 'trying their best.'

Resident accommodation on the first floor consisted of nine bedrooms which appeared to be clean and tidy. Many resident bedrooms were seen to be personalised with items of significance, such as photographs, artwork and ornaments. Call bells and televisions were provided in all resident bedrooms.

There was a seating area located to the front of the centre, where some residents spent time with their visitors throughout the day. Residents were also observed meeting with their friends and loved ones in their bedrooms or communal rooms. There was a gated, outdoor space at the front of the centre, however this was not observed to be in use on the day of inspection. The inspector noted that this area did not contain any furnishings or shelter, and an area of the garden was cordoned off, due to a maintenance issue.

Feedback from visitors was mixed. All visitors whom the inspector spoke were very complimentary of the kindness of staff. However, several visitors expressed a view that there was insufficient staffing levels in the centre, which was impacting on the quality of the care. Visitors told the inspector they were worried about the safety of residents, and they expressed particular concern around weekend and night-time staffing levels. Visitors told the inspector that they had raised several concerns to the management regarding the number of staff available to meet residents needs.

Capacity and capability

This was an unannounced risk inspection scheduled following the receipt of solicited information regarding the safeguarding and 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 a compliance plan submitted by the registered provider, following the previous inspection in October 2024, which identified non-compliance in relation to individual assessment and care planning, residents' rights, premises, infection control, fire precautions, training and development of staff, records, and governance and management. This inspection found that the provider had not fully implemented this compliance plan at the time of inspection.

This inspection found significant non-compliance in relation to staffing and governance and management. Following the inspection, the provider was required to submit an urgent compliance plan to the Office of the Chief Inspector, to ensure that the number and skill mix of staff working in the centre was appropriate, having regard for the number of residents and the layout of the centre, and to ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The urgent compliance plan response was accepted.

The registered provider of the centre was Foxberry Limited. The person in charge, reported to a chief operating officer (COO) and a director of clinical governance, quality and risk. The person in charge worked full-time in the centre and they were supported in their role by an assistant director of nursing who deputised in their absence. A team of clinical nurse managers, staff nurses, healthcare assistants, catering, household, laundry, activities, administration and maintenance staff made up the staffing compliment.

The centre was registered to provide accommodation for 50 residents, and there was 46 residents living in the centre on the day of inspection.Roster records demonstrated that four staff nurses and one clinical nurse manager were on extended leave. The person in charge gave assurances that recruitment was ongoing, to fill these vacancies, however at the time of inspection there were challenges maintaining daily staffing levels. Records demonstrated that there was some use of agency staff and nursing resources from other designated centres, to

supplement staffing levels. However, records showed this was inconsistent. Furthermore, a review of roster records demonstrated a challenge in maintaining care staffing levels on a daily basis, including on the day of inspection. In addition, staffing allocation to the Butterfly unit did not ensure that residents' supervisory and social care needs were adequately met.

The registered provider had ensured that staff had access to a varied training programme and education, included patient moving and handling, safeguarding vulnerable persons and fire safety. Additional training was also provided in infection control, dementia and cardiopulmonary resuscitation (CPR). However, training records demonstrated that CPR training was provided to nursing staff only. A review of records demonstrated that many of the nursing staff who had received this training were on extended leave. This arrangement did not ensure that there would be sufficient staff rostered on every shift, who had the knowledge and skills required to perform CPR, for residents' whose care plans directed this intervention. Furthermore, the systems in place to supervise newly-recruited staff were not robust. This is detailed under Regulation 16.

There was management oversight of the premises and maintenance issues were identified and logged onto an electronic system. However, records viewed demonstrated that issues were not resolved in a timely manner. For example, were thirty five open maintenance issues recorded on the system, the earliest of which had been open for 257 days. Furthermore, records showed that a technical fault identified in January 2024, was impacting on the effectiveness of the centres' laundry system. At the time of inspection, this had not been addressed. Laundry staff were required to transport washed clothing from the new external laundry facility into the centre, to be dried in an internal laundry room, located on the third floor of the centre. As there was no facility for sorting clean clothes in the internal laundry room, staff were required to transport the clean laundry through the centre and back to the external laundry room to be sorted.

The system in place to manage risk was not effectively utilised. For example, although there was a risk register in place, and an existing risk assessment in place relating to insufficient staffing levels, the effectiveness of the control measures in place to mitigate the risk had not been reviewed since November 2024.

An electronic record of all accidents, incidents and complaints involving residents that occurred in the centre was maintained. However, two safeguarding allegations were not notified to the Chief Inspector as required by the regulations. This is discussed further under Regulation 31: Notification of incidents.

Contracts for the provision of services included details of the service provided, fees to be charged for such services and details of the residents room number and occupancy.

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

The registered provider did not ensure that the number and skill mix of staff was appropriate having regard for the assessed needs of the residents, and given the size and layout of the centre, as evidenced by the following:

- A review of rosters found there was one staff nurse on duty to provide care for 46 residents over three floors. This staffing structure did not support interventions required to assist residents with their care needs, supervise healthcare assistants and administer medications in a timely manner.
- The centre is laid out over three floors and the lower ground floor is sub-divided to include the Butterfly unit, so that there are four separate care areas. Management outlined that at the current occupancy, eight health-care assistants should be on duty at 08.00am. On the day of inspection, two health care assistants were on unplanned leave.

The inspector was not assured that there were adequate numbers of staff available on the Butterfly unit, to ensure that the residents needs were being met. This is a repeated finding. For example:

- Staffing levels were insufficient to appropriately supervise and support residents with nutritional risks and residents with complex safeguarding needs.

An urgent compliance plan was requested, to provide assurances that the number and skill mix of staff was appropriate having regard for the assessed needs of the residents, and given the size and layout of the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Not all staff had completed up-to-date training appropriate to their role. For example:

- Cardio pulmonary resuscitation training (CPR) was completed by the clinical management team and nursing staff only. Training records demonstrated that five of the nursing staff who had completed this training were on extended leave. This arrangement did not ensure that there were sufficient staff available on each shift to administer CPR, for residents' whose care plans directed this intervention.

Staff were not appropriately supervised according to their roles and as a result, this was evidenced by;

- The inspector observed times staff who were not familiar with residents safety needs were required to supervise residents alone in the communal sitting room in the Butterfly unit.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that the staffing resource was sufficient to provide care and services, in line with the centres' statement of purpose. A review of staffing in the centre found that the nursing resources available were not in line with the centres' statement of purpose.

Some management systems were insufficiently robust to ensure the service provided was safe, appropriate and effectively monitored. For example:

- The system in place to manage risk was not effectively utilised. There was a risk assessment in place in relation to staffing levels, however records demonstrated that it had not been reviewed since November 2024. This did not ensure that the effectiveness of the control measures in place to mitigate this had been reviewed, to ensure resident safety.
- There was inadequate management oversight of protection, staffing allocations and supervision.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were reviewed. These included details of the service provided, fees to be charged for such services and detailed the residents room number and occupancy.

Judgment: Compliant

Regulation 30: Volunteers

Volunteers were supervised and had Garda Vetting disclosures in place. Records demonstrated that their roles and responsibilities were set out in writing.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had not notified the Chief Inspector of two safeguarding allegations, as required by the regulations.

Judgment: Not compliant

Quality and safety

The inspector found that residents living in the centre were generally satisfied with the care they received. The inspector observed staff engaging with residents in a kind and gentle manner. However, this inspection found that individual assessment and care planning, protection, resident rights, and premises did not align fully with the requirements of the regulations.

Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and found that while the care plans in place were generally person-centred and reviewed at appropriate intervals, care plans were not always developed following a comprehensive assessment of need. For example, although residents social care needs were comprehensively assessed, social care plans had not been developed for residents living in the centre. This did not ensure that staff had sufficient, up-to-date information to guide them in their delivery of social care.

The provider had measures in place to safeguard residents from abuse. The provider acted as pension agent for two residents and pensions were paid into a separate resident bank account. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Several staff who spoke with inspector demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. However, a review of incident records demonstrated that preliminary safeguarding screening assessments were not completed for three residents who had sustained unexplained injuries.

Residents' and relatives meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. However, concerns raised at

residents meetings were not responded to, to ensure a satisfactory resolution for the residents. Furthermore, while residents living on the upper floors had good access to meaningful activities, there were limited opportunities for meaningful activities provided in the Butterfly unit on the day of inspection. Findings in this regard are detailed under Regulation 9: Residents' rights.

Overall, the premises was clean and there was an ongoing maintenance programme in place. However, there were areas where floor surfaces were in a poor state of repair and wall surfaces were visibly damaged. Furthermore, the upkeep of one the outdoor spaces was not adequate to meet residents needs.

Residents who could express a view voiced their satisfaction with the quality food of provided. Food was seen to be freshly prepared and cooked on site. Choice was offered to residents at meal times and adequate quantities of food and drink were provided. Residents had access to a choice of refreshments throughout the day. Records demonstrated that there was ongoing monitoring of residents' nutritional needs.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received timely and unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietitian services, occupational therapy, physiotherapy and speech and language therapy as needed.

There were no visiting restrictions in place. Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visitors were observed attending the centre during the inspection.

Regulation 11: Visits

There were flexible visiting arrangements in place, with visitors observed attending the centre throughout the day of the inspection.

Judgment: Compliant

Regulation 17: Premises

There were areas of the centre which did not align with Schedule 6 of the regulations:

- There was visible damage to the wall surface of the communal sitting room in the Butterfly unit.

- The décor in some parts of the centre was showing signs of wear and tear. Surfaces and finishes including wall paintwork, wooden floor covering and wood finishes in some resident rooms and communal areas were worn and as such did not facilitate effective cleaning.
- One resident garden area was poorly maintained, and no adequate seating or shelter was provided.
- Two hoists being were inappropriately stored in the conservatory in the Butterfly unit.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector observed that there was a choice of drinks and fresh water available to residents at all times. There was a choice of menu, and meals were well-portioned. Residents were monitored for indicators of weight loss and malnutrition and there were person-centred care plans in place to inform staff regarding residents' dietary needs. There were referral systems in place for dietitians and speech and language therapists, as required.

The failure of the provider to adequately address the staffing allocation at mealtimes in the Butterfly Unit is addressed under Regulation 15.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident files and found that individual assessment and care planning was not in line with the requirements of Regulation 5. For example:

- The social care needs of residents were identified from comprehensive assessments, however care plans did not reflect the social care needs of residents. This posed a risk that appropriate social care interventions would not be communicated to all staff, and implemented.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health and well-being were promoted and residents had timely access to general practitioners (GP), specialist services and health and social care professionals such as physiotherapy, dietitian and speech and language therapy, as required.

Judgment: Compliant

Regulation 8: Protection

While the provider had taken steps to protect residents from abuse, including training and the provision of a safeguarding policy, a record of preliminary screening investigations into several potential safeguarding concerns were not available to review.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was limited meaningful activities available for residents in the Butterfly unit to engage in on the morning of the inspection. This was a repeated finding from a previous inspection.

Residents' meetings were convened regularly to ensure residents had were consulted around the operation of the centre, and had an opportunity to express their concerns or wishes. However, records showed that some concerns raised at residents meetings were not responded to, to ensure a satisfactory resolution for the residents. For example, meeting records viewed by the inspector showed repeated concerns around staffing, requests for improvements to safety and shelter in one outdoor space used by residents. This had not been addressed at the time of inspection.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Nenagh Manor Nursing Home OSV-0000422

Inspection ID: MON-0047665

Date of inspection: 29/07/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance the Registered Provider will have the following implemented and actioned as required : The Registered Provided submitted an urgent compliance plan on the 6th August to address the issues found. Summary as follows : • To ensure the number and skill mix of the staff is appropriate , having regard for the number of residents and the layout of the centre is appropriate the roster is reviewed daily with the PIC and RPR team. This team includes the Group HR Manager and RPR and PPIM. • Unexpected leave is addressed and centre supported as per our procedure. Relief and agency staff in use. 4 staff nurses have been recruited to date and have completed induction. Daily calls and weekly visits from the group HR is in place to address any ongoing absenteeism issues. • Staff supervision : The PIC/Adon prepares weekly detailed staff allocation and supervision records. These records cover both day and night shifts. This is reviewed weekly with the clinical governance team to ensure that the care needs of residents can be met and that staff can be safely supervised. The allocation sheet includes meal supervision. Resistant's that require additional supports due to a safeguarding care plan are supported and reviewed weekly with the RPR Clinical Governance team. 3 daily handover meetings with staff take place to ensure and overview the care changes in that shift, 8am, 2pm and 8pm.	
Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
To ensure compliance the PIC will have the following implemented and actioned as required :
• A full review has taken place and CPR training arranged for all clinical staff and some HCA staff that will ensure that there are staff available at each shift as required. The dates are 26th Sept, 1st Oct, 7th Oct. 18 staff will then have completed CPR training.On the day of inspection the nurses on duty were trained in CPR.
• Staff supervision review completed and staff allocation updated. CNM/ADON ensure that all communal area's of the center are supervised as required and indicated by resident need.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure compliance the Registered Provider will have the following implemented and actioned as required :
• The roster is reviewed daily to ensure that the staffing levels meet the needs of the residents.
• Ongoing recruitment of staff to ensure that the stated staffing levels as laid out in the centres SOP is in place. The centre is supported by agency staff and group relief nursing staff as required. To date 4 staff nurses have commenced and a further 4 staff nurses due are schedule to start and this will ensure our WTE staff nurses can meet the roster needs as set out in our SOP.
• The risk register has been reviewed and updated to reflect the action taken in relation to maintaining staffing levels.
• All incidents of a safeguarding concern are reviewed now with a member of the group clinical governance team with the PIC to ensure all actions taken as laid out in our policy.
• A full review of staffing and supervision has taken place and is being reviewed and supported by the group HR and group clinical team. Staff supervision is addressed at the 3 handovers per day with all care staff. This is to ensure that all staff are aware of the roles and responsibilities to their residents. Newly employed staff are allocated to work in teams with current experienced staff.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
To ensure compliance the PIC will have the following implemented and actioned as required:
• All incidents of a safeguarding concern are reviewed now with a member of the group clinical governance team with the PIC to ensure all actions taken as laid out in our policy to ensure compliance to report.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To ensure compliance the Registered Provider will have the following implemented and actioned as required :
• The visible damage to the wall in the butterfly room has been repaired.
• A painting and refurb planned program is in place and the full time MO in the centre is addressing all areas as required.
• All garden areas have appropriate seating and temporary shelter as required and indicated by weather.
• The hoists stored in the corner of the small conservatory area are parked in a designated area and the room can still accommodate seating and TV for residents 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:
To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required :
• A full and comprehensive review of all care plans was underway at the time of inspection and this will continue. This is reviewed weekly with the PIC and a member of the group clinical governance team to ensure compliance and that all social care needs of residents are addressed as identified.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required :
• All incidents of a safeguarding concern are reviewed now with a member of the group clinical governance team with the PIC to ensure all actions taken as laid out in our policy to ensure compliance to report.
• The preliminary screening investigation is reviewed weekly with a member of the group clinical governance team.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
To ensure compliance the Registered Provider and PIC will have the following implemented and actioned as required :
• The activity timetable for residents residing in the butterfly lounge has been reviewed by the PIC and her activity staff to ensure there are meaningful activities available to residents daily.
• Following the publication of the resident meeting minutes a follow up meeting will take place with the PIC and a member of the group clinical governance team to ensure a plan is agreed and actioned to any issue raised. Theses actions and completion of same will be added to the next meeting minutes.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	06/08/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	07/10/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	07/10/2025
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Substantially Compliant	Yellow	26/09/2025

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	06/08/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	26/09/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	26/09/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	30/11/2025

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	26/09/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	26/09/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	26/09/2025