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:	Aperee Living Conna
Name of provider:	Conna Care Home Ltd
Address of centre:	Conna, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	17 April 2026
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0050186

About the designated centre

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

Aperee Living Conna was established in 2003. It is currently managed by the Aperee Living Group. It is a 50-bedded home situated on the edge of Conna and all accommodation is on one level. The home comprises 42 single rooms with toilet and shower facilities some of which are shared between two single bedrooms. There are two single rooms (not en-suite), three double bedrooms en-suite, a large sitting room, conservatory, dining room, oratory, library, hairdressing salon, assisted bathroom, assisted shower room and enclosed garden with seating provided. All rooms have access to a call bell system and residents are encouraged to personalise their rooms. The centre offers long-term and respite care as well as caring for residents with dementia. There is 24-hour nursing care available. There is medical and allied health services available and all dietary needs are catered for.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

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
Friday 17 April 2026	09:10hrs to 17:00hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was a one day risk inspection by one inspector of social services. The purpose of this inspection was to monitor the care and welfare of residents living in the centre and review the governance of the registered provider, as the centre had been in receivership since July 2024. The inspector met with many of the 47 residents living in the centre and spoke with eight residents in more detail, to ascertain their experience of living in the centre. Over half the residents in the centre were living with a cognitive impairment, and were unable to fully express their opinions to the inspector. These residents appeared to be content and comfortable in the company of staff working in the centre. The inspector also met with five visitors during the inspection. Residents who spoke with the inspector praised staff for their kindness and dedication to them. However, a number of residents outlined how staff were extremely busy and how they experienced delays in care due to staff shortages in the centre. This will be discussed further in the report.

Aperee Living Conna is a large single-storey building located in the scenic rural setting near Conna village. The centre had 44 single bedrooms and three twin bedrooms arranged in three main wings called Aghern, Douglas and Castle. All the twin rooms were configured for single occupancy, and remained occupied by only one resident on the day of inspection, as found on previous inspections. These bedrooms had been reconfigured to comfortably accommodate one resident, with the removal of the second bed. The centre was therefore at full occupancy on the day of inspection.

The inspector arrived unannounced to the centre and after following the centre's signing in procedures for visitors, walked around the centre to meet with residents and staff and observe the care environment.

The inspector saw that many of the bedrooms in the centre were personalised with items of significance to residents. Bedrooms in general were clean and warm. A number of bedrooms had been painted since the previous inspection, as well as one of the corridors. Lockers had been replaced in some bedrooms, while in other bedrooms, a number of wardrobes and bed frames remained worn and requiring repair or replacement. Tiling in the en-suite bathrooms and shared bathrooms remained poorly maintained in many of the rooms. The inspector saw that the locking mechanisms on the doors between shared bathrooms were in working order. The management team informed the inspector that there was a programme of maintenance work underway in the centre. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment was seen in residents' bedrooms. However, a number of crash mats were observed to be cracked and not clean. These and other ongoing premises issues are discussed further in the report.

The inspector saw that some of the communal areas such as the activities room and the oratory had been painted since the previous inspection. However, the oratory

was full of equipment such as hoists and wheelchairs which meant it was not available should residents choose to use it. Other communal rooms in the centre included a large dining room, a day room and a sun room. The day room and dining room were occupied by residents and their relatives during the day. Seating area near the main door and reception desk was also used by residents where they could sit and watch the activity in the centre.

Throughout the day, the inspector spent time observing staff and resident interactions in the various areas of the centre. The inspector saw that staff knocked on residents' bedroom doors, before entering and were seen to interact with residents in a respectful and calm manner. Call bells were answered promptly by staff during the day. The inspector saw that many of the residents living in the centre needed assistance of two staff with their personal care. Residents told the inspector that while staff were always kind to them, they were rushed off their feet with resultant delays in attending to residents' personal care. Residents also told the inspector that their care needs could also be delayed in the night time. The inspector saw that by the time of the lunch time meal, residents were still being assisted with their morning personal care which meant they were in bed for longer than they would have liked. This will be discussed further in the report.

Feedback from residents was very positive regarding the quality and variety of food and meals available to them. The inspector saw that the choices available for the lunch time and evening meal was displayed on a board near reception. Textured modified diets were well presented and the inspector saw that the dining experience was a sociable one for many of the residents in the main dining room, where residents could sit and chat with each other and staff. Many of the residents required assistance with their meals and the inspector saw that they received this from staff in a respectful manner.

The inspector observed that visitors were welcomed at the centre and there were no restrictions place on visiting. The inspector met with in total five visitors on the day of this inspection. Visitors expressed satisfaction with the quality of care provided to their relative, stating that staff were extremely kind and helpful.

The inspector saw that there was a schedule of activities available for residents over seven days of the week. Residents told the inspector they enjoyed the live music in the centre that was held twice a week. A member of the care staff was assigned to activities on the day of inspection and was seen to support residents with both one to one activities and group exercise session and a game of skittles. A local priest attended the centre to celebrate mass with a large group of residents in the morning. A resident told the inspector how they loved going on outings from the centre, when they were arranged. Residents meetings were held regularly in the centre and from a review of minutes of these meetings,aspects of life in the centre such as food, activities. management of laundry and outings from the centre were discussed and actioned by the management team. These meetings were chaired by an external advocate. Residents had access to independent advocacy services when required.

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

Capacity and capability

This was an unannounced risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). Findings of this inspection were that the provider failed to ensure the centre was adequately resourced with regard to ensuring staffing levels met the assessed needs of the 47 residents living in the centre.

Aperee Living Conna is operated by Conna Care Home Limited, the registered provider. As found on the previous three inspections of the centre, the registered provider company remained in receivership, which took effect from 31 July, 2024. The appointed receiver was responsible for the operational and financial management of the designated centre, with the powers of the current directors suspended. Therefore, significant concerns remained with regards to the governance and management of the service and the financial viability of the centre. These arrangements remained in place at the time of this inspection. These and other findings are outlined under Regulation 23; Governance and management.

The person in charge was full time in position and was supported onsite by a full time assistant director of nursing and a clinical nurse manager. A regional manager, who was appointed as person who participated in management attended the centre on a weekly basis to support the onsite management team. The assistant director of nursing was supernumerary to the nursing roster and was available to supervise staff alongside the director of nursing.

The inspector examined the rosters and spoke with staff, residents and the management team regarding the staffing levels in the centre. There had been an increase in the turnover of staff, especially health care staff and the person in charge was recruiting four healthcare assistants at the time of the inspection. Gaps in the roster were replaced with agency staff. The inspector saw that an agency staff member was rostered on the day of inspection. The inspector was not assured that the number and skill mix was appropriate to meet the assessed needs of the 47 residents living in the centre on the day of inspection. Occupancy in the centre had increased since the previous inspection. Residents' dependency levels had increased, with over 80 % of residents assessed as having high or maximum dependency needs. The inspector saw delays in personal care in the morning and feedback from residents supported this as detailed under Regulation 15 Staffing.

There was a training programme in place for staff, and records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse.

Management systems were in place to monitor the quality and safety of the service provided to residents. This included a variety of clinical and environmental audits and monitoring of weekly quality of care indicators, such as the incidence of pressure wounds, restrictive practices and falls. A review of completed audits found that the audit system was effective in supporting the management team to identify areas for improvement and develop improvement action plans.

The communication systems had been enhanced since the previous inspection and minutes of meetings provided to the inspector indicated that monthly meetings between the receiver, the regional manager and the person in charge, to discuss operational issues such as staffing, recruitment, finance and risk were in place.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. The inspector found that there was a system in place to enable staff to report adverse incidents, such as unexplained injuries to residents. This information was included in weekly key clinical performance indicator reports and discussed by the management team. All required incidents had been reported to the Chief inspector as required.

The complaints procedure was on display in the centre. The inspector saw that it was implemented in practice. The complaints officer had investigated all complaints made since the last inspection. Complainants had been informed of the outcome and it was recorded if they were satisfied with the outcome.

An annual review of the quality and safety of care provided to residents in 2025 was prepared and available for review that met the requirements of the regulation.

Regulation 15: Staffing

The number and skill mix of staff was not appropriate having regard to the assessed needs of the 47 residents living in the centre on the day of inspection.

Over 80% of the residents living in the centre were assessed as having maximum or high dependency needs therefore requiring more care and attention from staff.

The inspector saw that six residents were still requiring personal care by lunch time therefore they were in bed for longer than the residents would have liked.

Residents who spoke with the inspector outlined that staff were rushed off their feet and they often experienced delays with care and assistance when they requested it.

Judgment: Not compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were supervised in their roles daily by the management team.

Judgment: Compliant

Regulation 23: Governance and management

The registered providers governance structure was not in line with the commitments provided to the Office of the Chief Inspector or the Statement of Purpose, on which the centre was registered in 2023. Coupled with this, significant concerns remained with regards to the governance and management of the service. Specifically, the Office of the Chief Inspector remained concerned regarding the provider's management of the centre's finances, as the centre was in receivership since July 31st 2024. Therefore, concerns remained regarding the financial resources available to the provider.

The centre was not adequately resourced with regard to staffing in the centre as outlined under Regulation 15; Staffing.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered providers governance structure was not in line with the commitments provided to the Office of the Chief Inspector or the Statement of Purpose, on which the centre was registered.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All incidents had been reported in writing to the Chief Inspector, as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed a sample of the records of complaints maintained in the centre. It was evident that action was taken to investigate and manage complaints in the centre. The procedure was displayed detailing the complaints officer and the review process.

Judgment: Compliant

Quality and safety

While residents and relatives who spoke with the inspector gave positive feedback regarding the kindness and care they received from staff, a number of residents raised concerns regarding delays in care provision due to staffing levels which impacted the quality of care they received. Further action was required with regard to premises and infection control which is outlined under the relevant regulations.

Residents had access to a range of health and social care services, such as a general practitioner, physiotherapy, community palliative care, speech and language therapists and dietitians. From a review of a sample of records, it was evident that residents who required review by a health and social care professional was referred and reviewed as required.

Each resident had a care plan that was developed using validated assessment tools, to assess risks to residents such as malnutrition, skin integrity and falls risks. Care plans were noted to be updated every four months as required in the regulation. While some of the care plans reviewed were person centred and sufficently detailed to direct care, a care plan was not updated to reflect changes in a residents condition as detailed under Regulation 5; Individual assessment and care plan.

Residents who experienced responsive behaviour had appropriate assessments completed. There was evidence of alternatives to bedrails in use to promote a lower use of restrictive practices in the centre.

The inspector saw that there were adequate resources available to ensure residents bedrooms were cleaned every day. There was close monitoring of antibiotic usage in the centre. The provider had a Legionella management programme in place. Routine monitoring for Legionella in hot and cold water systems had recently identified high counts of legionella bacteria in the three samples tested. Remedial actions had been taken and re-sampling found that actions had been effective in lowering the levels

of contamination. Further testing was planned to assess the effectiveness of controls. These and other findings are outlined under Regulation 27 Infection control.

The inspector saw that some action had been taken with regard to the premises since the previous inspection. One of the corridors had been painted and a number of residents bedrooms had also been painted. Lockers in some of the residents bedrooms had been replaced. The inspector saw that work was required to ensure residents wardrobes were repaired or replaced as found on the previous inspection of the centre. Storage also required review as wheelchairs and hoists were stored in the centre's oratory. These and other findings are outlined under Regulation 17;Premises.

Residents living the centre had access to advocacy as required. Residents meetings were held in the centre to seek residents views on the running of the centre. Residents were surveyed to also seek their views. The activity staff position was vacant at the time of inspection and one of the care staff was assigned to support residents with activities and opportunities for meaningful occupation. On the morning of the inspection, staff engaged with residents in one to one activities and a group exercise session. A local priest then attended to celebrate mass with the residents. Residents spoke very positively regarding the activity schedule in the centre. However, many of the residents told the inspector there was delays, especially with morning care, which meant they couldn't get up at a time of their choosing as outlined under Regulation 9; Residents rights.

Regulation 17: Premises

While the inspector saw that some of the bedrooms and one of the corridors in the centre had been painted since the previous inspection, the following required action to ensure compliance with Regulation 17 and Schedule 6:

- Finishes and surfaces in a number of the ancillary rooms were worn and cracked and remained in need of repair.
- Wardrobe surfaces required repair or replacement in a number of residents' bedrooms
- Flooring was observed to be cracked in some residents' bedrooms and paint on a number of bedroom walls was marked and chipped.
- Where bathrooms were shared between two residents' bedrooms, there was no hand wash sink in these bedrooms. Therefore residents could not access the hand wash sink if the other resident was using the bathroom.
- Storage in the centre required review as the inspector saw a number of hoists and wheelchairs stored in the centre's oratory.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector saw that residents were offered a choice of courses for the lunch time meal and evening meal and many residents were complimentary regarding the quality and variety of food provided. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. It was evident that residents who required review by a dietitian or a speech and language therapist were referred and assessed it in a timely manner.

Judgment: Compliant

Regulation 27: Infection control

The following required action to ensure procedures were consistent with the National Standards for infection prevention and control in community services (2018).

- The inspector observed that two crash mats in residents' bedrooms were not clean
- Two urinals stored on racks in one of the sluice rooms were stained and worn and could not be effectively cleaned
- Surfaces in the ancillary rooms such as the medication storage room and sluice rooms were worn and could not be effectively cleaned
- Further Legionella testing was required to provide assurance that controls put in place had reduced the contamination risk in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of five care plans and found mixed findings with regard to care planning documentation with some care plans being very person centred and detailed, while others required action as evidenced by the following;

One care plan reviewed did not have an accurate recording of a residents malnutrition assessment and another care plan for a resident near end of life had not been updated to reflect a resident's current condition.

This may lead to errors in care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents' overall health care needs were met and that they had access to appropriate medical, nursing and allied health care services. There was evidence of regular medical reviews in residents' files. There was evidence that recommendations from allied health and social care professionals such as dietitians and speech and language therapists were implemented by staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff who spoke with the inspector were knowledgeable with regard to the care needs of residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence of alternatives, such as crash mats and low beds in use in the centre to reduce the number of restraints such as bedrails in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents right to exercise choice with regard to the time they got up was not supported as some of the residents reported delays with morning personal care which meant they could not get up a time of their choosing.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0050186

Date of inspection: 17/04/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Reviews of staffing levels and skill mix within the centre, using a dependency-based staffing tool, considering residents' assessed needs and peak demand times have been undertaken. Staffing levels will reflect these reviews to help ensure residents will receive timely personal care support and assistance • Recruitment has commenced to increase nighttime staffing levels. • The DON and ADON oversees the staffing levels vs residency dependency. • Call Bell response times are regularly audited • Resident feedback and satisfaction monitored through meetings and surveys	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The center is in the process of being sold and the current Registered Provider Representative (RPR) and regional manager will remain in place until the sale is completed. • The centre, which is currently in receivership, is operating in compliance with the requirements of the Companies Act 2014. • The present RPR is committed to ensuring financial viability of the center and has provided the regulator with financial statements to show the stability of the company over this period of transition. • The Statement of Purpose has been updated to reflect the current temporary governance structure. • A review of the staffing has taken place, and steps have been taken to increase the	

staffing levels in Conna Care Home.
• The maintenance plan for 2026 has been updated.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose has been updated to reflect the current governance structure

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• As part of the centre's ongoing refurbishment plan the following works have been scheduled
- Repairs to worn and cracked finishes and surfaces within ancillary rooms
- Damaged wardrobe surfaces identified in residents' bedrooms are being repaired or replaced as required.
- cracked flooring and marked or chipped paintwork in bedrooms will be addressed
• The provider has also reviewed the layout and accessibility of shared bathroom facilities. Options are being explored to improve residents' access to hand hygiene facilities where bathrooms are shared between two bedrooms, in line with residents' privacy, dignity, and infection prevention and control requirements.
• Storage arrangements within the centre have been reviewed following the inspection findings. A new external storage shed has been purchased. Hoists, wheelchairs, and other equipment not currently in use and previously stored in the oratory will be relocated to help ensure communal spaces remain accessible and suitable for their intended use. Additional storage solutions have also been identified to support safe and appropriate equipment storage on an ongoing basis.
• The DON/ADON and maintenance person will continue to monitor the environment through regular environmental audits and preventative maintenance schedules to ensure ongoing compliance with Regulation 17 and Schedule 6 requirements.

Regulation 27: Infection control	Substantially Compliant

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

• A cleaning schedule and checklist for crash mats has been implemented. Ongoing monitoring and responsibility oversight of this schedule has been assigned to ADON.
• Damaged/stained urinals have been disposed of and with newly purchased urinals.
• A planned programme of refurbishment for the medication room and sluice rooms has been prepared.
• To ensure that Legionella control measures were effective, arrangements for Legionella re-testing has been arranged. A review of current water safety plan and control measures (e.g. flushing, temperature monitoring) was completed and documented.
• IPC is a standing item on the Senior management meeting's agenda.
• Monthly IPC audits are conducted.
• The Home has an identified IPC link staff member.
• All actions are tracked via the Home's Quality Improvement Plan.

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:

• An immediate review of all resident care plans has been commenced to ensure assessments and care plans are accurate, current, and reflective of residents' needs.
• The malnutrition assessment identified has been corrected and reviewed, with appropriate care interventions updated in the care plan.
• The end-of-life care plan referenced was updated to reflect the resident's condition, with input from the multidisciplinary team where appropriate.
• Nursing staff have received refresher training on care planning, with particular focus on:
o Accurate completion of assessments (e.g. nutritional assessments)
o Timely updates to reflect changes in condition
o Documentation of end-of-life care needs
• Also we are reviewing our approach to care planning to ensure the process is more clearly understood by staff, enabling all care plans to be consistently individualised, accurately documented, and regularly reviewed and updated.
• The schedule for regular care plan reviews (at least every four months or sooner if required) has been reinforced.
• Monthly audits of care plans are conducted to ensure ongoing compliance and identify areas for improvement.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• In response to this finding, staffing levels have been reviewed and increased to ensure that residents are supported to get up at a time of their choosing, in accordance with their individual preferences and assessed needs. The revised staffing arrangements provide additional support during peak morning periods to reduce any delays in personal care delivery.
• Residents' preferred wake-up times and morning routines have been reviewed with them and clearly documented in their care plans.
• The DON/ADON will continue to monitor morning routines through regular supervision, resident feedback, and audits to ensure that improvements are sustained and residents' choices are consistently respected.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	01/07/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	31/12/2026

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	25/05/2026
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	31/12/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	25/05/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	01/10/2026

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	01/07/2026