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:	St. Michael's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	One Hundred Acres East, Caherconlish, Limerick
Type of inspection:	Unannounced
Date of inspection:	19 February 2026
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0049503

About the designated centre

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

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises and can accommodate 80 residents in 62 single bedrooms and nine twin bedrooms. The ground floor is divided into five sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), Summer Mist (bedrooms 27 - 65) and Mountain View (bedrooms 80 - 85). All of the bedrooms are en suite with shower, toilet and wash-hand basin and are fitted with a nurse call bell system and Saorview digital TV. Seven residents are accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift; all other residents are accommodated in bedrooms on the ground floor. St. Michael's provides care to both female and male residents requiring general long-term care, convalescent care, palliative care and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 February 2026	09:35hrs to 18:25hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents were content living in the designated centre and comfortable in the company of staff, who were observed to be kind and attentive to residents' needs. With the exception of feedback in relation to the quality of activities provided, residents were generally complimentary of the service, and the staff, who were described as being 'very good'.

Located in the village of Caherconlish, on the outskirts of Limerick City, St Michael's Nursing Home is registered to provide care to 80 residents. There were 77 residents living in the centre on the day of the inspection.

The inspector arrived unannounced to the centre. Following an introductory meeting with the person in charge, the inspector walked through the centre, giving an opportunity to meet with residents and staff. The atmosphere in the centre was relaxed and welcoming.

The centre was a purpose-built, two-storey facility, with stairs and passenger lift access between floors. The entrance foyer to the centre opened directly into a reception area, leading to a communal sitting room. An enclosed courtyard garden was accessible from this area of the centre. Other communal rooms on the ground floor of the centre included an activity room, a dining room, a chapel and a designated smoking room. A conservatory room was located on the first floor of the centre.

Resident private accommodation consisted of 57 single and eight shared bedrooms, on the ground floor. The first floor of the centre contained five single bedrooms and one shared bedroom. All resident bedrooms had ensuite toilet and shower facilities. Many resident bedrooms were seen to be personalised, with items of significance, such as photographs, artwork and ornaments. There was sufficient storage and display space for residents personal possessions. Several residents described satisfaction with their bedroom accommodation, and one resident was pleased to show the inspector a new storage item, which maintenance personnel had made for their bedroom.

On the morning of the inspection, the inspector noted that many residents were relaxing the main communal sitting room on the ground floor, where a mass service was scheduled to take place. Some resident were being assisted with their personal care needs and others were relaxing in their bedrooms. The inspector spoke with a number of residents in their bedrooms and communal areas throughout the day of inspection. Residents were generally very complimentary of the service and staff. It was evident that the management team were well known to residents, and several residents told the inspector that they could raise any concerns to the person in charge with ease. Feedback in relation to the quality of food and choice of menu available was generally positive, and one resident described their evening meal as

'beautiful'. However, feedback in relation the activity programme was mixed. While there was a programme of activities in place which included mass, bingo and music therapy, several residents informed the inspector that the schedule of activities did not suit their interests or capabilities.

The inspector spent time in the memory lane wing, which was a unit for residents living with dementia. This area of the centre contained 19 single bedrooms and two shared bedrooms, with ensuite facilities. The inspector observed that some residents were relaxing in the communal dining room, which was the location of the daily 'breakfast club', and other residents were seen spending time in their bedrooms. The inspector noted that the majority of residents appeared comfortable in their living environment. However, the communal dining room appeared to be cluttered with furnishings, and the inspector noted that the provider had converted a resident communal room into an office. This reduced the amount of communal space available to residents living on the unit.

There was an enclosed garden at the end of the unit, which was visible from the communal dining room. It contained seating and an aviary, for resident interest. The inspector found that the door leading to the garden from the communal sitting room was locked with a key, which was held by a member of staff. This arrangement meant that residents could not choose to access their garden independently. This arrangement may also pose a fire safety risk, as the key was not held in close proximity to the door. Access to the garden was also available through another door on the unit, however the inspector observed that this door required a key code to unlock it. A key code was not displayed for resident information.

Overall, the main centre was clean, by contrast, the inspector observed that some areas of resident private and communal accommodation in the memory lane unit were not cleaned to an acceptable standard. An item of assistive equipment which was labelled as clean, was seen stored in a resident communal sitting room. This item was visibly unclean. Wall surfaces in a small number of resident bedrooms were stained and the inspector observed that floor and high touch surfaces in the communal dining room were not cleaned appropriately. The inspector also noted that some floor surfaces in resident bedrooms were damaged, and not amenable to cleaning.

Corridors were wide and there were appropriately placed hand rails to support residents to walk independently. However, call bells were not provided in all resident communal rooms, including the conservatory on the first floor of the centre.

On the day of inspection, the inspector observed that some residents living in the centre expressed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). The inspector noted that staff responded to residents in a kind and supportive manner.

Information regarding advocacy services was displayed in the reception area of the centre, and the inspector was informed that residents were supported to access this service, if required.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). The inspector followed up on the provider's compliance plan response to the previous inspection in January 2025. Overall, the inspection found evidence of sustained improvements in some aspects of the service. However, residents rights', and governance and management did not achieve full compliance with the regulations. The care environment was not fully aligned with the requirements of the regulations, and the provider was in breach of a condition of registration, following the change of the function of a resident communal room.

The designated centre is operated by Blockstar Limited, who are the registered provider of St Michael's Nursing Home. The person in charge worked full-time in the centre and they were supported in their role by a full-time assistant director of nursing. There were deputising arrangements in the absence of the person in charge. Senior clinical support was provided by a director of the company and a regional operations manager. A team of clinical nurse managers, registered nurses, health care assistants, household, activity, catering, administration and maintenance staff made up the staffing compliment.

On the day of inspection, the number and skill mix of nursing and healthcare staff was appropriate, with regard to the needs of the residents being accommodated in the designated centre. There were a minimum of three registered nurses on duty. However, records showed that the number of care staff available did not align with the staffing outlined in the centres' statement of purpose. A review of staffing rosters evidenced that there was challenges in maintaining planned health care assistant staffing levels consistently. Furthermore, staffing resources available for the provision of activities for residents were not adequate. Roster records demonstrated a shortfall of up to 12 activity hours per week.

The registered provider ensured that staff had access to a varied training programme and education, appropriate to their role. There was a training and development programme in place, and staff were facilitated to complete training such as moving and handling, infection control, fire training, and safeguarding the

vulnerable adult. Staff who spoke with the inspector were knowledgeable regarding fire safety procedures and the protection of residents. The inspector found that the care team displayed good knowledge regarding residents' individual care needs and preferences.

There were management systems in place, including a programme of audits that included detailed reviews of wound care, medication management, complaints and nutrition. Audits were used to identify areas of compliance, and where quality improvement was required. Audits, which identified areas for quality improvement, had an associated action plan. However, the inspector found that monitoring of some aspects of the service was ineffective. For example, audit systems failed to identify that inconsistent care staffing levels may be a contributory factor towards incidences of falls in the centre.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Records showed that notifications required to be submitted to the Chief Inspector were done in accordance with regulatory requirements.

Contracts for the provision of services were in place for all residents, which detailed the terms on which they resided in the centre.

The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations. A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

An annual report on the quality of the service had been completed for 2025 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 number and skill mix of staff was appropriate with regard to the healthcare needs of the residents and the size and layout of the designated centre, on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

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

There were systems in place to supervise staff.

Judgment: Compliant

Regulation 23: Governance and management

A review of staffing in the centre found that the health care staffing resources available were not in line with the the centres' statement of purpose.

Some of the management systems in place did not ensure adequate oversight in areas such as residents rights, infection control and falls management, to ensure that the service was safe and consistent.

The registered provider was in breach of a condition of registration, following the change of the function of a resident communal room

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents were provided with a contract of care on admission to the centre that detailed the terms on which the resident shall reside in the centre.

The contracts included the services to be provided, details of any fee's payable by the residents, and services that were not covered by the Nursing Home Support Scheme and incurred an additional charge.

Judgment: Compliant

Regulation 31: Notification of incidents

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

Judgment: Compliant

Quality and safety

Residents living in St Michael's Nursing Home were generally satisfied with the service they received, and reported feeling content living in the centre. Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Clinical risks such as nutrition, falls and wounds wounds were well-monitored. However, residents' rights, premises, infection control and fire precautions, did not align fully with the requirements of the regulations.

The inspector observed that, overall, there was a rights-based approach to care, however, the provider had not ensured that some residents could choose to access the outdoor communal spaces independently. Furthermore, the provider had not ensured that there were consistent opportunities for residents to participate in meaningful activities on a daily basis, in accordance with their interests and capacities.

The design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Residents' bedroom accommodation was individually personalised. A programme of maintenance work was ongoing. However, some areas of the centre were observed to be in a poor state of repair and did not align with the requirements of Regulation 17: Premises. For example, floor surfaces in some resident bedrooms were damaged.

The provider had a number of policies and procedures in place to prevent and control the risk of infection in the centre. Infection prevention and control measures were in place and reviewed by the person in charge. The inspector found that, overall, the main centre was clean and well-maintained. Utility rooms were clean, tidy and well-organised. However, some resident bedrooms and communal areas were not cleaned to a satisfactory standard.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Daily safety checks were in place to ensure means of escape were unobstructed. There was evidence that fire drills took place regularly and records were detailed, containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. However, some observations in relation to fire safety management did not fully align with the requirements of the regulations, such as gaps which were visible in some cross corridor doors when released, which may compromise the effective containment of smoke and fire in the event of a fire safety emergency.

A sample of residents' files were reviewed by the inspector. An electronic nursing documentation system was in place. Residents had an assessment of their needs completed prior to admission to the centre, to ensure the service could provide the

required health and social care to the resident. Following admission, a range of clinical assessments were carried out using accredited assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual health and social care needs. Care plans were initiated within 48 hours of admission to the centre. Individual care plans contained person-centred information which provided guidance to staff on the supports required to maximise the residents' quality of life.

Residents had access to their general practitioner and were supported in the centre by appropriate referral to health and social care professionals such as a physiotherapy, dietetics and speech and language therapy.

Residents' meetings were regularly convened and records showed that they were well-attended by residents. Meeting records demonstrated that items discussed included the quality of food, the premises and complaints. There was evidence that residents had access to independent advocacy if they wished. Residents had access to internet, local and national newspapers, televisions and radios. Residents had access to religious services and were supported to practice their religious faiths in the centre.

There were systems in place to ensure residents had access to, and could retain control over, their personal property, possessions and finances. There was adequate space to store clothing and personal possessions. There were adequate laundry facilities with systems in place to ensure that residents' own clothing was returned to them.

Visitors were observed coming and going to the centre on the day of inspection. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in communal rooms.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not fully conform to the matters set out in Schedule 6 of the regulations in the following areas;

- Mechanical ventilation was not operating in several resident ensuite shower rooms, which resulted in malodour in some ensuites shower rooms.
- An accessible call bell device was not available in the conservatory located on the first floor, and in a communal sitting room in the memory lane unit.
- A grabrail was not available in at a sink in one ensuite bathroom, used by a resident resident who was at risk of falls.
- Some areas of the centre were observed to be in a poor state of repair. For example, floor surfaces in some resident bedrooms were damaged.

There was insufficient storage space for resident equipment, as evidenced by the storage of resident assistive equipment in a resident communal room.

Judgment: Substantially compliant

Regulation 27: Infection control

The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:

- The flooring and high touch surfaces in the communal dining room in the memory lane unit appeared to be unclean.
- An item of resident assistive equipment which was labelled as clean, was visibly unclean.
- Wall surfaces in some resident bedrooms were stained.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider did not ensure that adequate precautions were in place to protect residents and others from the risk of fire and that the centre was in compliance with Regulation 28: Fire precautions as follows:

• A fire exit door in one communal room was locked with a key which was held by a member of staff. This may pose a delay in evacuating residents from this area, in the event of a fire emergency in the centre.

The arrangements in place to ensure that the containment of fire and smoke in the event of an emergency was not adequate.

- Two cross corridor fire doors had visible gaps when closed which could also negatively impact on the containment of flame and smoke in the event of a fire.
- A cross corridor fire door on the first floor of the centre did not form an effective seal when closed.
- A door closure device was broken in one resident bedroom.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following an assessment of residents needs, and were reviewed at four month intervals, in consultation with the residents and, where appropriate, their relatives.

Judgment: 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 7: Managing behaviour that is challenging

Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were observed to receive care and support from staff that was person-centred and respectful. Staff had up-to-date knowledge to support residents to manage their responsive behaviours.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that resident choice was not always facilitated. For example:

- The inspector observed that the doors to the enclosed garden in the memory lane unit were locked. This arrangement meant that residents' could not choose to access the outside space, without the support of staff to open the door for them.

The provider did not ensure that residents were provided with opportunities to participate in activities in accordance with their interests and capacities on a consistent basis. For example:

- The inspector observed that a number of residents remained in their bedrooms and did not take part in activities. When asked, some residents told the inspector they were not interested in the choice of activities provided.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Michael's Nursing Home OSV-0004664

Inspection ID: MON-0049503

Date of inspection: 19/02/2026

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:

The inspection identified gaps in governance and management systems within the centre. Specifically, staffing levels were not aligned with the Statement of Purpose, oversight systems required strengthening in areas such as residents' rights, infection prevention and control, and falls management, and a breach of a condition of registration was identified due to the change in function of a communal room.

The registered provider was required to ensure that governance and management systems were effective, that staffing resources accurately reflected the Statement of Purpose, that oversight mechanisms ensured safe and consistent care, and that the centre operated in full compliance with its conditions of registration.

A comprehensive review of staffing levels and skill mix was undertaken, and the Statement of Purpose was updated to accurately reflect current staffing arrangements. Systems have been put in place to ensure ongoing review of staffing to meet residents' assessed needs. The Statement of purpose is now considered a "live" document and can be reviewed and revised to reflect the current status of the Centre.

To enhance residents' rights and quality of life, consultations are being carried out with residents to identify their preferences in relation to activities, including type, frequency, timing, and group or individual formats. This feedback will inform a revised, person-centered activity programme.

Infection prevention and control measures have been strengthened through the introduction of enhanced and deep cleaning schedules. A formal communication process has been implemented to ensure that housekeeping staff are promptly notified of any incidents such as body fluid spills, ensuring timely and appropriate cleaning.

Falls management systems have been reviewed and improved. All falls incidents are now subject to enhanced analysis, including review of staffing levels and contributing factors at the time of the incident, with learning used to inform preventative strategies.

Additionally, a twilight shift of 7:30pm – 11:30 has be introduced to the memory lane

area of the home, active recruitment is underway to fill any void in this shift.
The provider has addressed the breach of the condition of registration by returning the communal room to its original designated use. Additional internal controls have been introduced to ensure that any future changes to the use of designated spaces are subject to appropriate governance and regulatory approval.

These ongoing actions will strengthen the governance and oversight within the centre, ensuring improved alignment between staffing and the Statement of Purpose, enhanced protection of residents' rights, and more robust systems in infection control and falls management. Compliance with conditions of registration has been restored. Ongoing monitoring through audits and management oversight will support sustained compliance and continuous improvement in the quality and safety of care provided.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
A full audit of all extractor fans in ensuite bathrooms was completed to identify any malfunctions. All identified issues have been addressed, and the ventilation systems have been repaired to ensure effective operation.
Accessible call bell facilities have been installed in previously identified areas, to ensure residents can summon assistance at all times.
The missing grab rail in the identified ensuite bathroom has been installed to support the safety and mobility needs of the resident.
In relation to flooring, a specialist contractor has been engaged to assess damaged floor surfaces, and repairs are scheduled to ensure all areas are safe and maintained to an appropriate standard.
Storage arrangements within the centre have been reviewed, and measures are being implemented to ensure that assistive equipment is stored appropriately in designated storage areas as per the SOP and floor plans, thereby maintaining communal spaces for residents' use.

These actions have improved the safety, accessibility, and overall condition of the premises. Ventilation systems are now fully operational, appropriate assistive fixtures are in place, and environmental risks associated with damaged flooring and equipment storage are being addressed. The provider will continue to monitor the premises through regular environmental audits to ensure ongoing compliance with Regulation 17 requirements.

Regulation 27: Infection control	Substantially Compliant

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

An immediate deep clean and decluttering of the communal dining room in the memory lane unit was undertaken. The area has now been incorporated into a twice daily cleaning schedule, with an additional enhanced deep clean carried out weekly. This process is overseen by the Person in Charge and the Domestic Supervisor. A new dishwasher has also been installed in the unit to support effective cleaning and hygiene practices.

Enhanced oversight of assistive equipment has been implemented. Senior Healthcare Assistants are now required to complete daily spot checks of equipment to ensure cleanliness standards are maintained and that "I am clean" labels are appropriately used. Any discrepancies are reported to management, and staff accountability is reinforced through supervision processes. Additional cleaning supports have been introduced, including the provision of handheld vacuum devices to facilitate cleaning of hard-to-reach areas of equipment. Furthermore, new multi-purpose, odorless cleaning products have been sourced and made readily accessible to staff to support effective decontamination of surfaces and equipment.

A formal process has been introduced for clinical staff to promptly notify housekeeping of any body fluid spills, ensuring timely enhanced cleaning of affected areas. In addition, an environmental audit of the centre has been completed to identify areas requiring painting or maintenance, and a schedule of works has been developed to address stained wall surfaces.

These measures have improved environmental hygiene standards and strengthened infection prevention and control practices within the centre. Cleaning processes are now more robust, equipment decontamination is subject to increased oversight and accountability, and environmental deficits are being systematically addressed. Ongoing audits and management oversight will ensure sustained compliance with Regulation 27 and support the delivery of a clean and safe environment for residents.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

To address the risk associated with the locked fire exit, an electronic keypad system is being installed on the door. The access code will be clearly displayed in a discreet manner to ensure ease of access for staff while maintaining safety and security, thereby eliminating the need for a physical key and reducing potential delays in evacuation.

All identified cross corridor fire doors with gaps or ineffective seals have been repaired to ensure proper closure and effective containment of fire and smoke. The cross-corridor door on the first floor has also been adjusted to ensure it forms a complete seal when closed.
The defective door closure device in the resident's bedroom has been repaired to ensure the door functions correctly in the event of a fire.
In addition, a preventative maintenance programme is in place, which includes 6 monthly audits of all fire doors throughout the centre. This will ensure that any issues such as gaps, faulty seals, or malfunctioning door closures are identified and addressed promptly. The preventative maintenance and audit programme will support ongoing compliance and ensure that fire safety standards are consistently maintained in line with Regulation 28.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
An electronic keypad system is being installed on the garden access door in the memory lane unit. The access code will be made readily available in a discreet manner, supporting safe and timely access while promoting residents' independence and choice.
A comprehensive review of the activities programme is been undertaken by the DON & ADON. The Director of Nursing (DON) and Assistant Director of Nursing (ADON), are currently carrying out structured consultations with all residents to gather feedback on their individual interests, preferences, and desired level of engagement. This feedback will be escalated to and reviewed by senior management to inform service improvements.
Based on this review, a revised, person-centered activities programme will be developed to better reflect residents' preferences, abilities, and choices. The programme will include a broader range of group and one-to-one activities to support increased participation and meaningful engagement.
These actions will enhance residents' autonomy and access within the centre, ensuring improved freedom of movement and choice. The revised activities programme will provide more meaningful and inclusive engagement opportunities, leading to improved resident satisfaction and quality of life. Ongoing review and oversight will ensure that residents' rights continue to be upheld in line with Regulation 9.

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	05/06/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/05/2026

	consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/05/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/05/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2026
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/05/2026
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise	Substantially Compliant	Yellow	31/05/2026

	choice in so far as such exercise does not interfere with the rights of other residents.			