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:	Terenure Nursing Home
Name of provider:	Willoway Nursing Home Limited
Address of centre:	122 Terenure Road West, Terenure Road, Dublin 6w
Type of inspection:	Unannounced
Date of inspection:	12 May 2025
Centre ID:	OSV-0000047
Fieldwork ID:	MON-0047087

About the designated centre

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

Terenure Nursing Home is located close to Terenure, and is serviced by a number of bus routes. The centre can accommodate 26 male and female residents, over the age of 18. There is a combination of single and shared accommodation. Some bedrooms have their own en-suite facilities. The accommodation is spread over two floors, and there is a courtyard and garden to the rear of the property. 24-hour nursing care is provided for residents. Palliative, respite and convalescent care is available in the centre. There are a variety of recreational activities available in the centre, and outings are often organised to various places of interest in the community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26

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
Monday 12 May 2025	08:30hrs to 15:30hrs	Mary Veale	Lead
Monday 12 May 2025	08:30hrs to 15:30hrs	Frank Barrett	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Over the course of the day, the inspectors spoke with residents and staff to gain insight into the residents' lived experience in the centre. All residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. The inspectors spent time observing the environment, interactions between residents and staff, and reviewing various documentation. All interactions observed were person-centred and courteous. Staff were responsive and attentive without any delays while attending to residents' requests and needs. Residents spoke of exercising choice and control over their day and being satisfied with activities available. Residents' told inspectors that they could approach any member of staff if they had any issue or problem to be solved.

Terenure Nursing Home is a two storey designated centre registered to provide care for 26 residents. Terenure Nursing Home is situated close to Terenure village and the suburb of Kimmage in Dublin. There were 26 residents living in the centre on the day of inspection. Phase 2 building works on the ground floor were near completion in the centre. The completion of these works would enhance the residents' bedroom accommodation and ensure the provision of adequate communal and dining space in the centre.

There was a choice of communal spaces on the ground floor and first floor which were seen to be used thought out the day by residents. For example; the ground floor contained a dining room, the first floor contained a day room and two smaller communal rooms. Access to the first floor was by stairs or elevator.

Bedrooms comprised of both single and double occupancy bedrooms, some with en-suite facilities and others with shared toilet facilities. Residents' bedrooms were clean, suitably styled with adequate space to store personal belongings. The majority of residents had personalised their bedrooms with photographs, ornaments and other personal memorabilia. The privacy and dignity of the resident's accommodation in the double rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings.

Residents were observed to have access to outdoor space on the day of inspection. The door to an enclosed garden patio area to the rear of the centre was observed to be open. Residents could access the rear garden from this patio area. The rear garden had been renovated as part of phase 2 works and had level paving, two deck areas and newly planted scrubs.

As the inspectors walked through the centre, residents were observed to be content as they went about their daily lives. The inspectors spent time observing staff and residents' interaction. Residents sat together in the communal rooms chatting, participating in arranged activities or simply relaxing. Other residents were observed sitting quietly, observing their surroundings. Residents were relaxed and familiar

with one another and their environment, and were observed to be socially engaged with each other and staff. A small number of residents were observed enjoying quiet time in their bedrooms. It was evident that residents' choices and preferences in their daily routines were respected.

Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were supported by staff throughout the day. Staff who spoke with the inspectors were knowledgeable about the residents and their needs. While staff were seen to be busy attending to residents throughout the day, the inspectors observed that staff were kind, patient, and attentive to their needs. There was a very pleasant atmosphere throughout the centre, and friendly, familiar chats could be heard between residents and staff.

The inspectors chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable and happy living in the centre. Residents stated that staff were kind and always provided them with assistance when it was needed. Residents said that they felt safe, and that they could speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be content and comfortable in their surroundings.

A range of recreational activities were available to residents, which included exercise, movies, music and bingo. The centre employed activities staff who facilitated group and one-to-one activities throughout the day. Residents told the inspectors that they were free to choose whether or not they participated. On the day of the inspection, the inspectors observed residents enjoying a lively music session and an interactive arts and crafts session. The inspectors observed that staff supported residents to be actively involved in activities, if they wished. Residents also had access to television, radio, newspapers and books.

The inspectors observed the lunchtime experience and found that the meals provided appeared appetising and served hot. Residents were complimentary of the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. Adequate numbers of staff were available and were observed offering encouragement and assistance to residents.

Residents said that their clothes were regularly laundered, returned to their rooms and that they did not have any complaints about the laundry service. A laundry service was provided for residents in another designated centre which was part of the grace healthcare group.

Residents’ views and opinions were sought through regular resident committee meetings. Residents said that they felt they could approach any member of staff if they had any issue or problem to be solved. In addition to resident committee meeting there were frequent meeting with residents and their families to provide updates on the refurbishment and building works.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

There were effective governance and management arrangements in place, which ensured residents received a good quality of care and support, from a staff team who knew them well. The provider had progressed the compliance plan following inspection in March 2025. Improvements were found in care planning, residents' rights and records. On this inspection, the inspectors found that areas of improvement were required in relation to care planning, governance and management, premises, as well as fire safety.

This was an unannounced focused inspection to follow up an application to vary conditions 1 and 3 of the centres registration. Changes had been made to the footprint of the centre following the completion of phase two building and refurbishment works on the ground floor. As part of phase 2 works the provider had changed the layout of bedrooms 1-9. The sluice room, and the visitor's toilet had been refurbished. 5 additional en-suite bathrooms had been installed which included a wash hand basin, toilet and shower (Bedrooms 2-6). A previous shared shower room had been converted to a store room. A previous office and staff WC were converted to a treatment room. The previous bedroom 1 had been converted to a kitchen staff changing area with WC and a separate cleaner's store. There was an additional store room, office and WC near day space 1. Day space 1 and the visitors room had been extended and refurbished. The provider had applied to increase the number of registered beds from 26 to 34. As part of phase 3 & 4 building works the provider had made a commitment to refurbishing bedrooms 15, 16, 27, & 28.

The registered provider for Terenure Nursing home is Willoway Nursing Home Limited. This company is part of the Grace Healthcare (Holdings) Ireland Limited group. The company had two directors, one of whom is involved in the day to day operations of the centre. The person in charge worked full-time Monday to Friday in the centre and was supported by a team of staff nurses, healthcare assistants, housekeeping, an activities co-ordinator, catering, and maintenance staff. At the time of inspection, a clinical nurse manager had been recruited and was due to commence duty in the centre in the weeks following the inspection. The person in charge was supported by a regional operations manager. The person in charge was also supported by shared group departments, for example, quality & safety, finance and human resources.

There were sufficient staff were on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place each month, staff meetings and health and safety meetings took place quarterly in the centre. There was evidence of on-going communication between residents and their families of the on-going building and refurbishment works to the ground floor. The person in charge completed a key performance indicator (KPI) report which was discussed with the regional operations manager. There was evidence of trending of incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the previous inspection, falls audits, care planning audits, medication audits, infection prevention control audits, and antibiotic use audits had been completed. A detailed annual review for 2024 was available, it outlined the improvements completed in 2024 and improvement plans for 2025. Improvements were required in the management of fire safety, this is discussed further under Regulation 23: Governance and Management.

Records and documentation, both manual and electronic, were well-presented and organised which supported effective care and management systems in the centre. The inspectors reviewed staff files which contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff in the designated centre.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

All documents requested for renewal of registration were submitted in a timely manner and were under review.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of one registered nurse on duty for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

However, while improvements were ongoing to improve the overall premises, this inspection found that further improvements were required within the existing centre to comply with fire safety requirements and to improve the existing premises. This is further discussed under Regulation 28: fire precautions.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Some amendments were required in the statement of purpose to comply with regulatory requirements. For example:

- information pertaining to the dependency level of the residents suitability to be accommodated in bedrooms 9 and 10 was required to be included in the statement of purpose.
- a staff area and storage space on the second floor were not listed on the floor plan narrative or the floor plans for the building.
- changes were required to the floor plan narrative and the floor plans of the building. For example:
    - Inspectors were informed that W/C 2 would be the visitors toilet.
    - Changes were required to the labelling of store 01 & the kitchen staff room on the floor plan as part of the application to vary.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Improvements were required to comply with care planning, premises and fire safety.

Improvements were noted in care planning since the previous inspection. The inspectors viewed a sample of residents' notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by the inspectors were generally person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident. Further improvements were required in care planning, this is discussed further under Regulation 5.

There were good routines and schedules for cleaning and decontamination. Alcohol hand gel was available in all communal rooms and corridors. Personal protective equipment (PPE) stations were available on all corridors to store PPE. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centre's management and staff meetings. IPC audits were carried out by the person in charge. There were up to date IPC policies which included guidance on COVID-19 and multi-drug resistant organism (MDRO) infections. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. Intensive cleaning schedules had been incorporated into the regular cleaning programme in the centre.

Improvements were found to residents rights. Residents had access to the outdoor courtyard and garden to the rear of the centre. There were staff assigned to the provision of social activities in the centre. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art. Arrangements were in place for consulting with residents in relation to the day to day operation of the centre. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the reception area. Residents had access to local and national newspapers, televisions and radios.

The upgrade to the premises of Terenure Nursing home had increased the area available to residents, and improved the offering of communal space for all residents living at the centre. The revamped space was bright with accessible communal space that has access to the rear garden area. Resident access to the garden space had been restricted during the building upgrade, which would now be available to residents. Storage concerns were noted on this inspection, with some of the practice

resulting from a lack of space due to ongoing building works. Further improvements were required to the premises, these issues are detailed under regulation 17: Premises.

Inspectors reviewed the arrangements in place to protect residents from the risk of fire. During the building period, the provider had ensured that increased measures were put in place to protect residents and the centre from the risk of fire. This included input from a competent consultant, that set out measures to be adhered to during the building work including keeping escape routes clear, a procedure to ensure fire detection remained in place at all times, and controls on hot works and access to and from the residents areas. These measures were required to remain in place for ongoing phases of building activity, though later phases of building works would be less impactful on the residents. In the existing centre, storage practice was impacting on the risk of fire. The measures in place to contain fires and provide residents and staff with appropriate time to evacuate in the event of a fire also required review. Fire safety is discussed under regulation 28: Fire Precautions.

Regulation 17: Premises

Improvement was required of the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Room number signage was required on all doors in areas where phase 2 works had been undertaken.
- There were inappropriate storage arrangements. For example: Linen trolleys were observed to be stored in a number of shared bathrooms in the centre. The staff area on the second floor required review as a lot of various materials were stored in this area
- Areas of premises were not sufficiently maintained internally with some areas of the centre required painting and repair. For example, the inspector observed wear and tear to an area of floor near the sluice room and temporary treatment room on the first floor.
- A review of resident's access to lockable storage space was required as a number of residents did not have access to a lockable space in their bedroom.
- Water stains were observed to the ceilings of bedrooms 24 and 26.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was very clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. There were two sluicing facility on the premises which were clean. There were two cleaning staff on duty daily. These staff members were knowledgeable about cleaning practices, processes and chemical use. Handwashing facilities were available for staff on each floor.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required of the registered provider to take adequate precautions against the risk of fire, and to provide suitable fire fighting equipment for example:

- Fire extinguishers were not accessible in an area of the first floor, where they were blocked by wheelchairs, and the second floor area where they were blocked by storage items. This could impact on the ability of staff to fight a fire in its early stages, if the extinguisher could not be retrieved, or the signage to indicate its position was obscured.
- A combination of overstocking, lack of space, and poor storage arrangement resulted in an area on the second floor being full with a variety of paper products, personal protective equipment and staff lockers, alongside flammable items such as alcohol gels, and aerosols. The storage of flammable items alongside paper products and personal protective equipment was presenting a risk of fire on the second floor.

Action was required of the registered provider to make adequate arrangements for containing fires. For example:

- There was a large hole in the floor around a pipe on the first floor. This compromised the fire separation between the floors impacting compartmentation. This would allow fire smoke and fumes to spread across compartment lines. The door to this room was a sliding type door which was not capable of containing fires, smoke or fumes. This meant that the hole in the floor, was effectively open to the escape corridor.
- Bedroom doors in the existing sections of the centre did not appear to have appropriate fire rated ironmongery such as hinges and handles. This would impact on the length of time that the doors would withstand fire and subsequently would allow fire smoke and fumes to enter the escape route.
- The area of storage under the stairs near the kitchen did not have appropriate fire containment measures in place. The room was used for kitchen storage, however the door did not appear to be fire rated, and there were some penetrations in the walls and ceiling which would compromise the containment of fires within the room.
- The storage cupboards in the lift lobby were not constructed of fire rated materials. The provider committed to ensuring that these storage spaces

were not used until fire rated upgrades were completed to this area in a later phase of works..

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- A respite care plan did not reflect the specific care needs of the resident. For example the resident wore incontinence wear and was intermittently confused, this was not reflected in the residents care plan.
- An individual assessment for a resident who had a pressure sore was were found not fully completed. For example, while photographs were taken to inform wound care management, the wound care assessment tool available for nurses did not document the measurements of the pressure sore to assess if the pressure sore was deteriorating or improving.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Terenure Nursing Home OSV-0000047

Inspection ID: MON-0047087

Date of inspection: 12/05/2025

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Registered Provider assures the Chief Inspector that: Response : A review and update of the Fire Safety Management Programme has been completed and implemented at the centre. This will be completed in conjunction with our fire consultant and the management of the centre. This has come into effect on the 1st of July and will be completed by 31st July. This will include staff education around revised policy and protocols. This includes: · An Updated Fire Safety Management Policy and strategy · An Updated Emergency Response Plan · Fire training for all staff to ensure staff all respond appropriately and are aware of the fire evacuation plan whilst refurbishment works are ongoing. · Regular Fire Evacuation Drills to ensure staff are competent with the fire evacuation plan. · A review of the fireworks was undertaken by Registered Provider, Regional Operations Manager and Head of Facilities and actions are detailed under regulation 28 below.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Registered Provider assures the Chief Inspector that: -The information pertaining to the dependency level of the resident's suitability in bedrooms 9 and 10 was completed on the day of Inspection and the statement of	

purpose was emailed to HIQA on 12/05/25
-The staff area and storage space on the second floor were listed on the floor plan narrative and the floor plans for the building, The changes required to the floor plan narrative and the floor plans of the building, namely that W/C 2 being the visitors toilet , labelling of store 01 & the kitchen staff room on the floor plan as part of the application to vary. was completed and emailed to HIQA on 12/05/25

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
To conform to the matters set out in Schedule 6 of the regulations: Room number signage were in place on all doors in areas where phase 2 works had been undertaken were completed and emailed to HIQA 13/05/25.
-All Items inappropriately stored in staff area have been removed and stored in designated areas. Linen trolley parked in designated parking bays.Issues on the flooring, wear and tear to be addressed and rectified by 31st of August .
-Residents now have access to lockable storage facilities in their rooms.
-Water stains were observed on the ceilings of bedrooms 24 and 26 will be addressed and rectified by 18th July.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Registered Provider assures the Chief Inspector that:
-Fire extinguishers are readily accessible to staff in the event of a fire and proper signage is in place.Wheelchairs are parked in a designated wheelchair bay.All items have been removed to storage areas.
-The nurse in charge on day and night duty to complete walkabout to ensure all fire extringuishers are accessible. Staff are educated on the importance of keeping fire exits and access to fire extingushers clear.
-A inventory of stock items is being maintained to ensure adequate stock and avoid overstocking. All paper products, PPE, flammable items such as alcohol gels, and aerosols. are stocked in appropriate store rooms with fire rated doors. A risk assesssment has been completed and communicated to staff.
-The hole around a pipe on the first floor is being reviewed by the Fire Protection Specialists and will be resolved to ensure containment of smoke or fire and ensure compartmentation.The door will be replaced by a fire rated door by 15th August.
-Appropriate fire rated ironmongery such as hinges and handles have been installed and completed.Completion date : 04/07/2025.

-A contractor has been contacted in relation to the fire rated doors and installation works. A completion date of 1st of September is the target.
-All inflammable items have been removed from storage to external storage. Area of understair storage will be renovated as part of the phase 3 and Phase 4 of the refurbishment works.
-All items stored in the cupboards in the lift lobby have been removed to more appropriate storage areas.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The Registered Provider assures the Chief Inspector that:
-Oversight of residents' assessment and care plan is supported by the Clinical team that includes the nurses, healthcare assistants, clinical nurse manager and person in charge.
-Daily handover by the Person in Charge to ensure the changing needs of all residents are responded to appropriately and all assessments and care plans are updated accordingly.
- An assessment and care plan review will be undertaken every 4 months in line with regulation, and with the involvement of the residents and their families, if they so wish. A person centred approach is taken for all indiviadual careplan to ensure they reflect the care needs of each resident.This is being achieved by meetings held with all residents and families by the RGN/CNM. This meeting is documented on Epic with additional oversight by the Person in Charge.Monthly care plan audit to ensure it reflects the specific needs of the residents.

- A weekly wound review is in place by the CNM/PIC. This is to ensure all wounds are recorded accurately, ie:wound assessments, wound description, photos, wound dimensions, dressing, dressing renewal / timely review date and TVN referrals is recorded accurately. Wound management training to be completed by nurses to improve knowledge and enhance wound management skills.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/08/2025
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.	Substantially Compliant	Yellow	31/07/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	15/08/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/09/2025
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.	Substantially Compliant	Yellow	12/05/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/05/2025