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:	Kiltipper Woods Care Centre
Name of provider:	Stanford Woods Care Centre Limited
Address of centre:	Kiltipper Road, Tallaght, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	07 May 2026
Centre ID:	OSV-0000053
Fieldwork ID:	MON-0048724

About the designated centre

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

Kiltipper Woods Care Centre is purpose-built and was established in 2004. The centre provides 24-hour nursing care seven days per week and is designed to ensure the comfort and safety of residents in a home-like environment. The centre can accommodate 122 residents, both male and female. Residents have access to amenities and a host of recreational activities, providing a warm and friendly atmosphere. The services and expertise of skilled and friendly staff enhance the quality of life for all residents who live in the centre. The centre comprises of residential accommodation primarily in single en-suite bedrooms and a number of double en-suite bedrooms, a day care centre, a rehabilitation hydrotherapy department and a coffee shop. Kiltipper Woods is situated at the foot of the Dublin Mountains close to the M50 and is serviced by the Luas Red Line in Tallaght and the 54A bus route. The care centre is also situated close to shops, public houses, restaurants, sports grounds and many other amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	111

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 7 May 2026	09:00hrs to 17:00hrs	Sinead Corbett	Lead
Thursday 7 May 2026	09:00hrs to 17:00hrs	Catherine Furey	Support

What residents told us and what inspectors observed

This was a one-day, unannounced inspection of the centre by two inspectors of social services, to assess ongoing regulatory compliance. On arrival to the centre in the morning, inspectors met with the person in charge and completed a full walk around of the premises, which provided opportunities to meet with residents and staff, observe practices and to gain insight into the residents' experiences of living in the designated centre.

During the inspection, all residents were observed being cared for in an attentive manner, for example, staff ensured that residents wore their preferred style of clothing and were assisted to maintain good levels of personal hygiene and appearance. Communal rooms within the centre were well supervised at all times and residents told inspectors that staff responded promptly to their requests for assistance.

All of the residents who spoke with inspectors were highly complimentary of the service provided. Residents described staff using terms such as "brilliant, kind, and exceptional" with one resident saying "they go above and beyond, we have everything we need". Inspectors observed positive and supportive resident and staff interactions throughout the day. Staff were observed to be attentive yet relaxed in their approach to residents and were seen to encourage independence where possible, for example when assisting residents with food and drinks. The atmosphere in the centre was unhurried and cheerful. Visitors came and went during the day, and some of these visitors told inspectors that they loved coming to visit because they were always warmly welcomed and they could see that their loved ones were happy. Visitors commended the positive and timely communication from the staff and management should there be any changes or issues arises with their family member. One visitor commented that they felt sure when leaving that their loved one was in good hands.

Kiltipper Woods Care Centre is a purposed built centre which is laid out over two floors and can accommodate 122 residents. Bedrooms are mainly single occupancy rooms, with thirteen twin rooms and one four-bedded room. The centre also had a large treatment room and a hydrotherapy pool. Inspectors found that the centre was bright, warm and well ventilated. Residents had a choice of communal spaces to use, such as dining rooms, sitting rooms, a daycare room, an oratory and a sensory room. Rooms were clean and decorated to a high standard, with art displayed on the walls. Residents could access a large enclosed courtyard area, which was well maintained with level paving, flower beds, planters, and garden furniture. Bedrooms appeared comfortable and had locked storage for residents to store personal items if they wished.

During the day, there was a variety of activities on offer in the centre including reminiscence, a quiz, art and craft and exercise-based games. The weekly activities

schedule was on display throughout the centre and each unit also displayed that day's activities on a large whiteboard. There was a lively atmosphere on the ground floor in the afternoon when visiting musicians played to a large group of residents, who attended from each of the units and were observed singing along and enjoying the session. This was followed by a tea party to celebrate Alzheimer's Tea Day. Some residents who preferred not to partake in these activities enjoyed watching music on TV in the sitting room and others choose to relax in their own rooms. One resident told inspectors that while they did not like attending large group activities, they loved keeping the bedroom door open to hear the music and chatter while they painted. The resident proudly displayed newspaper cuttings of their recent art exhibition in the local gallery. They said that management and staff made every effort to assist in preparations for the event, and that they felt glad to be able to continue their career and passion while living in the centre.

Resident menus showed a choice for breakfast, lunch and tea. Residents were served tea or coffee and scones mid morning. The main meal was served in the dining room or in residents' bedroom if they chose. Tables were set with place mats, cutlery and condiments. Residents were generally complimentary about the food and said they had a choice a mealtimes. Meals were seen to be well presented and nutritious.

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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the management team and staff displayed a commitment to the promotion of continuous quality improvement, with the aim of ensuring that the centre was providing a safe and effective service for residents, with a person-centred focus.

This inspection was a one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 to 2025 (as amended). The registered provider of Kiltipper Woods Care Centre is Stanford Woods Care Centre Ltd. a limited company comprised of three company directors. Two company directors were engaged in the daily operations of the centre; one of whom was the previous person in charge and is currently a person participating in management at a senior level. Another company director was in the role of Director of Operations, with overall operational responsibility for areas including human resources, accounts, maintenance and ancillary services. The person in charge worked full-time in the centre and was responsible for the daily delivery of care and support to the residents. She was supported in the role by four assistant directors of nursing, ensuring that there was sufficient oversight of care provision. One of the assistant directors of nursing was assigned to deputise for the

person in charge in their absence. There was a system of on-call and weekend management cover in place to support staff.

Residents were further supported by a multidisciplinary team, which included nurses, healthcare assistants, activity coordinators and physiotherapists. This ensured a holistic and person-centred approach to life and care in the centre. Domestic, catering, maintenance and administrative staff ensured that any additional needs of residents were met and that their environment and premises were maintained.

The management team collected a range of weekly data in areas such as falls, medication errors, restraint use and antibiotic consumption, to analyse trends and to identify where improvements in the service were required. Quality improvement plans for 2026 in the areas of falls and restrictive practices included time-bound action plans to drive improvements.

There were good systems of communication between the management team and the wider staff group. Regular department meetings were held where all aspects of the service were discussed. Additionally, there were various committees including health and safety and infection control committees which met regularly to discuss practice and any required improvements. These committees included representatives from each department for example, nursing, healthcare and domestic to ensure relevant information was relayed to all staff.

Administrative staff ensured that all requested records were well-maintained and made available to inspectors to review. Staff files showed that Garda Síochána (police) vetting disclosures were in place for all staff prior to commencing employment. All nurses were registered with the Nurses and Midwifery Board of Ireland.

The annual review was completed in 2025 and included feedback from the residents' surveys. A time-bound quality improvement plan was developed for 2026, for example in the areas of falls prevention and use of restrictive practices.

There were sufficient staff on duty, across all areas of the centre, to meet the assessed needs of the residents. The person in charge and assistant directors of nursing worked in a wholly supernumerary capacity, providing daily clinical and operational support to the staff. Each of the six units within the centre were independently staffed by a team of nurses, healthcare assistants, catering and domestic staff.

The overall provision of staff training was good and included a blend of online and face-to-face training modules. Staff were well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. A staff induction programme was in place with regular reviews to monitor staff performance and identify additional training needs.

Regulation 15: Staffing

Based on the inspectors' observations of staffing levels, a review of the worked and planned rosters and from speaking with residents, it was evident that the provider had sufficient staff with an appropriate skill mix to meet residents' needs. There were seven registered nurses in the centre at night. There were nine registered nurses on duty during the day of inspection. This did not include the clinical management team of three assistant directors of nursing and the person in charge, who all worked in a supernumerary capacity.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Important training such as fire safety and moving and handling were completed by the vast majority of staff.Any outstanding training had been booked to be delivered in the coming weeks.

Staff were appropriately supervised by senior staff in their respective roles and there were appropriate on-call management support available at night and at weekends. There was a comprehensive and well-structured induction programme for staff across all departments to ensure staff were competent in their specific roles.

Judgment: Compliant

Regulation 21: Records

Staff files contained the records outlined in Schedule 2 of the regulations, for example evidence of references and photographic identification. These were stored securely in the centre and made available for inspectors to review.

Other records specified in Schedules 3 and 4 of the regulations, for example the incidents of restraint use and a copy of the duty roster were maintained.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose. A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents occurring in the centre were subject to appropriate investigation and review, and where required, were submitted to the office of the Chief Inspector within the required time frames. For example, records of incidents requiring hospital admission were submitted within two days, and incidents of expected deaths were submitted each quarter.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre displayed its complaints procedure prominently throughout the centre. Information posters on advocacy services to help residents make complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident they could do so if necessary. The provider maintained a record of complaints received and the manner in which they were managed. Inspectors reviewed the complaints received since the last inspection, of which there were two minor complaints, and found that they had been investigated and responded to in accordance with the regulation.

Judgment: Compliant

Quality and safety

Overall, from what residents told inspectors and what inspectors observed, residents were supported to have a good quality of life in Kiltipper Woods Care Centre. Residents and visitors that spoke with inspectors were complimentary about the centre and care from the staff. Actions outlined in the compliance plan following the previous inspection had been completed, resulting in improvements in the areas of resident rights and infection control. Notwithstanding this, there were some gaps which require action to achieve full compliance with the regulations in the areas of infection control, food and nutrition, medicines and pharmaceutical services, and protection. These are discussed further in the report.

Good practice was observed in the area of care planning for residents following a review of a sample of residents' care plans. Care plans were documented within 48 hours of a resident's admission to the centre and were developed following an assessment of the residents' needs and were detailed sufficiently to direct care.. Care plans were reviewed following any changes and at minimum intervals of four months.

Residents' medical and health care needs were met through a broad range of community-based health and social care services, such as General Practitioner (GP), physiotherapy, and occupational therapy. Physiotherapy and occupational therapy are employed within the service. A GP attends the centre throughout the week. Signage was displayed in the centre outlining how residents could access a pharmacy consultation.

Staff were employed in the centre to facilitate a programme of structured daily activities and the number of activities staff employed in the centre had increased since the last inspection, improving the choice of activities available to residents. Residents had access to advocacy services.

Staff that spoke with inspectors were knowledgeable of their role in protecting residents from abuse and in reporting concerns and staff had completed safeguarding training. The provider did not act as a pension agent for any resident and residents told inspectors that they have access to their own monies. Residents said that they felt safe in the centre. While most incidents or alleged incidents were investigated by the person in charge, one incident was not investigated in accordance with the centre's own safeguarding policy, this is discussed further under Regulation 8: Protection.

The premises was laid out to meet the needs of the residents with sufficient space for residents to enjoy activities or to relax in quieter areas. The courtyard and external areas appeared well maintained. A lift provided access to the first floor for residents with mobility issues. The premises were warm and comfortable and cleaned to a good standard.

Residents were complimentary about the food and said that they had a choice. The menu was displayed for each of the day's meal times, detailing a choice of a hot or cold breakfast, four choices for main meal and five choices for tea time meal. There was a relaxed environment during the main meal in the Aspen dining room. Residents were supported with their meal, either with the use of adapted cutlery or

by a staff member. Staff were seen to assist residents in a respectful manner, sitting beside them and chatting during the meal. However, at the beginning of the meal there did not appear to be an adequate number of staff to assist the number of residents present, this is discussed further under Regulation 18: Food and nutrition.

Household staff were observed cleaning the centre on the day of the inspection and they used cleaning trolleys with separate sections for clean and soiled mop heads and cloths. There was a focus on infection control in the centre during the week of the inspection, a range of infection control information sessions and audits were planned each day and the schedule was displayed in the centre. There were some practices noted that did not align with the National Standards for infection prevention and control in community services (2018), these are discussed further under Regulation 27: Infection control.

Regulation 11: Visits

The provider had a written visitor policy as required by the regulation. The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had several private and communal spaces for residents to host a visitor.

Judgment: Compliant

Regulation 13: End of life

Residents that were approaching the end of their life were provided with holistic palliative care in the centre. The resident's will and preferences were sought and were clearly recorded in their care plan.

Judgment: Compliant

Regulation 18: Food and nutrition

A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' weights were closely monitored and there was timely referral and assessment of residents' by the dietitian. Meals were pleasantly presented and residents had choice for their meals with menu choices displayed. However, at the beginning of the main meal for approximately ten minutes there were insufficient staff available to assist residents, this is evidenced as follows:

One staff member was seated in between two residents assisting them both with their main meal. During this period, another resident requested a different meal as they did not like the meal given to them, however, there was no staff member available to address the resident's concern. After ten minutes more staff attended and thereafter there were sufficient staff present.

Judgment: Substantially compliant

Regulation 27: Infection control

Staff had access to relevant infection, prevention and control training and staff that spoke with inspectors were generally knowledgeable about infection control practices. Hand sanitiser gel dispensers were located close to the point of care, reducing the risk of cross contamination. Care plans included details of Multi-drug Resistant Organisms (MDROs) and precautions required. The centre had an up to date infection control policy. While the provider met many of the requirements of Regulation 27 Infection control and the National Standards for infection prevention and control in community services (2018), there were some areas noted that did not fully align with these, and increased the risk of cross contamination, for example:

- Staff reported that they were decanting the contents of urinals and bedpans into the toilet prior to placing them into bedpan washers.
- Sluice rooms appeared cluttered with basins and urinals stacked on top of each other, there was a small amount of inappropriate storage in one sluice room.
- Inappropriate storage of linen bags containing soiled linen with other equipment was noted in a store room.
- A small quantity of open wound dressings were noted in the treatment room.
- Dressings that had expired were noted in the treatment room.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Overall, the medicines systems in place supported safe medicine practices. Some minor findings required review, to ensure best-practice guidance in relation to the storage of prescribed medicines was adhered to. Medicines were not always stored securely in the centre which posed a risk of medicines-related incidents:

- The stock medicines cupboards in the Aspenwood nurses' station was not locked. A number of medicines were contained within the cupboards, including three insulin pens which were currently in use. These insulin pens

were not labelled with the dates of opening, and did not have a pharmacy label to indicate which residents they were to be used for.
- Prescribed thickening agents for drinks were not stored securely and were freely accessible in the dining rooms on Hazelwood and Oakwood. These products must be used under supervision. Insecure storage of such thickening agents poses a risk of asphyxiation from accidental ingestion.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Careplans were sufficiently detailed and personalised to direct care. They were updated frequently and at a minimum of four month intervals. A wide range of validated assessment tools were used to assess risks to the residents' wellbeing, such as falls, pressure ulceration and malnutrition. Resident input was sought and documented in their care plans.

Judgment: Compliant

Regulation 6: Health care

Residents health and social care needs were met through a range of health and social care services, for example physiotherapy. occupational therapy, general practitioner, and dietician. A multi-disciplinary team meeting was held in the centre on a weekly basis to discuss and plan resident care.

Judgment: Compliant

Regulation 8: Protection

Staff spoken to were knowledgeable about the types of abuse and their role in reporting any concerns. Residents told inspectors they felt safe and a sample of careplans reviewed included safeguarding care plans. Notwithstanding this good practice, one incident of unexplained bruising was not reviewed in line with the centre's own safeguarding policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre. Tool box talks on a variety of topics, such as falls prevention, safeguarding and nutrition were facilitated in the centre each week for residents. Resident meetings were held in the centre and were well attended. Residents were invited to complete a provider's survey in 2025, a timebound action plan was developed to address issues identified. Residents had access to television, radio, books and WiFi. Since the last inspection, an independent advocacy service attended the centre to give an information talk to the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kiltipper Woods Care Centre OSV-0000053

Inspection ID: MON-0048724

Date of inspection: 07/05/2026

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 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: To address this issue, the following actions have been implemented: • Mealtime staff assistance for residents has been reviewed to ensure adequate staff are present in this dining room at the beginning of meal service and during the mealtime. Staff have been made aware of the importance of their timely attendance in the dining room to provide the resident with individual assistance • Dining room catering assistant reminded to respond promptly to residents' requests and meal preferences while the remaining staff are assisting residents.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Actions Taken • Following the inspection, all staff were reminded not to decant the contents of urinals and bedpans directly into the toilet prior to placing them in the bedpan washer • Spot checks and observational audits have been incorporated into the IPC audit to monitor compliance. • All sluice rooms were reviewed immediately following the inspection. Basins, urinals and equipment were reorganised and inappropriate items removed to ensure appropriate storage and to facilitate effective cleaning and decontamination practices. • Linen bags containing soiled linen were immediately removed from the identified	

storeroom.
• Staff reminded of the importance of the segregation and storage requirement for clean equipment and soiled linen.
• IPC audits will include specific checks relating to used linen storage practices.

• Open and expired wound dressings identified in the treatment room on the inspection day were immediately discarded in accordance with manufacturer recommendations and infection prevention standards.
• A full review of wound care stock and expiry dates was completed.
• As an additional quality improvement measures IPC audit findings, trends and corrective actions will be reviewed through the centre's ORS meetings and governance structures to ensure sustained compliance.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Actions Taken
• The stock medicine cupboard behind the Aspen nurses' station which was unlocked at the time of the inspection was immediately brought to the nurse's attention and the door was promptly locked and secured upon identification of this issue.
• Nursing staff were reminded of their responsibilities regarding the secure storage of medicines in accordance with the centre's Medication Management Policy and professional standards.
• All insulin pens were reviewed immediately, and resident ownership verified. They were immediately labelled appropriately by nursing staff in compliance with storage and labelling requirements.
• Labels are now being provided by the pharmacy and are in use, which have the date of opening and resident-specific identification.
• Nursing staff received refresher training regarding the management, storage, dating, and identification of insulin pens in line with the centres policy and best practice guidance.
• All thickening agents were immediately removed from free accessibility in the identified dining rooms and relocated to secure clinical locked storage.
• A review of the storage arrangements for thickening agents across all units was completed to ensure compliance with best practice.
• Staff were reminded that thickening agents are prescribed products which must be stored securely and used only under staff supervision.
• Risk awareness regarding the potential for accidental ingestion and associated risks has been reinforced with nursing and healthcare staff.

The Centres existing medication audit tools have been reviewed to ensure checks are

conducted on medication storage, medication room and cupboard security, resident-specific labelling requirements, medication expiry dates, and high-risk medications. Findings from audits will be trended and reviewed by the Person in Charge and clinical management team at Nursing Management and QRS meetings to ensure sustained compliance.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Prior to the inspection, an unexplained bruise on the skin area of a resident was identified by staff and had been thoroughly investigated by the clinical management team to establish the causative factor, the investigation including a full medical review of the resident, clinical and MDT assessment, physical environment reviewed and potential causative factors considered, Consultation regarding potential causative factures discussed and considered with the resident's care representative. Increased monitoring of the resident was conducted. The investigation findings concluded that there was no evidence to indicate any form of abuse, including peer to peer physical abuse, or neglect. Following a further review of the incident with the MDT and care representative, safeguarding concerns had effectively been ruled out as a causative factor, the nursing notes were updated to reflect the investigation process and findings The bruise subsequently resolved spontaneously without medical intervention.

Action taken
It is acknowledged that a formal safeguarding screening assessment tool in line with the centre's safeguarding policy was not completed with the rationale documented for ruling out of a safeguarding concern. To address this finding, Kiltipper Woods Care Centre has incorporated the Safeguarding Preliminary Screening Template into the Safeguarding Policy to make it easily accessible to all staff. All nursing staff have been informed of the importance of completing the screening tool This tool provides a structured framework to ensure that all incidents involving unexplained bruising, unexplained injuries, or other potential safeguarding concerns are formally assessed and documented in full compliance with our safeguarding policy. The Person in Charge will undertake regular audits of incident investigations and safeguarding documentation to ensure compliance with the centre's policy and national safeguarding Policy. Findings will be reviewed through the centre's governance and management systems to support ongoing quality improvement

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 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	08/05/2026
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	08/05/2026
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	08/05/2026

Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	08/05/2026