



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Sacred Heart Nursing Home
Name of provider:	Sacred Heart Nursing Home Limited
Address of centre:	Crosspatrick, Johnstown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	21 November 2025
Centre ID:	OSV-0005557
Fieldwork ID:	MON-0048927

About the designated centre

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

This centre has been managed by the registered provider since 1984 and has undergone a number of considerable extensions and improvement works since then. The provider is Sacred Heart Nursing home Limited, and the company directors are family members. The centre is situated in a rural setting approximately 1.6kms from Crosspatrick, 3.9 kms from Urlingford and 3.7 kms from Johnstown. The centre provides care and support for both female and male adult residents aged over 18 years. The centre provides care for residents with the following care needs: general care, respite care, conditions associated with advancing care, and dementia specific care. In addition, the service provides support and care for residents with mental illness, or residents in need of rehabilitation and convalescent services. The centre caters for residents of all dependencies; low, medium, high and maximum dependencies. The centre also supports some residents who have been assessed as independent. There is a Senior Occupational Therapist based on site who works as part of the management team of the centre. The centre currently employs approximately 38 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, activities and maintenance staff. Resident's private accommodation is provided in three wings. It comprises of a total of 23 single bedrooms with ensuite facilities, two twin bedrooms with ensuites, two single bedrooms, three twin-bedrooms, three three-bedded rooms and one four bedded room do not have ensuite facilities. All bedrooms have flat screen TV's, telephone points, wash hand basins and are wheelchair accessible. There is a small oratory that is available to residents for quiet reflection and prayer. There is a treatment room, a separate kitchen located off the main dining room and a laundry room. There is also a large sitting room, a second smaller sitting room, and three dining rooms in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 21 November 2025	09:25hrs to 17:50hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The consistent feedback from all residents who spoke with the inspector was that they greatly liked living in Sacred Heart Nursing Home. The residents spoken with were highly complimentary of the centre, and the care received, with one resident describing how lucky they felt to live in the centre, saying they "were thankful to the almighty." Another resident summed up their experience telling the inspector, "if I want something, they're tripping over each other to do it for me". When it came to the staff who cared for them, residents described them as "friendly", "beautiful", "very nice", "easy to talk to", and "always having a smile". Residents were complimentary of the food quality, quantity and variety provided. Residents also reported very high satisfaction levels with the activities and entertainment programme on offer. Notwithstanding the extremely positive feedback regarding the centre, several residents raised concerns about noise levels within the centre, which they said were impacting their quality of life. This will be discussed further in the report. Visitors spoken with were similarly complimentary of the care received by their loved ones and the happiness it gave them as a family to have their loved one so well cared for. The inspectors found that staff and management were knowledgeable about residents' needs, and that they promoted and respected residents' rights and choices. The inspector observed numerous compassionate, warm, dignified, and respectful interactions between residents and staff throughout the day of the inspection.

One inspector of social services conducted this unannounced inspection over the course of one day. During the inspection, the inspector chatted with many residents and had the opportunity to speak in more detail to 17 residents and five visitors to gain insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

This centre was originally built in the 1980s and has been extended over time to its current capacity of 48 residents. There were two distinct wings on either side of the main entrance. On the right of the main entrance, on a sloped site, the premises were two-storey, with resident accommodation on the ground floor and staff facilities on the lower ground floor. To the left of the main entrance was single-storey resident accommodation.

The centre was pleasantly decorated throughout, with paintings and photographs of residents and staff enjoying group activities displayed. The centre's design and layout supported residents' movement throughout the centre, with wide corridors and sufficient handrails to accommodate those using mobility aids. There were multiple communal areas for residents to enjoy, including three dining areas, an oratory, a large sitting area adjacent to the entrance, another large sitting room, and a smaller quiet sitting room / dining room.

While an on-site laundry was used for domestic purposes, residents' clothing was laundered off-site by an external provider. Residents spoken with expressed satisfaction with this laundry service.

Bedroom accommodation comprised 25 single bedrooms, five twin bedrooms, three triple rooms, and one four-bedded room. Twenty-three of the single rooms and two of the twin rooms had en-suite shower, toilet, and wash hand basin facilities. The remaining bedrooms had a wash hand basin in the room and access to shared toilet, bath and shower facilities. While each resident had seating, a wardrobe, and a bedside locker with locked storage, there was a marked variation in the space available to residents across bedroom accommodation, with residents in single rooms having more space and larger storage facilities than those in shared bedrooms. Each bedroom was seen to be personalised with family photographs and items from home, such as paintings, bedding and ornaments. All bedrooms had a television and call bell facilities. Residents whom the inspector spoke with were pleased with their bedrooms and personal space.

Externally, the centre's grounds were clean, tidy and well-maintained. The centre had two internal courtyard gardens which were similarly clean, tidy, and pleasantly decorated. These courtyard areas had comfortable seating, potted plants and flowers. One of the internal gardens was home to the provider's dog, Daisy, who was popular among residents. There were two designated external smoking areas for residents who chose to smoke, located in these courtyard gardens. These areas were seen to have the necessary protective equipment for residents. However, the location of one of the smoking areas required review, as the window of bedroom 17 opened directly into it, impacting these three residents' privacy and their ability to receive fresh air into their bedroom at all times. The provider was requested to address this.

On the morning of the inspection, residents were up and dressed in their preferred attire, appearing well cared for. The centre had two activities staff on duty from 11:00am to 09:00pm, providing a varied programme of activities. Throughout the inspection day, residents were seen to enjoy exercises, arts and crafts, newspaper reading, story-telling and sing-alongs. Several residents, not participating in group activities, relaxed in their bedrooms and in communal areas, watching television, listening to the radio, reading newspapers and books. All residents who spoke to the inspector expressed high praise for the activities programme and entertainment available.

The inspector observed the environment to be very noisy at times. Call bells and sensor alarms sounded loudly throughout the inspection day. One resident with complex responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) was observed to be shouting in communal areas on several occasions. These noises were observed to affect residents' peaceful enjoyment of their environment, and several residents expressed their dissatisfaction with noise levels in the centre. Such noise levels, when they occurred, were not conducive to a

relaxed, homely environment, as they disturbed the otherwise calm and comfortable atmosphere for residents.

Visitors were observed coming and going throughout the day, spending time with their loved ones in the multiple comfortable communal areas. Residents and visitors confirmed there were no restrictions on visiting.

There were two lunchtime sittings. Lunchtime from 12:30pm was sociable, with the majority of residents choosing to eat in the dining rooms. Meals were freshly prepared in the centre's onsite kitchen. Residents were offered two main courses: roast chicken or fish. There were also several dessert options available after the main meal. The food served appeared nutritious and appetising. There were ample drinks available to residents at mealtimes, and additional drinks accompanied by snacks throughout the day. Staff provided discreet, respectful dining assistance to residents who required it. Residents spoke positively to the inspector about food quality, quantity and variety and stated they were also pleased with the timing of meals.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was a well-run centre with strong management systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing quality services to residents and promoting their well-being. While clear management and oversight structures were in place, some of these systems required strengthening to ensure regulatory compliance as outlined in this report.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan from the inspection of 11 June 2024 and inspection findings from the restrictive practice thematic inspection of 03 April 2025. The inspection also informed the provider's application to renew the centre's registration. The registered provider progressed the compliance plan following the inspection on 11 June 2024, and improvements were identified in care planning.

Sacred Heart Nursing Home is a privately owned, family-run nursing home. The registered provider is Sacred Heart Nursing Home Limited. At the time of inspection, there were three directors in this company, all of whom were present on the

inspection day. One director was the person in charge. A second director was the operations manager. This director represented the provider for regulatory matters and was a person participating in management, a senior manager who supports the person in charge in their operational management and clinical oversight of the centre.

There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge and the operations manager were responsible for the centre's day-to-day operations. These two managers worked full-time and were supported by an assistant director of nursing, a clinical nurse manager, and a team of nurses, healthcare assistants, activity healthcare assistants, chefs, catering staff, housekeeping staff, laundry staff, maintenance staff, and administration staff. The assistant director of nursing deputised for the person in charge in their absence.

The registered provider had systems in place to monitor the quality and safety of care. There was documentary evidence of the communication systems in place between the registered provider and management within the centre. Minutes of governance meetings were reviewed. These meetings discussed key aspects of care provision for residents, including staffing, incident management, finance, facilities, complaints, and audit results. Within the centre, there was evidence of regular staff meetings focused on key aspects of quality and safety, including communication, environmental hygiene, infection control, fire safety, and end-of-life care. Records reviewed also found that the provider had established several staff committees examining matters including restrictive practices, infection control, and end-of-life care. The person in charge also prepared weekly and monthly key performance indicator reports for the provider governance meeting, which provided details on key clinical matters within the centre, such as pressure ulcers, complaints and hospital transfers.

The provider had systems to monitor accidents and incidents within the centre, including falls. A risk register was used to monitor and manage known risks. The provider had undertaken regular auditing of multiple areas, including catheter care, medication management, meals and mealtimes and care planning. Notwithstanding this good practice, this inspection found that some areas of oversight needed further improvement to ensure regulatory compliance. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspectors saw evidence of the consultation with residents and families reflected in the review. In this review, the registered provider also identified areas requiring improvement.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of

Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was under review.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents, it was evident that there was sufficient staff of an appropriate skill mix on duty each day to meet the assessed needs of the residents. There were two registered nurses in the centre at night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Records made available to the inspectors found that staff members were up to date with mandatory training in fire safety, infection control, managing challenging behaviour, and safeguarding vulnerable adults from abuse.

The inspectors saw documentary evidence of the provider's induction programme. Records reviewed found the provider had arrangements for assessing a new staff member's competency and reviewing their performance at set intervals.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files reviewed by the inspector contained all the information required by Schedule 2 of the regulations, including An Garda Síochána (police) vetting disclosures, references, and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, these systems required some strengthening, as they were not fully effective in identifying risks and driving quality improvement in areas such as healthcare, premises, and medicines and pharmaceutical services, as outlined in the report.

The secure storage of prescribed thickening agents was not fully effective, as the inspector found that the prescribed fluid thickener was accessible and not secured in some bedrooms and communal areas throughout the centre. These findings were brought to the attention of the person in charge, who arranged for these products to be stored securely. Insecure storage of such medicinal products introduces a risk of asphyxiation by accidental ingestion of fluid-thickening powder.

The providers' management systems for fire safety required review, for example:

- The inspector found that the electrical store room, which contained electrical panels, was being used for storage. A large volume of combustible items, such as clothing and cardboard, was stored in close proximity to the electrical panels. The inspector confirmed these storage practices had not been risk-assessed by a competent person to determine the controls required to keep this area safe.
- Two hoists were observed to be charging on bedroom corridors, one outside bedroom 35 and the second outside the quiet sitting room / dining room. The hoist charging outside bedroom 35 was also observed to be located on a protected escape route. The inspector brought these risks to the attention of the person in charge and the operations manager. The storage of hoists in a protected bedroom corridor poses a potential obstruction for residents and staff on this horizontal escape route, and the charging of hoists on a bedroom corridor introduces a risk of fire to the protected escape route.
- The inspector observed one oxygen cylinder insecurely stored in the treatment room on the morning of the inspection. This was promptly dealt with by the person in charge. The inspector observed three oxygen cylinders stored insecurely in the external storage area at the end of the inspection day and brought this to the attention of the person in charge.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge ensured that individuals involved in the centre on a voluntary basis had their roles and responsibilities set out in writing. They received supervision

and support, and provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Quality and safety

The inspector found that residents had a good quality of life, where their human rights were promoted and they were encouraged to live their lives in an unrestricted manner, according to their interests and capabilities. The inspector observed kind and compassionate staff treating residents with dignity and respect. Visiting was promoted and facilitated. Care planning was found to be maintained to a high standard. Residents greatly enjoyed meals and mealtimes. The premises were very clean, and residents had adequate space to store their possessions. Notwithstanding these positive findings, the inspector found that some improvements were required regarding healthcare, premises, and medicines and pharmaceutical services to align with the requirements of the regulations.

The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers, including chiropodists, dietitians, physiotherapists, occupational therapists, speech and language therapists, and palliative care services. Notwithstanding this good practice, the inspector found that action was required to ensure that residents had access to appropriate specialist medical services based on their assessed needs. This will be discussed under Regulation 6: Healthcare.

Overall, the premises' design and layout met residents' needs. The centre was found to be appropriately decorated, clean and in good repair overall internally and externally. The centre had two well-maintained internal courtyard gardens and external grounds. Notwithstanding this good practice, action was required to ensure full compliance with Schedule 6 requirements and to ensure that the premises were in line with the statement of purpose and the floor plans for which it is registered. This will be discussed under Regulation 17: Premises.

The provider had ensured that a pharmacist acceptable to residents was made available. The person in charge had facilitated the pharmacist in meeting their obligations, and records reviewed found that the pharmacist had conducted a recent audit of medication management practices in the centre. The records reviewed indicated that medicines were administered in accordance with the prescriber's directions. Measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. However, further oversight of medication storage and disposal was required to ensure that best-practice guidance and the provider's policies for medication management were followed. These findings are set out under Regulation 29: Medicines and pharmaceutical services.

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 private and communal spaces for residents to host a visitor.

Judgment: Compliant

Regulation 12: Personal possessions

There were arrangements to support residents in accessing and retaining control over their personal property, possessions, and finances. Residents' clothes were laundered off-site by an external company. Residents had adequate space in their bedrooms to store and maintain their clothing and possessions, including access to locked storage facilities. Residents who spoke with the inspectors stated they were satisfied with the space in their bedrooms, storage facilities, and laundry service.

While the provider did not act as a pension agent for any residents, it held small amounts of cash belonging to 28 current residents. The provider had a transparent system for safeguarding such funds, in which all lodgements and withdrawals were signed by two staff members.

Judgment: Compliant

Regulation 17: Premises

Some action was required to ensure the premises were in line with the statement of purpose and the floor plans for which it is registered. For example, the provider was using external storage on the centre's grounds to store food, personal protective equipment, and residents' consumables, such as incontinence wear. However, this storage facility was not included in the centre's floor plans, necessitating the provider to update the floor plans as part of the application to renew registration.

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required attention and maintenance to be fully compliant with Schedule 6 requirements, for example:

- Due to a bedroom window opening onto the smoking area, there was not adequate access to ventilation for these three residents in their bedroom at all times.

- The decor and upkeep of resident bedrooms required review as these areas showed signs of wear and tear, including some bedrooms with plaster missing from the walls and one bedroom with black staining observed on the ceiling, which required investigation.
- The volume and management of the call bell and sensor alarm systems required review as they were observed to make the environment very noisy on frequent occasions throughout the inspection day, impacting residents' peaceful enjoyment of their environment.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were complimentary regarding food, snacks, and drinks. Food was prepared and cooked onsite. Choice was offered at all mealtimes, and adequate quantities of food were provided during the day and in the evening. Residents had access to fresh drinking water and other refreshments throughout the day. There was adequate supervision and discreet, respectful assistance at mealtimes. There was evidence of written communication between the nursing and catering teams to ensure the dietary needs of each resident, as prescribed by a healthcare or dietetic staff, were being met.

Judgment: Compliant

Regulation 27: Infection control

The provider had systems in place to oversee infection prevention and control practices within the centre. The centre's interior was very clean. Surveillance of healthcare-associated infections and multi-drug resistant organism colonisation was being undertaken and recorded. The provider had appointed four trained infection control link nurses to provide specialist expertise, and staff had access to IPC training. A targeted auditing system was in place to regularly review staff practices and environmental cleanliness. The provider had also introduced a regular IPC safety pause that examined aspects of evidence-based care, including, for example, hand hygiene. The person in charge had completed a review following a recent influenza-A outbreak. During the review, relevant protocols and guidance were documented as having been adhered to, and learning was identified for a future outbreak.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The oversight of medication management in the centre required review to ensure that best-practice guidance for medication management was followed, for example, the inspector found expired nutritional supplements within the electrical store room and in an external storage facility. The person in charge was required to ensure that any medical products no longer required were returned to the pharmacy promptly, in accordance with the provider's medication management policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of nursing notes and care plans for residents. There was evidence that residents were comprehensively assessed upon admission using a suite of evidence-based risk assessment tools to evaluate risks, including falls, pressure sore development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. Care plans viewed by inspectors were person-centred and specific to that resident's needs. Care plans were reviewed at required intervals, and there was evidence of consultation with the resident and, where appropriate, their family during these reviews.

Judgment: Compliant

Regulation 6: Health care

Notwithstanding the provider's extensive efforts, action was required to ensure that all residents had access to appropriate healthcare as outlined within their care plan prepared under Regulation 5. For example, one resident with complex responsive behaviours did not have timely access to a review by specialist mental health services of their condition.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were promoted in the centre. Staff were respectful and courteous towards residents. Residents' privacy and dignity were respected. The centre had weekly Roman Catholic religious services onsite.

Residents had access to radio, television, and newspapers throughout the centre. Residents could communicate freely, having access to telephones and internet services throughout the centre.

Residents also had facilities for occupation and recreation. Rosters reviewed confirmed there were at least two activities staff on duty daily, supporting residents with opportunities to participate in activities in accordance with their interests and capacities. Residents also had access to community resources, including the local mobile library.

Residents had the opportunity to be consulted about and to participate in the organisation of the designated centre through regular residents' meetings and completing residents' questionnaires. There were also meetings with family representatives and surveys of family members to ascertain their views on service improvement. Residents also had access to independent advocacy services.

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 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Nursing Home OSV-0005557

Inspection ID: MON-0048927

Date of inspection: 21/11/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The electrical storeroom was cleared and is no longer being used for storage. Completion date: 22nd November 2025</p> <p>The practice of storing and charging hoists on the bedroom corridor has ceased and they are now charged in an alternative location. Completion Date: 22nd November 2025</p> <p>The oxygen is now being stored securely in the external storeroom. The cylinders in the storeroom were empty and we have requested collection. The empty cylinders are being stored securely. Completion Date: 28th February 2026</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>There were two smoking areas in the Nursing home. This smoking area has now been closed, and the alternative area is now in use only. Date To be completed: 5th Jan 2026</p> <p>The painter and decorator have been booked, and we are awaiting his start date. Completion Date: 30th April 2026</p> <p>The volume of the call bells and alarms has been reviewed by the electrician and turned down. Completion Date: 16/01/2026</p>	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: An audit is completed weekly to ensure all out of date and near out of date nutritional supplements are discarded appropriately. Completion Date: 22nd November 2025</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The nursing home has engaged statutory services to support the resident in accessing specialist mental health services, initially as an inpatient , and then to receive ongoing support as an outpatient within the centre. Completion Date 4/02/26</p>	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	05/01/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	28/02/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.	Substantially Compliant	Yellow	22/11/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	04/02/2026

