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:	Falcarragh Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Ballyconnell, Falcarragh, Donegal
Type of inspection:	Unannounced
Date of inspection:	17 February 2026
Centre ID:	OSV-0000619
Fieldwork ID:	MON-0047564

About the designated centre

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

Falcarragh Community Hospital is located in the town of Falcarragh and is a short walk from the shops and business premises. It is registered to provide care to 27 male and female residents over the age of 18 and accommodates residents from the local area, including Tory Island. The centre is located in a Gaeltacht area and staff and residents converse in Irish. Residents are accommodated in a number of single and multi-occupancy rooms. The centre is a purpose-built single-storey building. The philosophy of care, as described in the Statement of Purpose, is to " embrace positive ageing and place the older person at the centre of all decisions in relation to the provision of the service".

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27

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
Tuesday 17 February 2026	08:00hrs to 14:45hrs	Catherine Connolly-Gargan	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), and to review the provider's progress with completing the actions committed to in the compliance plan from the previous inspection in the centre in January 2025, including progress with completion of the premises refurbishment project.

Overall, residents told the inspector that they were happy and content with living in the centre, and they were very satisfied with the service provided to meet their needs. Residents said that staff were always nearby and were very kind and caring towards them.

The inspector commenced this inspection at 8am and on arrival was met by the staff nurse on night duty, and a short time later by the clinical nurse manager 2, and the person in charge. The clinical nurse manager 2 was deputising for the person in charge on the day. Following a short introductory meeting, the inspector completed a walk around all areas of the centre. This gave the inspector an opportunity to observe the residents' lived environment, meet with residents and staff, and to observe their routines in the centre. The atmosphere in the centre was calm and relaxed, and most of the residents were still sleeping. Staff were observed to be attentive to residents' needs for assistance and support.

Residents said that they felt safe and were comfortable living in the centre. Some residents spoke favourably about the improvements made with the refurbishment of their bedrooms and the communal areas. One resident said 'it was like living in a different nursing home', and another resident said they 'loved the new colour schemes'. It was evident that the service provided was person-centred, organised around residents' individual preferences and choices, encouraged their independence and respected their rights.

The inspector observed that staff and residents knew each other well, and this was demonstrated in the meaningful, kind and person-centred interactions by staff with each resident.

Falcarragh Community Hospital is located on the perimeter of the small gealteach town of Falcarragh in north-west Donegal. The designated centre is within walking distance to the shops, church and other amenities. The centre premises is a single-storey premises. Extensive refurbishment was completed in all areas of the designated centre. Works were also taking place in other areas of the premises that were not part of the designated centre, including in the main kitchen, reception area, four bedrooms, communal accommodation, storage and a number of various utility areas. Temporary access to the designated centre was through an adjacent building that was not part of the designated centre. These works were taking place

immediately outside the designated centre, and were being appropriately managed to minimise any negative impact on residents' comfort or safety. In addition, the areas undergoing refurbishment works were secured off from the designated centre to safeguard residents and others.

The residents' lived environment, including their bedrooms and communal areas, were maintained to a high standard, visibly clean, spacious, bright, homely, warm and comfortable. The inspector observed that the layout of the residents' bedrooms ensured they could move around their bedrooms safely, and as they wished. Many of the residents had personalised their bedrooms with their family photographs and other personal items. Residents had adequate space for their clothing and could access their wardrobes as they wished. Residents' lockers were located within close proximity to their beds to support them to easily access their possessions when they were resting in bed. Each resident had a comfortable chair to rest in by their bedside, as they wished.

The residents' sitting room was repurposed as a kitchen area, and was in use by the catering staff to receive residents' meals from an external catering provider. The centre's catering staff described the process in place to the inspector regarding how they received and prepared the residents' meals to meet each resident's individual preferences and nutritional needs. The inspector observed the residents' lunchtime meal and spoke to a number of residents. Most residents said they were satisfied with the food they received. However, one resident who needed their food consistency modified to meet their needs was not satisfied with the menu choices available to them. This feedback was communicated to the local management team.

Residents' social activities were facilitated by the activity coordinator in the sitting/dining room, and most residents were observed to enjoy participating in the varied social activities taking place as scheduled. The atmosphere was observed to be lively and a number of residents chatted together or with staff. Residents all joined together for the rosary and took turns leading the prayers. A small number of residents spent time in their bedrooms and the activity coordinator ensured they had opportunities to participate in social activities that were meaningful for them. The outdoor areas had outdoor seating for residents' use as they wished. Some residents were interested in gardening and raised flower beds were available, and a new poly-tunnel was recently constructed in readiness for residents who wished to be involved in spring flower and vegetable planting. Residents told the inspectors that there was always something interesting to do, and some residents said they liked to go out regularly with their family.

Residents told the inspector that they felt safe in the centre, and that they would have no hesitation in speaking to any staff member or their relatives if they had any concerns or were dissatisfied with any aspect of the service they received.

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

identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that this designated centre was generally well-managed, and that the management and staff were committed to providing a good service to residents to meet their needs. However, the arrangement where the person in charge was involved in deputising for the service manager meant that the local management structure was incomplete, and was not in accordance with the centre's statement of purpose (SOP). Although the management team were proactive in responding to deficits identified in service quality and safety monitoring, this inspection found that some further actions were necessary to ensure residents' fire safety and safety from risk of infection.

The registered provider of Falcarragh Community Hospital is the Health Service Executive (HSE), and a service manager was assigned by the provider to represent them. As a national provider involved in operating residential services for older people, Falcarragh Community Hospital benefits from access to and support from centralised departments such as human resources, information technology, fire and estates, staff training, clinical practice development and finance. The centre's local management structure consisted of a person in charge supported by a clinical nurse manager 2 and a clinical nurse manager 1. The management team oversees the work of a team of staff nurses, health care assistants, activity staff, catering and cleaning staff.

The provider had systems in place to support oversight and monitoring of the quality and safety of services provided for the residents. While the quality assurance processes were mostly informing improvements in the service, these processes were not effectively identifying deficits, as discussed under Regulation 23: Governance and Management.

The provider had arrangements in place to ensure that there was adequate staff with appropriate skills available to meet residents' needs. The provider ensured that staff had access to, and opportunities to attend a range of training and development programmes to support them in their respective roles.

While the provider had arrangements in place to ensure that records were maintained in the centre as required by Regulation 21: Records, a number of records were not available in staff files reviewed by the inspector, including an appropriate An Garda Siochana vetting disclosure for one staff member.

A directory of residents was maintained in line with the requirements of Regulation 19: Directory of residents.

The provider ensured that each resident had a contract of care and service which was signed and dated in consultation with the resident concerned or on by their representative on their behalf. The terms and conditions of each resident's residency were clearly described, and included their accommodation fees, and a description of their bedroom accommodation.

The provider ensured all accidents and incidents involving residents were appropriately managed in the centre, and that notifications to the office of the Chief Inspector of incidents involving residents were completed, as required by the regulations.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills on duty on the day of this inspection to meet the residents' needs, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in change maintained a staff training record, and all staff had completed up-to-date mandatory training, including training on safeguarding residents from abuse, fire safety and safe moving and handling procedures. Staff also had access to and had completed a variety of professional development training appropriate to their roles.

Each member of staff were appropriately supervised and supported to perform their individual roles as required.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained and included all information regarding each resident as specified by the regulations.

Judgment: Compliant

Regulation 21: Records

Further to a review of a sample of staff employment files, the inspector found that the following required information was not available in respect of staff working in the designated centre;

- Although information was available that one staff member working in the centre had vetting procedures completed, a vetting disclosure in accordance with National Vetting Bureau (Children and Vulnerable Adults) legislation was not available in this staff member's file. A full employment history and details of previous work experience relevant to their current role was not available for two staff members. Two written employment references were not available for one staff member.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had not ensured that the management structure in the designated centre was in line with the centre's statement of purpose and conditions of the centre's registration. The inspector confirmed that the person in charge was involved in deputising in the service management role while the service manager was on statutory leave, and this meant that the person in charge was not working in the centre in their role during these periods.

The registered provider's governance and management systems were not effective in some areas to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. The monitoring and oversight systems in place were not effective as follows:

- Auditing of residents' assessments and care plans failed to identify that residents' care documentation was not completed to the required standards. This posed a risk that relevant information regarding each resident's needs and care interventions would not be available to staff, and these needs would not be effectively met.
- Infection prevention and control, and environmental audits did not identify risks posed to residents by inappropriate storage practices that posed a risk to residents' safety from infection.
- Fire safety monitoring procedures did not identify the risk to residents' safety posed by the storage of oxygen cylinders in the clinical room and free standing frames, each fitted with two fire extinguishers in areas along the corridors.
- Records for each staff member that must be held in the centre were not available for a number of staff, as discussed under Regulation 21: Records.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of residents' contracts and each resident in the sample reviewed had a contract of care and service which was signed and dated in consultation with the resident concerned or on by their representative on their behalf. The terms and conditions of each resident's residency were clearly described, and included their accommodation fees, fees for additional services and a description of their bedroom.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required, and within the time frames specified by the regulations. All requests for additional information were responded to by the person in charge without delay.

Judgment: Compliant

Quality and safety

Overall, this inspection found residents' were provided with good standards of nursing and healthcare. Residents' rights were respected and residents were provided with opportunities to participate in meaningful social activities that were tailored to meet their interests and individual capacities.

Refurbishment of all areas of the designated centre had significantly improved the residents' accommodation in the designated centre. Although completion of the refurbishment project, including the main kitchen, reception area, four bedrooms, communal accommodation, storage and a number of various utility areas was not completed by November 2025, as scheduled, the inspector was informed that these works were at an advanced stage, and were nearing completion.

Residents' nursing care and support needs were met to a good standard by staff, and residents were facilitated with timely access to their general practitioner (GP) and health care professionals. Residents' care was delivered by staff in accordance with their needs, preferences and in line with their care plans. Although residents'

care needs were met, care plans were not developed to guide staff on the care they must provide to meet residents' assessed needs. Residents' care plans were regularly reviewed, but assurances were necessary to ensure this was done in consultation with residents and/or their representatives.

Residents were provided with sufficient opportunities to participate in a varied and meaningful social activities programme to meet their needs on this inspection. Residents who remained in their bedrooms had equal access to social activities that interested them and were provided in line with their individual capacities. However, actions were necessary to ensure that the documentation of residents' participation in social activities was adequately completed at weekends when the activity coordinator was not available.

The registered provider had comprehensive measures in place to ensure that residents were protected from the risk of fire, and that residents' evacuation needs to a place of safety in the event of a fire in the centre would be met. However, storage of oxygen cylinders in the clinical room and free standing frames, each holding two fire extinguishers placed in areas along the corridors posed a risk to residents' safety. The inspection findings are discussed further under Regulation 28: Fire precautions.

The provider had a number of measures in place to protect residents from the risk of infection. However, inappropriate segregation of equipment and residents supplies posed a risk of cross contamination. This finding is discussed further under Regulation 27: Infection control.

Residents were supported to practice their religion, and clergy from the different faiths were available as residents wished. Residents were supported to speak freely and provide feedback on the service they received.

Residents' nutritional needs were met, and procedures were in place to ensure residents at risk of dehydration or with unintentional weight loss were closely monitored and appropriately referred for timely review by medical and social care professionals as necessary.

Effective measures were in place to safeguard residents from abuse, and residents confirmed that they felt safe and secure in the centre. Staff had completed up-to-date training in prevention, detection and response to abuse. Staff who spoke with the inspectors were knowledgeable regarding the reporting arrangements in the centre and their responsibility to report any concerns they may have regarding residents' safety.

Regulation 17: Premises

Refurbishment was completed in the designated centre and the layout of residents' bedrooms and communal accommodation met their needs and was in accordance with the center’s floor plan and statement of purpose. Further refurbishment and

upgrading works in progress to areas outside the designated centre were in progress, and nearing completion on the day of inspection, including a main kitchen, reception area, four bedrooms, communal accommodation, storage and a number of various utility areas.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were regularly assessed, and closely monitored. Residents were appropriately referred for assessment by the dietician and speech and language therapist as needed, and their treatment plan recommendations were implemented.

Residents were provided with a choice of meal menu, and most residents who spoke with the inspector said they enjoyed their meals and could have alternatives to the hot meal menu options offered if they preferred. Residents' special dietary requirements were effectively communicated to catering staff in the centre and residents' meals were prepared in accordance with their individual preferences, assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available at mealtimes and throughout the day, as residents wished.

The provider had arrangements in place that residents' meals were cooked by an established catering facility outside of the centre while the centre's kitchen was being upgraded. Residents' meals were served in the dining room. A small number of residents preferred to eat their meals in their bedrooms, and their preferences were facilitated. There was sufficient staff available to provide timely assistance to residents in the dining room and in their bedrooms at mealtimes. Staff were observed to provide discreet assistance as needed to residents with additional needs, and to encourage residents with assessed risk of dehydration to drink fluids throughout the day.

Judgment: Compliant

Regulation 27: Infection control

Improvement actions were required to ensure that the centre complied with procedures consistent with the National Standards for Infection Prevention and Control in Community Services (2018) and that residents were protected from risk of infection, as follows:

- Storage in the storeroom was not appropriately segregated and posed a risk of cross contamination to residents. The inspector observed that clean bed linen, three hoists, a weighing chair, walking frames, mattresses and incontinence wear were stored in this store room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although the provider had fire safety measures in place in the area of the designated centre that was operational on the day of the inspection to ensure residents' safety in the event of a fire in the centre and these measures were kept under review while the refurbishment and upgrading works are in progress. However, the following findings posed a risk to residents' safety.

- There was storage of four oxygen cylinders in the clinical room with potentially combustible clinical supplies.
- Two fire extinguishers were fitted on frames that were free-standing in a number of areas along the circulating corridors, and posed a risk of injury to residents as these frames were not secured.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While residents' care needs were met, actions were necessary to ensure residents' care plan documentation clearly described residents' needs, and that residents' care plans were developed in consultation with them and/or their representatives as follows;

- Not all residents' needs were informed by a care plan. This inspection found that one resident diagnosed with a multiple-drug resistant infection (MRDO) did not have a care plan to direct staff on this resident's care to meet their infection prevention and control needs.
- While a care plan was developed for one resident with a number of wounds, the information to direct staff on the specific care procedures for each wound in accordance with the tissue viability nurse specialist recommendations was not clear. This posed a risk that pertinent information regarding care of each wound would not be effectively communicated to staff.
- Although there was evidence that residents' care plans were reviewed at a minimum of every four months, information was not available to confirm that

these reviews were done in consultation with residents and /or their representatives.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioner (GP) services, including out-of-hour services. Residents had access to other health and social care professionals such as tissue viability nurse, speech and language therapy services and a dietitian where required. Residents were supported to attend out-patient services as necessary.

Judgment: Compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect residents from abuse. The provider ensured that staff were facilitated to attend up-to-date safeguarding residents from abuse training. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspector that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The documentation available regarding the social activities residents participated in at the weekends was limited and did not give adequate assurances that residents had adequate opportunities to participate in the social activities they preferred, as described in their care plans during the weekend.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Falcarragh Community Hospital OSV-0000619

Inspection ID: MON-0047564

Date of inspection: 17/02/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The PIC has engaged with HSE HR department and has completed a systematic review of the process utilised for establishing and maintaining all personnel files within the Designated Centre. A more cohesive and robust HR system for managing personnel files is now in place. The non – compliances identified during the inspection have all been rectified. Furthermore the personnel files have been streamlined to facilitate the inspection process. The completion of the systems review will assure regulatory compliance with Schedule 2 of the HIQA regulations (Health Act 2007).	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC and CNM2 have reviewed the Designated Centre's governance, management and oversight systems to ensure the following: • Auditing of residents' assessments & care plans robustly identifies non – compliances in resident care documentation. All residents' assessments and care plans contain full relevant information and are available to all staff to ensure the provision of high quality, safe and effective care to residents. • A second store room specifically for the storage of clean bedlinen and continence wear has been identified. This will mitigate the IPC risk in relation to inappropriate storage identified during the inspection.	

• The F size emergency oxygen cylinder stored on the oxygen cylinder trolley in the clinical room is now secured to the adjacent wall. The existing semi-automatic ventilation system currently in the room, is being converted to a continuous ventilation system. This has been completed. The temperature of the room is being monitored and recorded twice daily. This will mitigate the risk posed to residents from fire whilst ensuring oxygen is available for use in the event of a medical emergency. The freestanding frames fitted with fire extinguishers situated along the circulating corridors will be removed and all fire extinguishers on the circulating corridors will be fixed to the wall. This has been completed. This will mitigate the risk posed to residents' safety by free standing frames.
• The PIC has engaged with HSE HR department and has completed a systematic review of the process utilised for establishing and maintaining all personnel files within the Designated Centre. A more cohesive and robust HR system for managing personnel files is now in place.
The non – compliances identified during the inspection have all been rectified. Furthermore the personnel files have been streamlined to facilitate the inspection process.
The completion of the systems review will assure regulatory compliance with Schedule 2 of the HIQA regulations (Health Act 2007).

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A second storage room has been identified within the designated centre for the storage of clean bed linen and continence wear. An additional external storage unit will be available in the grounds of the designated centre once the refurbishment work has completed on 30/04/26.
This additional storage will assure the residents are protected from the risk of infection arising from inappropriate storage segregation and assure the designated Centre complies with National Standards for Infection Prevention and Control in Community Services (2018).

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The F size emergency oxygen cylinder stored on the oxygen cylinder trolley in the clinical room is now secured to the adjacent wall. The existing semi-automatic ventilation system

currently in the room, is being converted to a continuous ventilation system. This has been completed. The temperature of the room is being monitored and recorded twice daily. This will mitigate the risk posed to residents from fire whilst ensuring oxygen is available for use in the event of a medical emergency. The freestanding frames fitted with fire extinguishers situated along the circulating corridors will be removed and all fire extinguishers on the circulating corridors will be fixed to the wall. This has been completed. This will mitigate the risk posed to residents' safety by free standing frames. Remaining 3 CD size oxygen cylinders have been removed from the clinical room and returned to oxygen gas suppliers.

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 Care plan of the resident diagnosed with Multi Drug Resistant Organism has been reviewed and updated to include directions for staff on the care required to meet this resident's Infection Prevention and Control needs.

• The care plan for the resident with a number of wounds has been reviewed and updated providing clear signposting directing staff to the location of the Tissue Viability Clinical Nurse Specialist's recommendations for the management of each individual wound. This will ensure the relevant information is effectively communicated to all staff.

• All residents' care plans have been reviewed to ensure they contain confirmation that they have been discussed and agreed with the residents and their care representatives. The PIC and CNMs have reviewed the 3monthly care plan auditing system to ensure all residents' care plans are person centered and clearly outline residents' care needs and how those needs are met.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The PIC, CNM2 and activities coordinator have reviewed and amended the activities documentation to ensure it describes the weekend social activities schedule and confirms residents are offered adequate opportunities to participate in their preferred activities during the weekend. The changes to the documentation have been communicated to all staff.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	10/04/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/04/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	30/04/2026

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	30/04/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/04/2026
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	10/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	10/04/2026

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	10/04/2026