Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Mullindrait, Stranorlar, Donegal
Type of inspection:	Unannounced
Date of inspection:	22 June 2026
Centre ID:	OSV-0000625
Fieldwork ID:	MON-0047338

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The provider states in the centre's statement of purpose that the philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their holistic needs. This approach involves multidisciplinary teamwork with an aim to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected.
The designated centre is located on the perimeter of an urban area. It provides twenty-four hour nursing care in three distinct areas, Barnes View (accommodating up to 15 residents requiring long term care), Woodville (dementia care for 16 residents) and Finn View (12 beds for residents needing short term care assessment, rehabilitation, convalescence and respite care).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 22 June 2026	08:00hrs to 15:45hrs	Catherine Connolly-Gargan	Lead

What residents told us and what inspectors observed

Overall, this unannounced inspection found that residents were satisfied with living in the designated centre, and they told the inspector that they were comfortable, safe and well cared for.

On arrival, the inspector was met by the centre's assistant director of nursing (ADON), who was deputising for the person in charge during statutory leave. Following brief introductions, the inspector completed a walk around the centre. The inspector observed that some chose to sleep on later into the morning, and their choices were respected. Other residents were preparing to get up either by themselves or with the assistance of staff. Most of the residents preferred to eat their breakfast in their bedrooms. Residents told the inspector that the staff encouraged and supported them to make their own decisions regarding the time they got up in the mornings, the time they went to bed, and what they wished to do during each day, including where they preferred to eat their meals.

St Joseph's Community Hospital is located a short drive from Stranorlar town centre. The designated centre is located on the first floor of a two-storey premises. As the building is built on a split-level site, access to the designated centre is provided on ground floor level. Residents' bedroom accommodation consists of single, twin, and three and four bed occupancy rooms. Communal sitting and dining rooms are located in each unit to meet residents' needs. Residents' bedrooms and communal accommodation were bright, spacious and decorated in a domestic-style that was familiar to the residents. Residents were encouraged and supported to personalise their bedrooms and bed area with their personal photographs, and other items they valued. Various items of traditional memorabilia, ornaments, residents' artwork and domestic style furnishings added to the comfort of the residents' lived environment. Colourful wall art and decorative outdoor ornaments and mobiles were used to make the outdoor areas more interesting for the residents. Extensive refurbishment and necessary fire safety works were completed in the three units accommodated by residents; however, works in the other areas of the designated centre, including the main corridor, and utility rooms located along this corridor were not completed at the time of this inspection.

The designated centre is arranged in three units, Finn View, Barnesview and Woodville units. Woodville unit is a dementia specific unit. Access to the dementia specific unit was controlled by staff to ensure residents' safety. The layout of the corridors and residents' accommodation supported their safe access around the centre as they wished, and there were no restrictions on residents' access as they wished in their lived environment. The inspector observed that the environment, including residents' bedrooms and the communal areas, was visibly clean, bright, homely, warm and comfortable. With the exception of the main link corridor, all areas of the centre were well maintained.

Staff were observed to be responsive to residents' needs, and there was a happy atmosphere in the centre with staff and residents chatting and laughing together throughout the day. All staff interactions with residents were observed to be respectful, kind, and person centred. Residents' comments regarding the staff caring for them and the service they received were positive. One resident said that the staff were 'special people' and another resident commented that the staff were 'always so kind and helpful' towards them. A number of residents spoke about how satisfied they were with the standards of the refurbishment works done in the centre, and how much this had positively impacted their quality of life.

Residents were observed participating in a varied schedule of social activities taking place. Residents' social activities in the dementia unit were specifically tailored to meet their individual interests and capacities. Residents who did not wish to participate in the group social activities taking place in the communal sitting rooms were observed to be relaxing in the communal areas or in their bedrooms. Staff were observed regularly checking in on these residents and encouraged and supported them to participate in various activities that interested them in their bedrooms. One resident with dementia was availing of one-to-one staff for three hours each evening to support them when they were at increased risk of experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Residents' personal laundry and bed linen were washed off-site in a laundry facility contracted by the provider. Residents were satisfied with the arrangements in place for collection and return of their clothes to them.

Residents could access safe outdoor areas as they wished, and they told the inspector that they felt safe and secure in the centre. Residents also said that they would speak to a staff member or to their relatives if they had any concerns or were dissatisfied with any aspect of the service or the care 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

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The inspector followed up on the provider's progress with completing the actions they had committed to take in their

compliance plan from the previous inspection in May 2025, and also followed up on the statutory notifications and other information received.

Overall, this inspection found that this designated centre was generally well-managed, and the management and staff ensured that residents were kept central to the service provided. Although the management team were proactive in responding to most deficits identified in the quality and safety of the service, actions were necessary to ensure that deficits in residents' care documentation were identified and effectively addressed. Risks to residents' safety posed by inadequate oxygen storage were not identified and the risks were not effectively managed.

The registered provider of St Joseph's 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, St Joseph's Community Hospital benefits from access to and support from centralised departments such as human resources, information technology, fire and estates, staff training and finance. The centre's local management team consisted of a person in charge supported in their role by an assistant director of nursing, who was deputising for the person in charge on the day of this inspection, and clinical nurse managers on each of the three units.

While the provider ensured there were sufficient numbers of appropriately skilled staff available at all times on each unit to meet residents' needs, the provider contracted a number of agency staff on an ongoing basis to replace vacancies and leave by permanent staff working in the centre. This was not a sustainable staffing model and was not in line with the designated centre's statement of purpose.

The provider ensured that staff had access to and had completed a variety of training, appropriate to their roles, to ensure they had the necessary skills and competencies to meet residents' needs. All staff had completed mandatory training, including in safeguarding residents from abuse. Actions taken since the last inspection regarding staff supervision to were not effective, and further actions were necessary to ensure residents' care documentation was completed to required standards.

The provider had systems in place to audit key areas of the service, and there was evidence that this process was generally effective in ensuring that the standards of service delivery in a number of key areas were met. However, the management systems in place were not identifying and effectively managing deficits in residents' care documentation, and risks to residents' safety posed by storage of oxygen in the centre.

The provider had arrangements in place for recording all accidents and incidents involving residents in the centre and for notification of incidents to the office of the Chief Inspector of Social Services as specified by the regulations.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills available in each of the three units to meet residents' needs. The person in charge assessed and closely monitored staffing numbers and skills needed to ensure each resident's needs were effectively met by staff without delay. Arrangements were in place to ensure any leave by staff was replaced without delay, and procedures were in place to oversee agency staff coming into the centre, and to ensure they were skilled, appropriately vetted and adequately supervised.

Judgment: Compliant

Regulation 16: Training and staff development

Although residents' needs were met, actions were necessary to improve supervision of staff to ensure that they complete residents' care documentation to the required standards.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider did not ensure that staffing resources in the centre were effectively planned and managed in accordance with the designated centre's statement of purpose (SOP). The provider had a staffing model in place where staff vacancies and leave were replaced with agency staff. For example, agency staff were working in the centre for 354 hours in the week prior to the inspection, of which 96 hrs were by agency staff nurses, and 258 hrs were worked by agency healthcare staff. This staffing model was not sustainable, did not ensure continuity of residents' care, and was not in line with the designated centre's staffing levels outlined in the registered statement of purpose.

The quality assurance systems for monitoring the quality and safety of the service were not effective and had not identified and addressed the deficits found on this inspection in residents' care documentation and in the main corridor environment.

Fire safety management systems in place were not effective as they did not recognise and adequately manage the risks outlined under Regulation 28: Fire precautions.

This is a repeated finding from the previous inspection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained in the centre. Statutory notifications and quarterly reports were submitted as required, and within the time frames specified by the regulations.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents' rights were respected and residents were provided with good standards of nursing care. However, further actions were necessary to ensure residents' care was guided by adequate documentation. Residents had timely access to health care to meet their needs, and were well supported to enjoy a good quality of life in the centre.

Residents' nursing care and support needs were comprehensively assessed. However, actions were necessary to ensure that a number of the residents' care plan documentation was sufficiently updated and detailed to guide staff in meeting residents' care needs. This is of particular importance as agency staff were regularly involved in residents' care delivery.

Residents were provided with a varied social activity programme that ensured they had opportunities to participate in social activities that were meaningful, and supported them to participate in activities in accordance with their preferences and capacities. Residents who remained in their bedrooms had equal access to social activities that interested them.

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 inspector were knowledgeable regarding the reporting arrangements in the centre and their responsibility to report any concerns they may have regarding residents' safety.

A positive and supportive approach was taken by staff with caring for residents who intermittently experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

The provider ensured the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018) were met.

The layout of the premises met residents' needs. Residents' bedrooms were spacious and facilitated residents to move around their rooms as they wished. A variety of communal rooms and convenient communal facilities were available, including safe outdoor areas that residents could access as they wished. Notwithstanding the provider's significant refurbishment of the three units accommodated by residents, works were necessary to ensure the flooring in the main link corridor between the units was adequately maintained and did not pose a risk to residents' safety.

The provider had significantly upgraded the fire safety measures to protect residents from risk of fire; however, storage of oxygen in a room alongside potentially combustible materials in the absence of adequate ventilation procedures posed a fire risk to residents.

Residents were supported to practice their religion, and clergy from the different faiths were available as residents wished. Residents were provided with opportunities to be involved in the running of the centre, and their views and suggestions were valued. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services as they wished.

Regulation 17: Premises

Notwithstanding the extensive refurbishment completed in the three units in the centre, the following findings were not in accordance with Schedule 6 of the regulations;

- Parts of the floor covering on the main circulation corridor linking the three units were worn and damaged.
- The floor in the corridor was uneven in one area. This posed a risk of falling to residents.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The original recommendations made by the dietician in the hospital were not available in the centre for reference, and to guide staff on one resident's nutrition care.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider ensured the requirements of Regulation 27: Infection control and the National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from the risk of infection. The environment and equipment were managed in a way that minimised the risk of transmitting a healthcare-associated infection. Staff were facilitated to attend infection prevention and control training. Floor and surface cleaning procedures were in line with best practice guidelines, and cleaning schedules were in place and completed by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed residents' assessment and care planning documentation and found that although residents' needs were being met, insufficient assessment of residents' social care needs and gaps in their care plan documentation did not ensure each resident's care needs were identified and adequately detailed in their care documentation to guide staff on safe and effective care delivery to meet their needs.

This was evidenced by the following findings;

- There was insufficient person-centred detail in a number of residents' care plans to guide staff on their individual preferences regarding their care needs and routines. As agency staff were regularly contracted to work in the centre, this posed a risk that residents' care information would not be effectively communicated to them, and residents would not be effectively met.
- The recommended treatment plans developed by the speech and language therapist and by the dietician were not accurately detailed in residents' care plans, and posed a risk that their nutrition needs would not be safely and effectively met.
- Residents with assessed risks of dehydration and who were dependent on staff to support them with drinking adequate fluids did not have information in their care plans to guide staff on their recommenced fluid intake and the actions staff should take if not achieved. One resident who regularly needed subcutaneous fluid administration to meet their hydration needs did not have any instruction detailed in their care plan to guide staff on when this prescribed 'as required' fluid should be administered.

- Documentation regarding the assessment of a number of residents' social care interests was limited and did not adequately assess their individual capabilities to participate in social activities that meet their needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to their general practitioner (GP) and other medical services, including psychiatry of older age services to health and social care professionals, as needed. Residents were supported to attend out-patient appointments as scheduled.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A number of residents in the centre at the time of this inspection were at risk of experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). A positive and supportive approach was taken by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours. Staff were observed to be attentive to residents' individual needs for support, and residents responded well to the care and support provided to them by staff. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to effectively care for residents with responsive behaviours.

The centre's management and staff were committed to reducing the use of full-length restrictive bed-rails with trials of less restrictive alternatives and further to ongoing regular review.

Judgment: Compliant

Regulation 8: Protection

Policies and procedures in place and available to staff to guide them on safeguarding 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. Actions were completed to ensure access was controlled into the designated centre from a step-down unit that was not part of the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported and encouraged to make individual choices regarding their day-to-day lives in the centre. Staff ensured that residents had the necessary information to support them to make informed decisions, and their choices and preferences were respected. Residents' rights to privacy and dignity were respected in their lived environment, and at all times by staff caring for them.

Residents had adequate opportunities to participate in a variety of meaningful individual and group activities to meet their interests and capabilities. Residents were supported by staff to go out into their local community with their friends and families, as they wished.

Residents were facilitated to practice their religions, and clergy from the different faiths were available to meet with residents, as they wished. Residents had access to televisions, telephones and newspapers, as they wished, and were informed about and supported to avail of advocacy services to support them if they wished.

Regular residents' meetings were convened, and residents' feedback, views and suggestions were valued and utilised by the service to make improvements.

Judgment: Compliant

Regulation 28: Fire precautions

An oxygen cylinder was not stored safely in the clinical room in Finn View Unit that contained potentially combustible materials. Although measures had been put in place to ventilate this room on the day of the inspection, it was dependent on manually opening the window and turning on an air extractor fan. Procedures were not in place to ensure these actions were completed. This is a repeated finding from the previous inspection.

Furthermore, the air extractor fan was not functioning on the day of inspection, and was in need of repair. This posed a fire safety risk to residents.

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	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for St Joseph's Community Hospital OSV-0000625

Inspection ID: MON-0047338

Date of inspection: 22/06/2026

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff supervision strengthened to include oversight of documentation practices. Any staff member identified as requiring additional support will receive individual guidance and supervision. Regular audits of resident's care documentation are undertaken by clinical nurse mangers and audits results are reviewed by ADON/DON. Audits are included with daily progress notes, assessments, care plans and relevant monitoring records. Documentation compliance will be monitored as the part of staff supervision and performance review. This action is completed on 17/09/2026.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All vacant positions in the Designated Centre are entered on to the Employment Control Tracker by the Person In Charge for approval to fill by the Registered Provider Representative, Integrated Health Area Manager and Regional Executive Officer. Once approved these are then submitted to the Human Resource Department to recruit into the Designated Centre. This is ongoing and will be completed by 31/03/2027. Agency staff working in RCF are provided with appropriate induction and guidance and have access to the information to provide safe, consistent person – centered care. The registered provider and PIC reviewed the current audit and quality assurance schedule to ensure that all key areas relating to resident's care documentation and physical environment are appropriately monitored. PIC and CNM audited residents care	

documentation and ensured documentation is person centered. This action is completed on 17/09/2026.

The registered provider and PIC have engaged with HSE Estates and maintenance and remedial action will be completed for the uneven surface on the main corridor. This will be completed by 31/10/2026. Further works are planned to replace the floor covering in the main circulation corridor linking the three units and these works are expected to be completed by 31/03/2027.

The existing ventilation system currently in the clinical room will be converted to a continuous ventilation system. 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. This will be completed by 30/11/2026.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The registered provider and PIC have engaged with HSE Estates and maintenance and remedial action will be completed for the uneven surface on the main corridor. This will be completed by 31/10/2026. Further works are planned to replace the floor covering in the main circulation corridor linking the three units and these works are expected to be completed by 31/03/2027.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
Original dietetic recommendations are now obtained from dietitian. The resident's dietitian recommendations were documented in the care plan and are incorporated in the resident's nutritional care. Nursing staff and clinical nurse mangers will ensure that relevant health care recommendations are obtained and incorporated in to the resident's care records following admission, hospital appointments etc.
PIC and CNM audited the residents care documentation to ensure this is in full

compliance. This is completed on 10/09/2026.

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:
PIC and CNM reviewed all residents care plans and ensured care plans are person – centered with residents' individual preferences and routines are documented. Agency staff working in RCF are provided with appropriate induction and guidance and have access to the information to provide safe, consistent person – centered care.
PIC and Clinical nurse managers audited the treatment plans developed by the SALT and dietitian and ensured that these are accurately documented in the care plan. In addition, residents at risk of dehydration are provided with a care plan including recommended daily fluid intake to ensure to meet the hydration needs.
A review conducted on all resident's social care assessments to ensure that each residents interests, hobbies, preferences are documented. PIC and CNM audited the residents care documentation to ensure this is in full compliance. This is completed on 17/09/2026.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The existing ventilation system currently in the clinical room will be converted to a continuous ventilation system. 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. This will be completed by 30/11/2026.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	17/09/2026
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	31/03/2027
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/03/2027
Regulation 23(1)(d)	The registered provider shall ensure that management	Substantially Compliant	Yellow	17/09/2026

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.	Substantially Compliant	Yellow	10/09/2026
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	30/11/2026
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	Substantially Compliant	Yellow	17/09/2026

	than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 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.	Substantially Compliant	Yellow	17/09/2026