



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

## Issued by the Chief Inspector

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| Name of designated centre: | St Augustine's Community Nursing Unit                 |
| Name of provider:          | Health Service Executive                              |
| Address of centre:         | Cathedral Road,<br>Abbeyhalfquarter, Ballina,<br>Mayo |
| Type of inspection:        | Unannounced   |
| Date of inspection:        | 08 January 2026                                       |
| Centre ID:                 | OSV-0000649   |
| Fieldwork ID:              | MON-0046403   |

## About the designated centre

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

St Augustine's Community Nursing Unit is a 33-bedded community nursing unit which is under the management of the Health Service Executive (HSE). It is situated in the town of Ballina, close to St. Muradech's Cathedral. Nursing care is provided to long-stay and respite residents who have increasing physical frailty, some living with dementia and others requiring assistance with mental health or palliative care needs. The environment is stimulating and friendly. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their care and support. The service promotes independence, health and well being. Accommodation includes single and twin rooms. An internal courtyard garden and a further garden to the front of the building were available.

**The following information outlines some additional data on this centre.**

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| Number of residents on the date of inspection: | 29 |
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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    |
|----------------------------|-------------------------|----------------|---------|
| Thursday 8<br>January 2026 | 09:00hrs to<br>17:00hrs | Celine Neary   | Lead    |
| Thursday 8<br>January 2026 | 09:00hrs to<br>17:00hrs | Sandra Rowland | Support |

## What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspectors was that they were happy and liked living in St Augustine's Community Nursing Unit. Residents spoken with were complimentary of the centre and the care they received. Residents informed the inspectors that "it's lovely here", "I like it here" and "it'll do for now". They described the service as "good". When asked about the staff that cared for them, residents informed the inspectors that the staff "were very helpful", "they always come to me" and "they are good to me here".

This inspection found that there was a person-centred approach to care and attention provided in the centre, where residents' were supported to have a good quality of life by a dedicated team. The inspectors observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

When inspectors arrived at the centre, they saw that staff were wearing masks. When asking why this was, the staff told the inspectors that there was an outbreak of infection and that seven residents were in isolation.

As the inspectors walked through the centre, residents were observed to be content as they went about their day. The inspectors spent time observing staff and residents' interactions. Residents sat together in the communal rooms chatting and listening to music. Other residents were sitting quietly, observing their surroundings. Residents were observed to be socially engaged with each other and with staff. A small number of residents were observed enjoying quiet time in their bedrooms.

Staff who spoke with the inspectors were knowledgeable about the residents and their needs. There was a pleasant atmosphere throughout the centre, and staff were busy assisting and caring for residents throughout the day. Staff worked hard to ensure residents were very well-cared for. All residents had access to call-bell facilities and inspectors observed that these were consistently responded to in a timely manner.

The premises were laid out to meet the needs of residents. Residents were able to move freely and safely through the centre. Residents could access their courtyard garden and leave the centre with family or friends. The centre was bright, warm and well-ventilated throughout. Call-bells were available in all areas and were answered in a timely manner. The centre was found to be visibly clean and tidy, with the exception of some areas. The building was maintained to a good standard, but several areas required repainting and refurbishment, such as corridor walls, skirting boards, doors and door frames.

The centre was clean, and housekeeping staff worked hard to maintain the cleanliness within this centre. However, the standard of cleanliness was not consistent throughout and inspectors saw that some communal areas, communal toilets and bedrooms were not cleaned to the same standard. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs.

The inspectors observed that staff were wearing personal protective equipment (PPE) while providing personal care. Staff told the inspectors that this was because of an infection outbreak. Six residents were in isolation and receiving treatment for acute respiratory symptoms. This had not been notified to the Office of the Chief Inspector. The inspectors observed that not all staff were wearing PPE appropriately and some staff were observed wearing gloves inappropriately, and did not consistently change their PPE upon leaving bedrooms.

A store room that contained large equipment such as chairs, wheelchairs and other assistive equipment was cluttered and full to capacity. The inspectors observed staff having great difficulty trying to access this equipment in this room, due to the overcrowding of the equipment. Furthermore, clean clinical supplies were stored in this room which increased the risk of cross contamination. Inspectors observed staff having great difficulty accessing equipment and supplies from this room due to the overcrowding, and it was a challenge to take equipment required for residents' care in and out of this room. Other PPE equipment and furniture were stored on the floor on the corridor outside of the hairdressers' room.

Inspectors observed that corridor walls and skirting boards were in need of painting and refurbishment. Several walls and skirting boards were marked and scuffed from general wear and tear. Residents who smoked did not have a sheltered area in their outside garden, and the inspectors observed a resident standing outside in the rain smoking.

Inspectors observed the dining experience at lunch time for residents and found that residents were provided with support and assistance to enjoy their meals. Residents were offered a choice, and those who chose to have lunch in their bedrooms were supported, and assistance was provided.

The inspectors chatted with a number of residents about life in the centre. Residents spoke positively about their experience of living in the centre. Residents commented that they were very well cared for, comfortable living in the centre. However, three residents told the inspectors that "the day is long sometimes" and that they "watch TV or listen to the radio". On the day of this inspection, the inspectors did not observe any activities taking place other than residents watching television. Two residents were observed participating with an art therapist, who visits the centre regularly. A group physiotherapy class was due to take place, but was cancelled at short notice. Staff told the inspectors that because this was scheduled, other activities were not provided for that day.

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

## Capacity and capability

This inspection found that the centre was well-managed by an experienced team who promoted an open and inclusive culture in which residents received person-centred care in line with their assessed needs and individual preferences. However, there were some areas which required improvement, and these are discussed under the relevant regulations.

This was an unannounced risk inspection 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 inspectors also reviewed the compliance plan submitted by the provider in response to the last inspection of the centre held in January 2025.

The provider of this centre was the Health Service Executive (HSE). The management team within the centre were experienced and knowledgeable regarding their roles and regulatory responsibilities. There was a clearly defined management structure. The management team consists of a general manager, a manager of Older Persons Services within the HSE and the person in charge. The person in charge was supported in the centre by a clinical nurse manager and a team of nurses. There were clear lines of authority and accountability. The requested information was made available to the inspector in an organised and timely manner.

Observations on the day, confirmed there were appropriate numbers of nursing and care staff available, to meet the assessed needs of residents. Residents who required assistance or reassurance were supported appropriately.

The provider had a range of management systems in place to ensure that the service provided was monitored and met the assessed needs of the residents. A system of audit was in place to monitor some areas of service provision, but did not key information relating to clinical care, such as falls, wound care, infection control, restrictive practice, activities provided and complaints. Findings on this inspection showed that management oversight systems, and the auditing process required strengthening to ensure the service provided was safe and consistent. This is discussed in more detail under Regulation 23: Governance and management.

Staff confirmed that they were well-supported by management, and that they had opportunities to raise issues in relation to residents and their work schedules. A review of team meetings indicated that relevant issues were discussed and recorded, and that there were effective communication systems in place between

the staff and the management team. Staff confirmed that this was a nice centre to work in, and that they had access to regular training.

The provider maintained a policy and procedure on complaints. There had been no complaints reported or recorded for 2025. This was confirmed by the person in charge.

### Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to meet the needs of the residents. Rosters showed that there were always two nurses on duty in the designated centre. A review of the rosters found that there was adequate staffing levels in place to meet the needs of the residents, and for the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were not completing their work to the required standards, and therefore, greater supervision of staff was required. For example:

- Inspectors observed staff using PPE incorrectly and not performing hand hygiene when leaving a room after providing care. Staff were observed wearing gloves while walking along the corridor. This increased the risk of infection spread and cross contamination between residents and staff.
- The centre was not cleaned to an appropriate standard as evidenced under Regulation 27: Infection control.
- Staff did not provide adequate activities for residents according to their needs and abilities, or residents in their bedrooms, or when there was a change in the programme.

Judgment: Not compliant

### Regulation 23: Governance and management

While there were resources and systems in place to support the provision of safe and appropriate care for residents, some areas required strengthening to ensure appropriate oversight. For example:

- The oversight and management systems in place in respect of staff supervision and performance within their assigned roles and responsibilities.
- The management systems of infection prevention and control within the centre.
- The submission of notifications as required by the regulations.
- Audits completed did not contain any action plans to drive improvements or address deficits found.
- The overall management of complaints and their investigation to ensure there were no adverse effects on residents. The management systems in place and the oversight of activities to ensure consistent availability of social activities for residents.
- The management of risk in the centre was not adequate as the dish washing detergent was stored on the floor in a resident's communal toilet. This created a risk for residents who might accidentally drink it.

Judgment: Not compliant

### Regulation 31: Notification of incidents

The person in charge had not ensured that all necessary notifications had been notified to the office of the Chief Inspector in writing. Inspectors found that two recent outbreaks of infection had not been notified as required. These were subsequently submitted following the day.

The person in charge did not provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of incidents as set out in Schedule 4 of the regulations, such as; the use of restraints, the occurrence of pressure sores, any occasion on which the fire alarm equipment was operated and any deaths that had occurred within the centre.

This is a repeated non compliance found on the last inspection in 2025.

Judgment: Not compliant

### Regulation 34: Complaints procedure

While there was a complaints policy available the summary of the complaints procedure was not on display in the centre to inform residents or relatives on how to make a complaint. A review of the complaints log book indicated that there were no complaints made in 2025. Staff confirmed that they have received verbal complaints, but these were not documented or recorded in the log book. As a result it was found

that not all complaints were investigated or managed in line with their policies and procedures.

Judgment: Not compliant

## Quality and safety

Overall, the residents in the centre received quality of care from a dedicated team of staff. Residents told the inspector that they felt safe living in the centre. Observation of interactions between staff and residents found that they communicated respectfully and effectively with residents while promoting their independence. Staff were aware of the needs of residents and encouraged choice and preferences.

There were no visiting restrictions in place, and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them.

There were arrangements in place to ensure that residents were referred to health and social care professionals as needed, but residents did not have access to a dietetic service due to the lack of HSE resources. This lack of service could negatively impact residents who would require review by these professionals.

For the most part, this centre was visibly clean and well-maintained with the exception of some areas. This is discussed in more detail under Regulations 17: Premises and 27: Infection control.

The premises was of a suitable size to support the numbers and needs of residents living in the designated centre. However, further oversight from the registered provider was required to ensure there were adequate storage arrangements in place both internally and externally in the centre. Staff had very limited space to safely store and access equipment and supplies when required for residents' care.

Some refurbishment works were required to maintain the premises. There was no shelter for residents provided in the courtyard garden area.

There were robust systems in place to safeguard residents from abuse. Staff were aware of what constituted abuse and knew their regulatory responsibilities when it came to reporting and investigating any allegations or concerns.

Residents' rights and choice were promoted and respected within the centre. Activities were scheduled each day, but did not occur on the day of inspection.

Residents were afforded the opportunities to go on day trips out of the centre and visit their local community.

### Regulation 11: Visits

The inspectors found that the registered provider had ensured visiting arrangements were in place for residents to meet with their visitors, as they wished. Residents and visitors had access to a designated visitors room if they wished to meet in private. There were no restrictions on visiting and residents could receive visitors such as their relatives and friends as they wished.

Judgment: Compliant

### Regulation 17: Premises

The designated centre did not conform to all of the matters set out in Schedule 6 of the regulations. For example:

- Due to the lack of storage space available, inappropriate storage of residents' assistive equipment was found again on this inspection. Wheelchairs, hoists, air mattresses and comfort chairs were overcrowded into one store room within the centre. Staff could not readily access this equipment. Clean sterile clinical supplies were stored in the same store room as assistive equipment, which was in daily use and visibly unclean.
- Paint was damaged and missing on a number of bedroom doors, door frames and on wall surfaces in some residents' bedrooms and on walls along a number of the corridors.
- Residents who chose to smoke were not provided with a sheltered smoking area within their courtyard garden.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents' nutrition and hydration assessed needs were met. Residents were provided with a variety of meal options at each mealtime, and they could have alternatives to the menu offered if they wished. The menu was displayed for the residents' information. Residents' special dietary requirements were known to catering staff, and their food was prepared in accordance with each resident's preferences, assessed needs, and the recommendations of the speech and language

therapist, as appropriate. Fresh drinking water, flavoured drinks, snacks, and other refreshments were available throughout the day. Mealtimes were facilitated in the dining room, and for a small number of residents, in the sitting room, in line with these residents' individual preferences. There was sufficient staff available at mealtimes to assist residents as needed. However, residents did not have access to a specialist dietetic service. The need for supplementation was managed in consultation with the general practitioner.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018); however, some practices observed on the day of inspection did not ensure full compliance with the regulations. For example;

- Equipment was generally clean with some exceptions. A wheelchair, hoist and large comfort chair were observed to be unclean.
- Dish washing detergent was stored on the floor in a resident's communal toilet.
- Used healthcare equipment was stored in a room with clean clinical supplies used for residents.
- Bags of dirty laundry were left on the floor in the laundry room.
- One communal toilet was visibly soiled, and a packet of wipes in this room was also visibly soiled. Open incontinence wear was stored in a cupboard in this communal toilet.
- Staff were not appropriately co-horted to care for residents' who were in isolation and this increased the risk of spread to residents who did not have an infection.

Judgment: Not compliant

### Regulation 28: Fire precautions

Adequate precautions were in place against the risk of fire. All fire equipment, means of escape, building fabric and services were appropriately maintained to protect residents in the event of a fire emergency. Staff received appropriate fire safety training and updates, and were aware of what to do in the event of a fire emergency. Regular fire drills were completed to ensure staff on duty could evacuate residents in a timely manner.

Judgment: Compliant

### Regulation 6: Health care

Although residents did have access to a general practitioner (GP), physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse, residents did not have access to a dietitian. Additional dietary requirements were managed in consultation with the residents G.P.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had robust systems in place to ensure residents were protected from abuse. These included safeguarding training and updates for all staff working in the centre. In addition, any allegations or incidents of abuse were recorded, and investigated by the person in charge in accordance with their safeguarding policy.

Records showed that all staff were up to date with their safeguarding training. Staff who spoke with the inspector were able to give a good account of the types of abuse they needed to be alert for, and what to do if they witnessed such an incident or when a resident raised a concern to them. Staff said that they were able to talk with the nurses or the person in charge if they had any concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors did not observe residents being offered the opportunity to participate in meaningful activities and therefore were not assured that all residents had access to meaningful activities in line with their interests and capacities. Furthermore, residents who chose to spend time in their bedrooms and not participate in group activities were not afforded the same opportunities to recreational activities and stimulation.

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                |
|---|-------------------------|
| <b>Capacity and capability</b>                |                         |
| Regulation 15: Staffing                       | Compliant               |
| Regulation 16: Training and staff development | Not compliant           |
| Regulation 23: Governance and management      | Not compliant           |
| Regulation 31: Notification of incidents      | Not compliant           |
| Regulation 34: Complaints procedure           | Not compliant           |
| <b>Quality and safety</b>                     |                         |
| Regulation 11: Visits                         | Compliant               |
| Regulation 17: Premises                       | Not compliant           |
| Regulation 18: Food and nutrition             | Compliant               |
| Regulation 27: Infection control              | Not compliant           |
| Regulation 28: Fire precautions               | Compliant               |
| Regulation 6: Health care                     | Substantially compliant |
| Regulation 8: Protection                      | Compliant               |
| Regulation 9: Residents' rights               | Substantially compliant |

# Compliance Plan for St Augustine's Community Nursing Unit OSV-0000649

Inspection ID: MON-0046403

Date of inspection: 08/01/2026

## 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   | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• IPC will be providing training to all staff in person on the 16th and 21st April</li> <li>• A thorough review of cleaning schedules and checks will be completed before 30th April 2026</li> <li>• We have revised the system for recording activities and staff are currently been trained in recording activities</li> </ul>  |               |
| Regulation 23: Governance and management  | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The person in charge and CNM 2 have reviewed the supervision processes within the unit and have revised actions and recording where improvements are identified.</li> <li>• Updated training is been provided as identified in Regulation 16 response</li> <li>• All notifications as required by the regulations are now submitted and calendars reminder have been put in place for future submissions.</li> <li>• Audits completed PIC and CNM2 have revised the audit templates to include necessary action plans</li> <li>• Staff have been reminded of the need to comply with the unit's complaints procedure and policy. An updated complaints officer is now on display in the unit</li> <li>• The detergent was removed on the day in question. It had adversely been placed in</li> </ul> |               |

the toilet as it was awaiting return to the company. Staff have been advised to store all hazards materials in the unit according to policy and procedure.

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| Regulation 31: Notification of incidents | Not Compliant |
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- All notifications as required by the regulations are now submitted and calendar reminders have been put in place for future submissions.

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| Regulation 34: Complaints procedure | Not Compliant |
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- Staff have been reminded of the need to comply with the unit's complaints procedure and policy. An updated complaints officer is now on display in the unit

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| Regulation 17: Premises | Not Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Storage is been reviewed at present, the management are under taking a full reviewed within the unit to include provision of additional storage and or storage off site.
- At the end of 2025, quotes were sought for painting the unit in 2026 to no avail Revised quotes are been sought to identify specific bedroom doors, skirting and walls that required immediate attention

|   |                         |
|---|-------------------------|
| <ul style="list-style-type: none"> <li>• The canopy in the courtyard will be repaired</li> </ul><br>]   |                         |
| Regulation 27: Infection control  | Not Compliant           |
| Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> <li>• IPC will be providing training to all staff in person</li> <li>• A thorough review of cleaning schedules and checks will be completed before 30th April 2026</li> </ul><br>]  |                         |
| Regulation 6: Health care   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 6: Health care: <p>Since the latest inspection- the unit has now signed up with Fresenius Kabi to provide dietetic services to our residents and training to our staff. The residents who have been referred to dietician have been seen and recommendations have been made.</p><br>]   |                         |
| Regulation 9: Residents' rights   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 9: Residents' rights: <p>On the day of inspection, the normal activity was revised to facilitate a different activity that subsequently was not undertaken.</p> <p>The activities schedule is compressive and available to all residents</p> <p>Individual residents, activities are recorded in their care plans</p> <p>Management is reviewing how these are implemented and delivered before April 30th</p><br>] |                         |

## 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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>  | <b>Judgment</b> | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|--|-----------------|--------------------|---------------------------------|
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised.   | Not Compliant   | Orange             | 30/04/2026                      |
| 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. | 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 provided is safe, appropriate, consistent and effectively monitored.          | Not Compliant   | Orange             | 30/04/2026                      |
| Regulation 27(a)    | The registered provider shall ensure that infection  | Not Compliant   | Orange             | 30/04/2026                      |

|                  |   |               |        |            |
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|                  | prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.   |               |        |            |
| Regulation 27(b) | The registered provider shall ensure guidance published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required. | Not Compliant | Orange | 30/04/2026 |
| Regulation 31(1) | Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.             | Not Compliant | Orange | 09/01/2026 |
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2)(a) to (e) of Schedule 4.                    | Not Compliant | Orange | 09/01/2026 |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
| Regulation 34(1)(b) | The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.  | Not Compliant           | Orange | 31/03/2026 |
| Regulation 34(6)(a) | The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan. | Not Compliant           | Orange | 31/03/2026 |
| 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  | Substantially Compliant | Yellow | 20/01/2026 |

|                    |   |                         |        |            |
|--------------------|---|-------------------------|--------|------------|
|                    | service requires additional professional expertise, access to such treatment.   |                         |        |            |
| Regulation 9(2)(a) | The registered provider shall provide for residents facilities for occupation and recreation.   | Substantially Compliant | Yellow | 30/04/2026 |
| 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 | 30/04/2026 |