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:	Sacred Heart Hospital & Care Home
Name of provider:	Health Service Executive
Address of centre:	Golf Links Road, Roscommon
Type of inspection:	Unannounced
Date of inspection:	30 July 2026
Centre ID:	OSV-0000654
Fieldwork ID:	MON-0050305

About the designated centre

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

The Sacred Heart Hospital provides residential, respite and rehabilitation services to 49 adults. The centre is organised into two units. St Catherine's unit has 32 beds and includes one palliative care suite and three respite beds. St Michael's provides 17 long-term beds. All units are self-contained and have a main sitting and dining area and other smaller seating areas. There are a number of communal bathrooms and toilets in each unit. St Catherine's has four single en-suite rooms. There are several enclosed gardens that are accessible from each unit and that have been cultivated to provide interest for residents. The centre is located close to Roscommon town and local amenities. There are allied health professionals on site, and a physiotherapy suite and an occupational therapy room are accessible to residents. An activities therapy team organise and provides the daily activities programme.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 30 July 2026	09:00hrs to 17:00hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Residents living in the centre were supported to enjoy a good quality of life. Evidence demonstrated that residents were offered choice and involvement in key aspects of their care and daily lives. This included consultation regarding preferred activities, the selection of food available, and how care and support were delivered to meet their individual preferences. The inspector spoke with several residents over the day, and all gave positive feedback on their experiences living in the designated centre. One resident who spoke with the inspector said " Staff were nice they always provide help when I need it, and that nothing was too much bother for them" while another resident said, "the food here is great here you can get what you want".

This inspection was a one-day unannounced inspection conducted by an inspector of social services to monitor compliance with the regulations. The inspector arrived at 9:00 am, and was welcomed by an assistant director of nursing (ADON) who supported the inspection process as the person in charge was on annual leave. Following a request for documentation to support the inspection process, the inspector commenced a walk around of the designated centre. On conclusion of the walk around the inspector held an introductory meeting with the management team, which included a review of the compliance plan arising from the previous inspection held in November 2025, and provided feedback on their observations and findings from the walk-around of the designated centre.

The inspector visited both units, St Michael's and St Catherine's. A warm, relaxed, and positive atmosphere was evident throughout the centre, which was reflected in residents' calm and content demeanour. Staff were observed to be attentive to residents' needs and consistently demonstrated respectful, kind, and patient interactions. Staff knew residents well, and actively engaged them in conversations about their individual interests, life histories, and families. One resident who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) was provided with timely person-centred support, which helped to maintain their dignity and autonomy.

Residents spoke positively about the ongoing redevelopment works, and confirmed that they were regularly updated on the progress of the project. Since the previous inspection held in November 2025, the provider has continued to advance the designated centre's redevelopment programme. The construction of a new 50-bed unit was now at an advanced stage, and the management team confirmed that construction was progressing in line with the provider's estimated time frame.

Staff were observed actively supporting residents with their personal care needs, while others were assisted with breakfast in the privacy of their rooms. Call-bells were responded to promptly, ensuring residents received timely assistance when

required. Residents were seen engaging in a variety of activities, including reading newspapers, listening to the radio, and watching television. Others were observed walking through the centre and along the corridors, interacting, and chatting with staff. Some residents chose to remain in bed until later in the morning, and staff were seen to respect and support these individual preferences. Staff consistently maintained residents' privacy and dignity by ensuring bedroom and bathroom doors were closed or ensuring privacy screens were in place before providing personal care.

Communal facilities were for the most part well-maintained, and suitable for the needs of the residents. Although floors, walls, and doors located in St Catherine's unit were showing signs of wear and tear. The corridors were wide, with handrails in place along all the corridors to support residents with their mobility. Grab rails were in place on both sides of the toilets, and handrails were available in communal showers. The inspector observed that there were adequate communal showers and toilets provided within close proximity to residents' bedrooms and communal rooms. Staff were observed supervising residents in communal areas to ensure their needs and safety were promoted.

The inspector observed that resident bedrooms were personalised according to individual taste with items of personal significance such as photos, ornaments, and soft furnishings. Residents had access to call-bells, and television in all bedrooms. In accordance with their compliance plan commitments, the provider erected shelving in shared rooms so that residents could store their personal items near to their bed space. Residents confirmed that their room environments were well-maintained, and that staff carried out regular checks to ensure their rooms were in good repair.

There was a well-planned activity programme available in the centre. Residents who attended the organised sessions were encouraged and supported to participate in the activities provided. Activities available in the centre on the day of the inspection included arts and crafts, knitting, quizzes, bingo, exercise games, movies, and current affairs discussions. Residents who attended the organised sessions were encouraged and supported to participate in the activities provided.

The menu on the day of the inspection consisted of an option for chicken cordon bleu or baked salmon. Residents told the inspector that if they did not like the choice of food available then they could request an alternative meal. The dining rooms were spacious and well laid out to meet the needs of the residents. Tables were attractively arranged with flowers, place mats, and condiments, which enhanced the dining experience. The dining environment was well managed by the staff team, and it was evident that residents enjoyed the social aspect of mealtimes.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre, and how these arrangements impacted on the quality, and safety of the service provided to residents.

Capacity and capability

This inspection found that the designated centre was well-managed for the benefit of the residents who lived there. For the most part, the oversight, and governance systems that were in place helped to ensure that care, and services were provided in line with the designated centre's statement of purpose and, that residents were able to enjoy a good quality of life in which their preferences for care, and support were upheld. There were however some areas that required additional focus, these areas are described in more detail under the relevant regulations relating to governance and management, care planning, premises, and complaints.

This was an unannounced inspection carried out over one day to review compliance with the regulations, and to follow up on the improvement actions the registered provider had agreed to implement, arising from the inspection carried out in November 2025. Findings from this inspection confirmed that the provider had implemented their compliance plan in line with their commitments. The provision of additional shelving greatly enhanced residents access to their personal items. In addition, a review of storage on one of the units confirmed that the provider de-cluttered the storage area ensuring that clinical, and non-clinical items have been segregated.

Prior to this inspection, the registered provider submitted an application to vary conditions 1 of the registration to the Office of the Chief Inspector of Social Services to address changes to the layout of the centre, resulting from a redevelopment programme. A review of the proposed changes carried out during the inspection confirmed that these changes had already taken place. This meant the provider was in breach of Condition 1 of their registration having carried out these changes prior to the processing of the application to vary by the Office of the Chief Inspector of Social Services.

The Health Service Executive (HSE) is the registered provider for this designated centre. There is a clearly defined management structure in place that is accountable for the delivery of safe, and effective health, and social care support to residents. The management team consists of a general manager, a manager for older person services, a person in charge, and an assistant directors of nursing. A team of nurses, health care assistants, household, catering, maintenance, physiotherapy, and occupational therapy support were also involved in the delivery of care to the residents in the designated centre. At the time of this inspection there were 49 residents accommodated in the centre across both units.

The registered provider maintained sufficient staffing levels, and an appropriate skill mix across all departments to meet the assessed needs of the residents. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster they were filled by existing team members however management confirmed that agency cover could be sought if needed.

There were effective arrangements in place to identify, assess, and manage risk, ensuring residents were protected from the risk of harm. A risk management policy,

and procedure was available to guide staff in the management of risk within the centre. A comprehensive risk register was maintained, reviewed on a regular basis, and updated as required. Risks were effectively monitored, mitigated, and escalated through the relevant governance structures when necessary. A review of care records, and records relating to incidents and accidents confirmed that the provider submitted notifications to the Office of the Chief Inspector in line with the requirements of the regulations.

The provider maintained regular oversight of the centre through the ongoing review and analysis of information gathered to enhance outcomes for residents. The inspector, found that, overall, effective systems were in place to support the management and oversight of care records. The availability of accurate, complete, and up-to-date information contributed to the delivery of safe, appropriate, and effective care and support for residents. A comprehensive programme of clinical audits, including audits of medication management, wound care, and care planning, was undertaken to monitor practice and identify opportunities for improvement. Where areas requiring improvement were identified, action plans were developed, and implemented to address these issues. However, some aspects of the service required additional focus, and these are discussed in more detail under Regulation 23: Governance and Management.

A comprehensive review of the service was completed by the provider dated May 2026. The annual review focused on key areas of quality and safety, and was informed by feedback gathered through resident surveys, and resident meetings. The review identified areas for ongoing development, and contained a list of actions the provider intended to implement to enhance the quality of the service. At the time of inspection, the provider was progressing actions outlined within this plan.

The provider maintained a complaints policy dated February 2026, however the procedure for registering a complaint displayed on both of the units did not display accurate information. This was brought to the attention of the management team who updated the complaints procedure ensuring that the appropriate document was on display in both of the units. Discussions, and evidence gathered on inspection confirmed that the provider was keen to learn from complaints, and to identify patterns that may impact on the quality of the service provided.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider submitted an application to vary condition 1 of their registration under section 52 of the Health Act 2007 which was under review at the time of this inspection.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there were sufficient numbers of staff available with an appropriate skill-mix having regard for the needs of the residents and the layout of the centre. A review of the rosters confirmed that there was a nurse on duty at all times in the centre. All gaps on the rosters were found to be covered where possible by internal resources or through agency cover. There were arrangements in place for out-of-hours management cover.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to be in breach of condition 1 of their registration having carried out a number of changes to the layout of the designated centre without authorisation from the office of the Chief Inspector of Social Services.

The inspector found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent.

For example:

- Audits and other monitoring systems had not identified that a nutrition and hydration careplans had not been updated following a review from a health and social care professional.
- Maintenance systems had not identified areas of the centre such as walls and floors that required repair.
- The complaints procedure displayed in both units did not contain up-to-date information regarding the identity of the review officer. It also failed to specify the time frame within which an investigation should be concluded and the time frame for completing a review.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge ensured that all relevant incidents were notified to the Chief Inspector of Social Services in the recommended format, and within the specified time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy, in place to facilitate residents, and or their family members to lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints and review officers, timescales for a complaint to be investigated, and details on the appeal process should the complainant be unhappy with the investigation conclusion. However, the procedure on display on both of the units did not contain the required information to support residents or family members to raise a complaint in line with this policy. This is discussed in more detail under Regulation 23: Governance and management.

Judgment: Compliant

Quality and safety

Residents were supported, and encouraged to have a good quality of life which was respectful of their choices. There was evidence that residents were in receipt of positive health, and social care outcomes, and that their assessed needs were being met by the registered provider. Regular consultation between the provider, and residents ensured that resident's voices were being heard in this centre.

The inspector reviewed a sample of resident's care records, and spoke with several residents throughout the course of the inspection. Records showed that the management team completed a pre-admission assessment for all potential new residents to ensure that the centre could meet the person's needs, and that a good client/home fit was achieved. However, one pre-assessment was not fully completed, and as a result could not be relied upon as a basis to inform comprehensive assessments. Other pre-assessments reviewed were completed fully, and provided a full account of residents needs.

Following admission, personalised care plans were developed in response to any identified needs. Care plan reviews took place every four months or when residents' needs changed, records confirmed that family members, and significant others were consulted on these occasions. One resident care plan reviewed by the inspector had not been updated in a timely manner following a review from a dietitian, this meant that current care interventions did not reflect up-to-date guidance, and may not meet the assessed needs of the resident. Overall, care plans were person-centred, effectively implemented, regularly evaluated, and reviewed. They clearly outlined

the supports required to maximise resident's quality of life in line with their wishes, and preferences.

Residents' health care needs were met through regular assessment, and review by their general practitioner (GP). The inspector reviewed a sample of residents' records, and found that residents received timely and unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietitian services, occupational therapy, physiotherapy, and speech and language therapy as needed. Where changes to treatment were recommended following a review by the GP or health and social care professional, on the whole, these changes were appropriately updated within the resident's care plan.

Residents' food and fluid intake was comprehensively assessed and closely monitored to ensure their nutritional and hydration needs were consistently met. Residents had timely access to speech and language therapy (SLT) and dietetic services, where required. A varied and nutritious menu was available, with alternative meal options provided in line with residents' individual preferences and choices.

Special dietary requirements were clearly communicated to catering staff, ensuring that meals were prepared in accordance with residents' assessed needs, personal preferences, and the recommendations of dietitians, and speech and language therapists. This supported the delivery of person-centred care, and promoted residents' health, well-being, and quality of life.

There was a comprehensive safeguarding policy in place that clearly outlined the definitions of key terms, the responsibilities of different staff roles, the various types of abuse, and the procedures for reporting concerns when abuse was disclosed by a resident, reported by another person, or observed by staff. The policy included a preliminary screening process to determine whether further information was required, whether a full investigation should be initiated, or whether there was no evidence to indicate that abuse had occurred. The management team demonstrated a clear understanding of the actions required when an allegation was raised. Staff had completed appropriate safeguarding training, and were knowledgeable about the potential indicators of abuse, as well as the procedures to follow if abuse was suspected, witnessed, or disclosed.

There were effective communication systems in place to ensure residents remained informed about important events, and developments within the centre. Notice boards were used effectively to provide information on available activities, and advocacy services, and the process for making a complaint which the provider updated on the day of the inspection In addition, records of resident meetings confirmed that residents were regularly consulted, and kept informed about the progress of the development works.

Overall, the premises were well maintained, and suitable for the needs of the residents. The inspector observed that the provider had carried out works to improve storage in the designated centre. Furthermore, residents were provided

with additional shelving which meant they could keep personal items close to their beds.

Residents had opportunities to participate in the activity programme in accordance with their individual interests, and capabilities. During the inspection, residents were observed actively engaging in planned activities throughout the day. Other residents chose to pursue their own interests independently, either in communal areas or within the privacy of their bedrooms. There were no restrictions on visiting arrangements at the time of the inspection, and residents were seen receiving visitors in their bedrooms and in designated communal areas.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely by staff who were aware of their communication needs. A review of records found that the resident's communication needs were regularly assessed, and a person-centred care plan was developed to ensure that appropriate levels of support were in place.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their personal clothing and belongings. Each resident had adequate storage space for their clothing and could personalise their bedroom with photographs and other personal items as they wished.

Residents' clothing was laundered on-site and returned promptly. An external provider was responsible for laundering bed linen, with effective arrangements in place to ensure the service met residents' needs.

Judgment: Compliant

Regulation 17: Premises

A review of the premises found that some areas were not maintained in line with the requirements of Schedule 6. For example:

- On one unit wall surfaces were scuffed and in poor condition in some areas of the centre, making these areas difficult to clean.

- Flooring on one of the units was showing signs of wear and tear, and was also stained in several areas.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with nutritious meals, snacks, and refreshments, with drinks available on request. Menus were planned in line with residents' preferences, dietary needs, and any therapeutic requirements outlined in their care plans.

Daily menus were displayed in accessible formats and suitable locations to inform residents of meal options. Sufficient staff were available to support residents during mealtimes.

Effective arrangements were in place to monitor residents at risk of malnutrition or dehydration, including weekly weight monitoring, food and fluid intake records, and timely referrals to dietetic and speech and language therapy services. Inspectors observed that residents received meals appropriate to their assessed needs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had updated their residents information brochure. This document now clearly set out a summary of the services and facilities available in the designated centre. In addition, the document also sets out the procedure for dealing with complaints and the arrangement for visits. A summary of the terms and conditions relating to residence in the designated centre was also included.

Judgment: Compliant

Regulation 26: Risk management

A review of the risk management policy found that it contained all the detail required under Regulation 26.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The current system of reviewing residents' care plans and assessments did not identify areas that required strengthening, For example,

- A pre assessment for one resident did not capture sufficient information on the residents health, and social care needs as it was partially completed.
- Another care plan did not include recommendations made by a health and social care professional who had attended the resident prior to the care plan being reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professionals to support their assessed needs. They could choose their preferred general practitioner (GP), who attended the centre as required.

Health and Social care professionals, including physiotherapy, were available on a weekly basis. Specialist services such as tissue viability nursing, speech and language therapy, and dietetic support were accessible through referral.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training, and were confident that they would be able to use this training to ensure that residents were protected from abuse. A review of records relating to one safeguarding incident found that the registered provider ensured that this incident was investigated promptly in line with their safeguarding policy, and that appropriate measures were identified and implemented to protect the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld, with individuals encouraged and supported to make choices about their daily lives within the centre. Observations confirmed that residents privacy, dignity, and independence were respected at all times by staff.

Residents' social and recreational needs were assessed and supported through access to a range of meaningful individual and group activities aligned with their interests and abilities. Staff also facilitated community engagement and supported residents to participate in outings and local activities. Residents were supported to practise their chosen faiths, with access to clergy and religious services available in accordance with their wishes.

Residents were encouraged to be involved in the operation of the centre, and their views and feedback, including those provided with the support of representatives, were actively sought and valued. Feedback was used to enhance residents' experiences and improve the living environment. Residents had access to communication and information resources, including televisions, telephones, and newspapers, and were supported to access advocacy services in line with their preferences.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sacred Heart Hospital & Care Home OSV-0000654

Inspection ID: MON-0050305

Date of inspection: 30/07/2026

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 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• An Application to Vary was submitted on the 17th April identifying the proposed changes to Condition 1 as part of the ongoing progression of the new build and the essential repurposing of the existing spinal corridor areas to ensure that essential services and functions were maintained throughout.

• The requirement for upgrading works to St. Catherines ward was previously identified by the service prior to the inspection through audit, health and safety and IPC walkabouts. Funding has been secured through AMRIC with the works due for completion on or before 31-01-2027.

• On the day of the HIQA inspection, 30th July the complaints procedure posters were reviewed and updated to reflect the appointment of the new Review Officer and to clearly specify the applicable review timeframes.

• The revised posters were subsequently distributed throughout the wards to ensure that the updated information was clearly communicated and accessible to residents, visitors and staff.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The requirement for upgrading works to St. Catherines ward was previously identified by the service prior to the inspection through audit, health and safety and IPC walkabouts. Funding has been secured through AMRIC with the works due for completion on or before 31-01-2027.	
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: • Pre-assessments are completed in accordance with the requirements of Regulation 5, ensuring that the needs of each resident are appropriately assessed and documented prior to their admission. The Pre-assessment has now been fully completed 01.08.26. • The care plan identified by the inspector was reviewed and updated on the 01.08.26.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(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	31/01/2027
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	31/01/2027
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in	Substantially Compliant	Yellow	01/08/2026

	accordance with paragraph (2).			
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	01/08/2026