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:	Arus Carolan Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Castle Street, Mohill, Leitrim
Type of inspection:	Unannounced
Date of inspection:	27 April 2026
Centre ID:	OSV-0000656
Fieldwork ID:	MON-0047211

About the designated centre

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

The designated centre provides 24-hour nursing care to 34 male and female residents over 18 years of age, who require long-term and short-term care including dementia care, convalescence, palliative care and psychiatry of old age. The centre premises is a single storey building. Accommodation consists of two bedrooms with three beds, six twin bedrooms and 22 single bedrooms. Two twin bedrooms have full en-suite facilities and each two of four twin bedrooms share a toilet, wash basin and shower facility. Two single bedrooms have full en suite facilities and the remaining 20 single bedrooms have a wash basin available in each. There are assisted communal showers and toilets. Other communal facilities include a dining room, two sitting rooms, an oratory and a hair salon. Residents have access to a two safe outdoor courtyards, one with sheltered seating. The provider states that the designated centre's aim is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34

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 27 April 2026	08:45hrs to 15:30hrs	Catherine Connolly-Gargan	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended). This inspection focused on residents' safeguarding and the measures in place to safeguard residents from all forms of abuse in the designated centre. During the day, the inspector met with many of the residents and staff. While the majority of residents expressed high levels of satisfaction regarding the service they received, a small number of residents, who preferred to spend much of their time in their bedrooms, told the inspector that they were not satisfied with the opportunities provided for them to participate in the social activities they preferred.

On arrival, the inspector was met by the person in charge. The inspector completed a walk around the centre and noted there was a relaxed atmosphere in the centre as staff assisted and supported residents with getting. The inspector observed that some residents continued to sleep on later into the morning, which was in accordance with their preferences. Residents told the inspector that they made their own decisions regarding what time they got up in the mornings, when they went to bed at night, and what they did during the day. Residents enjoyed their breakfasts in their bedrooms or in the dining room. A number of modified tables were available in the dining room to facilitate all residents in high support wheelchairs to sit close to a table during their mealtimes. The inspector observed that staff cared for residents in an unhurried way and that the residents and staff enjoyed being in each other's company.

Arus Carolan Nursing Unit is located close to the town centre of Mohill, Co Leitrim. The designated centre is a single-storey, purpose-built premises and is registered to provide accommodation for 34 residents in a combination of single and twin-occupancy bedrooms. The inspector observed that although a number of the single bedrooms were compact, the layout and space available met each resident's needs.The inspector also saw that the layout of the residents' bedrooms ensured they had adequate storage for their belongings, and could move around their bedrooms safely, and as they wished. Many of the residents had personalised their bedrooms with their family photographs and other personal items. Residents' lockers were located within close proximity to their beds to support them to easily access their possessions when resting in bed. The communal areas were decorated with traditional and domestic memorabilia that were familiar to the residents. The residents were involved in the redecoration and were encouraged and supported to make decisions about the colour schemes and furnishings. The walls in the communal rooms and along the corridors were decorated with residents’ framed artwork and paintings.

The inspector observed that the corridors were well signposted and the door wraps on the communal toilets and bath/shower rooms had visual cues regarding the

facilities available in these rooms to support residents in accessing their environment and promoted their independence and safety. Traditional, differently coloured door wraps were in place on each resident's bedroom door to replicate a domestic house front door. The premises were well-maintained, and all areas were bright, spacious and visibly clean. Residents had unrestricted access to two outdoor courtyards, as they wished.

There was a lively atmosphere in the centre as the residents participated together in the social activities taking place in the sitting room during the day. Residents told the inspector that they were satisfied with the social activities facilitated in the sitting room, and the opportunities available to them to participate in activities that interested them. In addition to a varied social activity programme, a befriending volunteer visited residents in the centre for two hours each week. Residents also enjoyed a weekly visit from transition year students from the local secondary school. A scheduled live music session took place in the afternoon on the day of this inspection, facilitated by a popular local musician. It was evident that this was a highlight event for the residents. During the live music event, the inspector observed the residents clapping their hands, singing along, and clearly enjoying listening to, and participating in the songs they were familiar with. Most of the residents told the inspector that they were happy and liked living in the centre. One resident said 'this is a lovely place to live in', and another resident said that they 'never enjoyed their life as much'.

A small number of residents preferred to stay in their bedrooms during the day, and while the inspector observed staff regularly visiting these residents throughout the day, one of these residents told the inspector that their day was 'often very long', and they would 'love to have more to do to pass the time'. This resident liked to listen to the radio and watch television, but the inspector observed that neither were switched on, and this and one other resident spent much of their day sitting in their chairs by their bedsides looking out their doors, watching staff and others going along the corridors. The inspector observed that an activities satisfaction survey completed with the residents in 2025 was focused on the satisfaction of the residents who attended the social activities taking place in the sitting room, and did not reflect the satisfaction levels of residents who spend a lot of time in their bedrooms.

The inspector observed that the residents were involved in all decisions regarding the running of the centre and their views were valued, and utilised in enhancing the service provision. Residents told the inspector that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any area of the service. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

The next two sections of the report describes 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 to residents. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that this designated centre was well-managed, and the designated centre's management and staff ensured that residents were kept central to the service provided. While this inspection focused on residents' safeguarding, the inspector also followed up on the provider's compliance with the regulations, and on the statutory notifications, and other information received.

The Health Service Executive (HSE) is the registered provider for Arus Carolan Nursing Unit. The head of older persons services manager represents the provider. A service manager supports the local management team on a regional basis. The centre's local management structure consisted of a person in charge supported by a clinical nurse manager (CNM2). The management team oversaw the work of a staff team of nurses, health care assistants, activity staff, catering and cleaning staff. As a national provider involved in operating residential services for older people, Arus Carolan Nursing Unit benefits from access to and support from centralised departments such as human resources, information technology, fire and estates, staff training, clinical practice development and finance.

There is a person in charge in the centre who meet regulatory requirements. While there were a number of staff vacancies, the provider was proactively recruiting staff for these positions. However, recruitment to fill a vacant clinical nurse manager (CNM1) position had not been completed. As a result, the local manager structure was not in accordance with the designated centre's statement of purpose.

A variety of monitoring and oversight systems were used by the provider to monitor the quality and safety of key areas of residents' care and the service provided. Deficits were being mostly identified and proactively addressed without delay. However, actions were necessary to ensure that all safeguarding concerns were adequately assessed and the measures in place to mitigate risks were effectively communicated to ensure consistent implementation. This finding is discussed further under Regulation 8: Protection.

The provider ensured there were adequate numbers of skilled staff available to meet residents' needs. The use of agency staff to replace staff vacancies was effectively reduced by the provider with employment of a number of staff nurses and healthcare assistants to vacant positions.

Staff were appropriately supervised according to their roles. Arrangements were in place to support and facilitate staff to attend mandatory and professional development training to ensure they had the necessary skills and knowledge to meet residents' needs. There was an ongoing schedule of training in place, and training records were maintained to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff who spoke with the

inspector were familiar with each resident's needs and were knowledgeable regarding their respective roles and responsibilities.

The provider had arrangements for recording accidents and incidents involving residents in the centre. All accidents and incidents were investigated, actions were implemented to mitigate risks identified, and learnings were appropriately communicated. The provider had arrangements in place for appropriately notifying the office of the Chief Inspector of Social services of incidents involving residents, as required by the regulations. All notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector's office, within the timelines required by the regulations.

Regulation 14: Persons in charge

The person in charge changed in the designated centre on 17 November 2025. The new person in charge is a registered nurse and has the required qualifications and management experience in residential care. The new person in charge had been working in a senior clinical management role at the designated centre prior to commencing the person in charge role.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff with appropriate skills available to meet residents' needs. The person in charge assessed and closely monitored staffing numbers and skills needed to ensure each resident's needs were responded to by staff without delay. Additional staff were made available to ensure residents' safeguarding needs were met. For example, one-to-one support for 12 hours each day was in place to meet one resident's needs.

Judgment: Compliant

Regulation 16: Training and staff development

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. Staff recruitment procedures ensured all staff were appropriately vetted prior to commencing employment in the centre.

All members of staff were appropriately supervised and supported to perform their respective roles to the required standards.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider's governance and management systems were not effective in some areas to ensure that the local management structure was complete, and that the service provided to residents was safe, and effectively monitored as follows:

- The provider had not ensured the local management structure was clearly defined. For example; a vacant clinical nurse manager role was not replaced, and this meant the centre's management structure was incomplete and not in accordance with the centre's statement of purpose.
- Oversight of residents' safety had not ensured that known safeguarding risks were appropriately risk assessed and safeguarding plans were consistently developed to effectively mitigate safeguarding risks identified.
- Management systems in place did not identify and ensure that residents who chose to remain in their bedrooms had adequate opportunities to participate in social activities they preferred.

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. Additional requested information was provided by the person in charge in a complete and timely manner.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the management and staff were working to provide a service to residents that promoted their rights to ensure they were adequately supported to live their best lives, make informed decisions, and were protected from risk of harm and abuse. All staff were facilitated to attend human

rights training. However, this inspection found that some actions were necessary to ensure that known safeguarding risks were appropriately risk-assessed and effectively mitigated. Actions by the provider were also necessary to ensure residents who wished to spend prolonged periods of time in their bedrooms had equal opportunities to participate in meaningful social activities that they preferred and in line with their capacities.

This inspection found that residents received good standards of nursing and health care to meet their assessed needs. Residents' care documentation and their feedback to the inspector gave assurances that they had timely access to their general practitioners (GPs), specialist medical and nursing services, including psychiatry of older age, community palliative care and health and social care professionals as needed. Residents' care needs were comprehensively and regularly assessed. Residents' care plan was detailed with person-centred information that reliably guided staff in meeting residents' care and safety needs.

The provider had measures in place to safeguard residents from harm and abuse, but inconsistent risk assessment and development of safeguarding plans for residents with known safeguarding risks did not ensure that all residents were adequately protected and safe in the centre. The provider had ensured that all staff had attended safeguarding training, and there was an up-to-date safeguarding policy available to guide them. All staff were facilitated to attend training on managing responsive behaviours. Records were being maintained that detailed episodes of residents' responsive behaviours and were being recognised, reported and managed as potential safeguarding risks and were effectively managed.

Staff demonstrated a good understanding of safeguarding procedures and residents' responsive behaviours (how persons with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector observed that staff responded to residents' cues for additional support and reassurance, as necessary.

While the majority of residents enjoyed a good quality of life in the centre where they were supported to participate in suitable and meaningful social activities that they were interested in, this inspection found that a small number of residents who preferred to spent time in their bedrooms did not have equal opportunities available to them, to participate in social activities they preferred. Staff respected residents' wishes and preferences and always asked for their consent before they carried out any care tasks.

Residents' communication needs were assessed, and where residents needed additional support, person-centred care plans were in place. Communication tools and equipment were made available to them that were tailored to their individual needs.

Residents' safeguarding needs were considered in the layout of the centre. Access into the premises was controlled by staff to ensure residents' safety at all times. The layout of residents' bedrooms and communal accommodation ensure their safe

access and that restrictions in the residents' lived environment were appropriately risk assessed.

Regulation 10: Communication difficulties

Each resident's communication needs were assessed on admission and regularly thereafter. Person-centred care plans were developed to guide staff on the support individual residents needed to communicate effectively. Staff ensured that assistive communication tools and equipment were kept within residents' easy reach and were used to ensure residents' communication needs were effectively met at all times.

Clear signage and visible location and facility cues were in place throughout the residents' lived environment to support them with their way-finding needs and to ensure they were familiar with their environment.

Judgment: Compliant

Regulation 11: Visits

There were no restrictions in place on residents' family and friends visiting them, and visitors were observed visiting residents in the centre on the day of the inspection. Residents told the inspectors that their relatives and friends were always made to feel welcome, and that they could meet with their visitors in a private area outside of their bedrooms, as they wished. A record of all visitors coming into the centre was maintained.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the number and needs of the residents living in the centre, were in accordance with Schedule 6 of the regulations, and in line with the centre's statement of purpose.

The layout of residents' bedrooms and communal rooms ensured their needs were met. Residents, including residents using assistive equipment, had sufficient space in their bedrooms to mobilise safely. Residents had adequate and accessible storage space for their possessions.

Systems were in place to ensure any maintenance issues were effectively identified and addressed without delay. All areas of the premises were well-maintained on the day of this inspection.

Two safe outdoor courtyards were provided and promoted residents' rights, positive risk-taking and quality of life in the centre. Covered outdoor seating supported residents to access the outdoors as they wished.

Judgment: Compliant

Regulation 26: Risk management

The provider ensured that a centre-specific and up-to-date risk management policy was available to staff. The policy ensured residents were safeguarded, and detailed the arrangements in place for identifying, recording, investigating, and learning from safeguarding incidents. Safeguarding risks to residents were recognised and effectively mitigated.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident's needs were comprehensively assessed on admission and regularly thereafter. The information in the care plans developed to meet residents' assessed needs clearly detailed their individual preferences regarding their care and preferred routines. Residents' care plans were reviewed and updated in consultation with each resident and/or their representatives as appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to local general practitioner (GP) services, and including out-of-hour community medical care. Residents had access to, and were appropriately referred to health and social care professionals, as needed. Residents were supported by the service to attend scheduled out-patient appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents experienced intermittent episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). These residents were appropriately supported to ensure both their and other residents' safety needs were met. The information in residents' behaviour support care plans was person-centred, and was sufficiently detailed to guide staff on the individual care and supports they must provide to meet these residents' needs.

The person in charge and staff were actively promoting a minimal restraint environment. Any restrictions in place were implemented following a trial of less restrictive alternatives, and were informed by appropriate assessments and regular review.

Judgment: Compliant

Regulation 8: Protection

Although a number of measures were in place to safeguard residents, appropriate risk assessments had not been completed for one resident, and safeguarding plans had not been developed for two residents with responsive behaviours that posed known safeguarding risks to other residents. This posed a risk that the safeguarding measures in place would not be effectively communicated and consistently implemented by all staff.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider did not ensure that a number of residents living in the centre who preferred to spend most of the day in their bedrooms were supported with adequate opportunities to participate in social activities that were meaningful and in accordance with their individual interests and capacities. This was evidenced by the following findings;

- A small number of residents remained in their bedrooms on the day of the inspection, and were observed by the inspector quietly sitting in their chairs or in bed, watching the 'comings and goings' of staff and other people passing their bedroom doors. None of these residents was participating in the social activities they preferred. The inspector's observations, two residents'

feedback on the day, and limited records available showed that residents who preferred to stay in their bedrooms were not adequately supported to participate in activities that interested them, which supported this finding.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Arus Carolan Nursing Unit OSV-0000656

Inspection ID: MON-0047211

Date of inspection: 27/04/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Compliance will be achieved by the following: • The Person in Charge and Person Participating in Management are collaborating with local human resources, with the completion of a recruitment campaign for the Clinical Nurse Managers post. It is expected the recruitment process will be completed by the 31/08/2026. This will ensure the management structure is clearly defined and in accordance with the centres statement of purpose. • The Person in Charge completed a comprehensive review of all residents identified as having responsive behaviours or safeguarding risks on the 30/04/2026, with individual residents safeguarding risk assessments completed or updated for all identified residents. • The Person in Charge completed a review of the person-centred safeguarding plans on the 08/05/2026 to ensure the inclusion of identified risks, preventative strategies, staff responsibilities, supervision requirements, and review dates. • The Person in Charge will ensure in the event of a safeguarding concern, significant incident, or change in a resident's needs, the safeguarding documentation will be reviewed and updated accordingly. • The Person in Charge oversees the weekly completion of safeguarding audits for eight weeks to ensure compliance and has thereafter incorporated the safeguarding audit into the monthly governance audit programme. • The Person in Charge and the Clinical Nurse Manager have reviewed the social care needs of residents whose preference is to spend extended periods in their bedrooms on the 30/04/2026. • The Person in Charge continues to oversee the delivery of meaningful activities to all residents, including reminiscence, music, reading, sensory activities, conversation, spiritual support, and family contact, are offered daily and recorded accordingly. • The Person in Charge and the Clinical nurse manager review the individual and group activity participation records weekly, to allow future planning of meaningful activities in line with residents will and preference.	

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
: To ensure compliance with Regulation 8(1). The Person Participating in Management shall take all reasonable measures to protect residents from abuse. Compliance will be met by the following:
Compliance will be achieved by the following:

• The Person in Charge ensures a preadmission assessment is completed on all potential admissions to the centre to ensure the service can meet the care needs of the individual.
• The Person in Charge completed a review of all residents with responsive behaviours safeguarding care plans, risk assessments and behavioural support plans on the 29/04/2026. The Person in Charge is assured there is a comprehensive risk assessment, identification of triggers, proactive and reactive interventions and clear guidance for staff on de-escalation strategies to ensure residents are protected. This was communicated to all staff through twice daily safety pauses and in unit meetings.
• The Person in Charge conducted a review of the resident's documentation on the 29/04/2026 to ensure all documentation is reflective of resident's current status.
• The Person in Charge and the Clinical Nurse Manager will ensure that all staff within the centre, inclusive of agency staff, continue attend a structured handover and safety pause twice daily. This incorporates a specific safeguarding briefing, with clear communication of any risks, concerns, or changes in residents' needs. A written handover sheet supports consistent and effective information sharing.
• The Person in Charge will oversee that residents safeguarding plans and supervision practices will be formally audited every three months ensuring they are effective, up to date, and consistently implemented in practice.
• The Person in Charge continues to ensure residents with responsive behaviours are discussed at multidisciplinary team meetings and clinical governance meetings confirming ongoing review of risks and effectiveness of interventions.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Compliance will be achieved by the following:

• The Person in Charge and the Clinical Nurse Manager have reviewed the social care needs of residents whose preference is to spend extended periods in their bedrooms on the 30/04/2026.
• The Person in Charge and the Clinical Nurse Manager completed a comprehensive review of all social activities within the centre on the 04/05/2026. This was communicated to all staff by the Person in Charge to further enhance residents social activity provision.
• The Person in Charge and Clinical Nurse Manager reviewed residents' meaningful

activity documentation on the 06/05/2026 to ensure daily records of activities in line with residents' individual interests and capacities, opportunities provided, residents' participation and level of engagement for residents are recorded. This is reviewed weekly by Clinical Nurse Managers and Staff nurses to ensure appropriate meaningful activity provision for all residents, inclusive of residents whose will and preference is to remain in their bedroom for prolonged periods.

• The Person in Charge is actively involved in a Community Linkage Programme, which supports residents in accessing a wider range of community-based activities and services, and facilitates community involvement within the centre. This includes a variety of Musical, Sporting and Arts activities.

• The activities programme remains a standing agenda item at residents' forum meetings to ensure continuous review and inclusion of resident feedback.

• The Person in Charge has established connections with the local Age Friendly befrienders programme, which supports residents in the attendance of befrienders to the centre to engage in meaningful activity and conversations.

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 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	31/08/2026
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.	Substantially Compliant	Yellow	30/08/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	29/04/2026

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	06/05/2026