

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

## Issued by the Chief Inspector

Name of designated centre:	Moate Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Dublin Road, Moate, Westmeath
Type of inspection:	Unannounced
Date of inspection:	26 August 2025
Centre ID:	OSV-0000068
Fieldwork ID:	MON-0046046

## About the designated centre

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

Moate Nursing Home is a purpose-built facility which can accommodate a maximum of 50 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long term residential care, respite convalescence, dementia and palliative care. Persons with learning, physical and psychological needs are also met in the centre. Care is provided for people with a range of needs including those of low, medium, high and maximum dependency. The centre aims to provide a nursing home that feels like home by providing a resident focused service.

The centre has 48 single and one twin ensuite bedroom. The nursing home is situated on the outskirts of the town of Moate in County Westmeath.

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

Number of residents on the date of inspection:	47
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 26 August 2025	09:30hrs to 17:00hrs	Yvonne O'Loughlin	Lead
Tuesday 26 August 2025	09:30hrs to 17:00hrs	Gordon Ellis	Support

## What residents told us and what inspectors observed

Overall, residents living in Moate Nursing Home told inspectors they were happy with the care provided and that they were well looked after by the team of staff working there. Inspectors spoke with eight residents and spent time in communal areas and walking around the centre observing interactions between staff and residents and saw that these interactions were kind and respectful. The centre itself was laid out to meet the needs of the residents. However, inspectors found there were areas of the centre that required maintenance to ensure the centre was maintained to an acceptable level. Fire safety concerns were also identified throughout the day.

There was an enclosed garden and courtyard which was safe for the residents. Residents had easy access to this secure area which had seating areas for residents and their visitors to use and enjoy. This area was well maintained and provided ample space for residents. On the second floor there was a balcony off a small sitting area, this balcony was bare with no outdoor seating for residents and their families to sit if the weather was nice as most families used the ground floor seating area.

Bedroom accommodation consisted of 48 single rooms and one twin room all with toilet and sink facilities, laid out over two floors. Shower and bath facilities were shared between residents. On the day of the inspection the twin room was in the process of being refurbished.

The centre was clean throughout and had a jovial and warm atmosphere. On the day of the inspection "Bruno" the dog had arrived and residents were engaged in the dogs antics. One visitor said that activities for residents had improved and that recently their relative had attended the local *Heritage Centre* which they enjoyed. The inspectors met with six visitors during the inspection. Visitors expressed a high level of satisfaction with the quality of the care provided to their relatives and friends and many stated that their interactions with the management and staff were positive and they also commented on the low staff turnover.

Inspectors observed the residents dining experience. Residents were complimentary of the food provided, which was prepared as per their preferences. Mealtimes were seen to be a sociable experience and residents were observed talking to staff and chatting amongst themselves. The kitchen was clean and in good repair.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

## Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services over one day to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people Regulations 2023 to 2025 (as amended)). There was a particular focus on fire safety and infection prevention and control.

Overall, this centre was striving to be compliant with the regulations and there was a good team of staff committed to providing quality care to residents, however, this inspection found there were significant premises and fire safety issues identified and also other findings in relation to infection prevention and control (IPC) as discussed in this report.

Mowlam Healthcare Services Unlimited Company is the registered provider for Moate Nursing Home. This centre is part of the Mowlam Healthcare Group which has a number of nursing homes throughout Ireland. On the day of inspection, the person in charge was supported by a clinical nurse manager, a team of nurses, healthcare assistants, housekeeping, catering, maintenance and administrative staff. To support the management team, there was a health-care manager from the group, who was also on-site on the day of the inspection.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had nominated an IPC link practitioner who had completed the national IPC course.

The maintenance and management of the premises required improvement which also impacted on good IPC practices. For example, the cleaning equipment and supplies were stored in a dirty utility on the ground floor. Storage space within the designated areas of the centre was not sufficient to cater for all the supplies needed to care for the residents. Storage spaces were present to the rear of the centre, which were not registered as part of the centre and were in poor state of repair. Premises issues are discussed further under Regulation 17: Premises, and the management of premises is also discussed under Regulation 23: Governance and management.

The centre had a schedule for conducting audits to oversee the service, they were carried out by the senior staff. The IPC audits covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry and waste management. However, the IPC audit schedule had not identified the IPC risks of cross-contamination associated with the storage of the house-keeping trolley and the preparation of cleaning chemicals in the sluice room. Also, the fire safety audits had not identified the risks that the inspectors observed during the inspection. This is discussed further under Regulation 23: Governance and management.

Inspectors found that the centre had an adequate number of housekeeping staff to

fulfill its infection prevention and control needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. There was a housekeeper rostered on each floor on the day of inspection.

Staff working in the centre had managed a small number of outbreaks and isolated cases of *COVID-19* and *Influenza* over the past year. A review of notifications submitted found that outbreaks were managed, controlled and reported. The most recent outbreak reported was in March 2025. An outbreak learning report was available with lessons learned for the future.

### Regulation 15: Staffing

The inspectors were not assured that the registered provider had sufficient resources allocated to maintain the centre to an acceptable standard. For example, the hours allocated to maintenance was 15 hours per week which was not sufficient given the size and layout of the designated centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

A review of training records indicated that all staff were up-to-date with mandatory training. Infection prevention and control training was face-to-face and was given yearly by an external provider.

Judgment: Compliant

### Regulation 23: Governance and management

In consideration of fire safety matters identified during the inspection, appropriate management systems were not in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored by the provider.

The oversight of fire safety in the centre was not robust, it did not adequately support effective fire safety arrangements and keep residents safe. For example:

- The providers' in-house fire management systems such as audits, the fire register and fire safety checks had not recognised fire risks. This was evidenced by poor oversight of inappropriate storage arrangements, fire precautions, the means of escape and fire containment, all of which were impacting on fire safety.

- Policies on storing combustible materials and ensuring control frequent disposal of waste were not being adhered to, as evidenced by multiple observations of excessive storage and inappropriate material placement.
- An immediate action was required to ensure the safety of residents in relation to fire risks identified during the inspection, details of which are set out in Regulation 28: Fire Precautions.
- The provider had not made available final sign-off by a person competent in fire safety to ensure that all fire safety improvement works as identified in their fire safety risk assessment had been completed to the required standard and were in compliance with relevant legislation. A time bound-action plan was required to address any outstanding fire safety works that may have remained and for final sign-off to be made available from the providers competent fire person.
- Maintenance staffing levels were in line with the centres statement of purpose. However this inspection found that there were not enough staffing resources to maintain the premises to an acceptable level. This was evidenced by the findings outlined in detail under Regulation 17: Premises.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life. Residents appeared well cared for with their personal care needs being met. Their social care needs were incorporated into their daily care, which they all appeared to really enjoy. However, deficits in the governance and management and the oversight of the premises, IPC and fire safety were impacting on the overall quality and safety of the service provided.

The oversight of fire safety management required significant improvement. The in-house fire safety checks were all being completed as required and were up to date, however, those checks were not effective in identifying deficits noted by inspectors.



Fire fighting equipment and fire safety systems were being regularly maintained. The centre is fitted with a sprinkler system. From a sample review, the provider had carried out some of the risks that had been identified in their own fire safety risk assessment dated March 2022. Assurances were required from the provider that fire risks identified in their fire safety risk assessment were addressed in full.

The majority of the centre is laid out in a manner which provided an adequate number of escape routes and exits. However, exits from an enclosed garden were obstructed and required immediate action. Most staff spoken with were knowledgeable on the evacuation procedures in place and confirmed they had attended training and fire drills.

In view of the fire safety concerns identified, the inspectors were not assured that the fire safety arrangements adequately identified fire safety risks to protect residents from the risk of fire in the centre. The provider was aware of a known fire risk due to an electrical fault in a laundry fuse board and was in the process of addressing it. However, these works had been prolonged and a date of completion was not available to the inspectors. This had resulted in prolonged open breaches through ceilings and the first floor level compartment for a number of weeks. This was impacting on containment measures between compartments and ultimately the safety of the residents in the event of a fire.

The deficiencies in fire containment, means of escape, and basic housekeeping demonstrate a failure to implement and maintain effective fire safety measures. The combination of containment breaches, compromised fire doors, obstructed escapes, and high fire load storage presented a risk to the residents. There were a number of areas identified that required action to ensure compliance with fire precautions, as detailed under Regulation 28: Fire Precautions.

While areas of the centre provided a homely environment for residents and was generally clean, further improvements were required in respect of premises and IPC, which are interdependent. For example, the bathroom flooring in most of the communal showers needed replacing as the skirtings were in poor repair and there was exposed concrete in the laundry room and as such did not facilitate effective cleaning. This is discussed under Regulation 17: Premises.

Resident care-plans were maintained on a computerized system that provided easy access for staff. Improvements in care planning was observed since the last inspection. For example, the care-plans viewed were detailed, patient centred and reviewed in-line with changes in the residents needs.

Clinical hand hygiene sinks were also available within easy walking distance of resident's bedrooms. These sinks complied with the recommended specifications of a clinical hand hygiene sink. Alcohol hand rub was not available within easy reach to all residents rooms to enable good hand hygiene practices; in one area of the centre there was one dispenser between 5 residents.

Despite the findings under Regulation 27: Infection prevention and control, there was some good practices observed. For example staff were knowledgeable about standard precautions for residents with a known or suspected infection to protect

residents and their co-workers, such as appropriate personal protective equipment and good sharps management. IPC was discussed at monthly meetings and antibiotic usage was trended every month to inform practice.

### Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. Visitors spoken with by the inspectors were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

### Regulation 17: Premises

At the time of this inspection, the provider was progressing with works to reconfigure the layout of a twin room on the first floor. This room was not reviewed by the inspectors as it was still being modified. The provider had failed to consult with the Chief Inspector of Social services regarding the changes to this room. An application to vary the registration will be required to be submitted on completion of the works for these and any other changes to the footprint of the centre.

The designated centre did not conform to the matters set out in Schedule 6 of the regulations in the following areas:

- There were some areas where walls and ceiling surfaces were visibly damaged or had holes that required sealing and redecoration to address gaps in these surfaces.
- Some doors sampled required repair due to holes, wear and tear.
- Storage arrangements required a review to ensure all items were stored in their rightful place and stored in an appropriate manner. For example, a staircase was being used to store cleaning items and machinery. Store rooms were noted to be cluttered and disorganised.
- An external shed used to store cleaning chemicals had signs of mould on the ceiling. The centre's registered floor plans did not include this shed which was crucial to the day-to-day running of the designated centre. Furthermore, the registered floor plans required updating, a nurse's station on the first floor was larger than indicated on the floor plan.
- The premises was not kept in a good state of repair internally and externally. Tiles were missing from a bathroom wall and required attention. Flooring was damaged and skirting boards had been removed in some areas of the premises. Bathroom flooring in most of the communal showers needed

replacing. Externally, there was a lack of an adequate pathway from an exit door and a gate from an enclosed garden was in a bad state of repair.

- Painting and decoration were needed in some bathrooms, corridors and residents bedrooms.
- Grab rails were not in place on both sides of the toilets in some of the residents en-suite facilities. This finding posed a risk of fall to residents and did not ensure their independence was promoted. This is a repeated finding from a previous inspection.

Judgment: Not 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 further action is required to be fully compliant. For example;

Equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by,

- Cleaning equipment was stored in the ground floor sluice room this increased the risk of cross contamination.
- The cleaning chemicals were stored in the sluice room that meant that housekeepers prepared their trolleys in a room that was used to discard human waste thus increasing the risk of cross contamination.
- The on-site laundry did not have a clean to dirty flow. This increased the risk of cross contamination. This room was also used to store clean linen which was over stocked and stored on the floor, thus preventing the floor from being cleaned.
- Reusable containers to empty catheters were not reprocessed in the bedpan-washer to be cleaned, they were visibly stained and left in residents rooms. This practice increased the risk of a catheter-associated-infection.
- Alcohol hand gel was not available at the point of care for all residents. This increased the risk of the spread of a healthcare-associated infection.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Significant deficiencies were identified across several areas of fire safety containment, means of escape, and storage arrangements, which cumulatively posed a risk to the safety of residents and staff in

the event of a fire. The service was non-compliant with the regulations in the following areas:

Day-to-day arrangements in place in the centre did not provide adequate precautions against the risk of fire and some fire risks identified required immediate action by the provider. This was evidenced by the following fire risks:

Inappropriate storage of flammable and combustible items were observed, increasing the fire load and risk. A plant room and activities store along with a Laundry room contained excessive storage, including under electrical boards. Immediate assurance was sought and received for these risks.

Some fire doors were found to be propped open which interfered with the door closing mechanism.

The means of escape for residents and emergency lighting in the event of an emergency in the centre was not adequate. For example:

Means of escape were compromised internally and externally. Storage of a cleaning trolley, a Hoover and a cleaning machine were observed in an escape staircase.

Two external fire exit gates leading from an enclosed garden were found to be secured with a padlock and a slide bolt. One gate was in a bad state of repair, this risk would significantly delay evacuation. Immediate assurance was sought and received for these risks.

An inadequate external escape path was observed from a final fire exit. Emergency lighting was missing on several external escape paths at the side and front of the premises. Illuminated directional escape signage was not provided in numerous areas throughout the premises. The inspectors observed paper 'running man' signs in use along corridors and in the staircase. This created a risk of confusion and a delay of evacuating residents in the event of a fire.

Arrangements for containment and detection of fire in the event of a fire emergency in the centre were not adequate. For example:

From a sampling, numerous fire doors were compromised that included missing or damaged smoke/intumescent seals, missing door closers, damage or holes through doors, and some fire doors failed to latch.

Penetrations were noted in ceilings and walls in critical areas (Linen Store, Treatment Room, Electrical board enclosure, Laundry, Boiler room and Motor Room). This meant that in the event of a fire, fire and smoke would spread rapidly. Furthermore, assurances were not available from the provider that a timber enclosure to a lobby electrical board and the top of a dividing wall between a plant and boiler room were constructed of the required fire-rating materials.

An ongoing fire safety issue that related to electrical works in the Laundry room, had left open breaches through ceilings and the first floor level compartment for a number of weeks. This had not been rectified within an acceptable time frame. A

date for completing these works was not available to the inspectors.

Assurance was required from the provider that fire risks identified in a fire safety risk assessment dated March 2022 were addressed in full, some of which included risks relating to inadequate containment of fire and smoke.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A review of care plans found that accurate infection prevention and control information was recorded in the resident care plans to effectively guide and direct the care of residents that were colonised with an infection and those residents that had a urinary catheter. The person in charge had recently completed a detailed overview report to examine any residents that had an un-witnessed fall within the centre with an action plan for quality improvements.

Judgment: Compliant

### Regulation 6: Health care

There was a low incidence of pressure ulcers in the centre. Residents had good access to medical care and general practitioner (GP) services and the GP was on site every week. There was appropriate timely access to professionals such as dietitian, speech and language therapists, and chiropodists. On the day of the inspection an occupational therapist was reviewing the seating for one of the residents. There was an antimicrobial stewardship programme in place, for example, an audit tool was completed to monitor antibiotic use and this was reviewed monthly.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to access recommended vaccines, in line with the national immunisation guidelines. The inspectors observed kind and courteous interactions between residents and staff on the day of inspection, the majority of staff had completed human rights training. Residents meetings were held and this informed the choice of activities that were taking place.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Moate Nursing Home OSV-0000068

Inspection ID: MON-0046046

Date of inspection: 26/08/2025

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"><li>• We will increase the on-site maintenance hours to ensure that the Maintenance Person is available to ensure the safe and effective operation of all facilities in the centre. The maintenance of the centre has been outsourced to a Facilities Management company which provides on-site hours for maintenance based on the standard requirements for routine maintenance jobs around the centre. This is further supplemented by additional hours provided by the Facilities Management company for the provision of all services that require a higher level of technical skill or complexity.</li><li>• Required works are logged in an electronic system. The service to date has been found to be effective and responsive and will continue to be overseen and monitored by the Facilities Manager.</li></ul>	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"><li>• The PIC will ensure that all fire management systems and documentation relating to Fire such as the Fire register, Audits and fire safety checks accurately address all fire risks.</li><li>• The PIC will ensure that there will be effective oversight and regular monitoring of storage arrangements to ensure that there are no items inappropriately stored or excessive storage in the centre, and that waste is disposed of appropriately at agreed intervals in line with the centre's waste management systems.</li><li>• The PIC will ensure that there is effective oversight and safety checks in relation to provision of means of escape and fire containment.</li></ul>	

- The Healthcare Manager, Quality & Safety, will support the PIC to ensure that all staff recognise and understand all potential fire risks in the centre.
- Since the inspection, the internal and external storage areas have been reviewed, and excess items and inappropriately stored items have been removed from the site. Combustible items are now stored safely and appropriately. The PIC will ensure that there is no inappropriate storage in the outside shed.
- The PIC will ensure that a smoke detector is installed in the storage shed and that it is regularly checked by the Maintenance Person as part of routine maintenance safety checks.
- All fire safety improvement works identified in the fire safety risk assessment have been completed and are in compliance with relevant legislation. All works completed have been signed off individually and we will provide a final sign-off by a competent fire safety person.
- Since the inspection the on-site maintenance hours have been increased to ensure that the Maintenance Person is available to ensure the safe and effective operation of all facilities in the centre. On-site maintenance staffing levels are further supplemented with readily available additional resources to address all facilities matters as and when required.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Since the inspection an Application to Vary the registration of the centre has been submitted to the Authority in relation to the reconfiguration of the twin room on the first floor which will create additional and improved living space for both occupants sharing the room.</li> <li>• Following the inspection the remedial and decorative works were carried out to repair damaged doors, ceilings and walls where damage, wear and tear had been identified.</li> <li>• The PIC has reviewed available storage in centre and will ensure that items are stored appropriately. The storerooms have been decluttered and reorganised and will be monitored as part of the PIC daily walkabout.</li> <li>• The PIC will ensure that there will be no inappropriate storage of equipment in the stairwell.</li> <li>• The PIC will ensure that the external storage shed is fit for purpose and only used for storage of appropriate items. The updating of the external storage shed has commenced; additional shelving will be installed; the roof lining will be replaced and new felt applied. This will be monitored by the Maintenance Person weekly.</li> <li>• The floor plans will be updated to include the external storage shed and the correct dimensions of the upstairs nurse's station.</li> <li>• A comprehensive review of premises will be undertaken by the facilities team, and a planned schedule of works will be developed. The bathroom flooring and damaged skirting in the first-floor dining room were completed on 05/09/25 as planned.</li> <li>• The painting and decoration of the corridors, bedrooms and bathrooms will form part of</li> </ul>	

the above facilities review and a phased refurbishment plan will be put in place. Priority will be given to areas of tiling required in communal showers and the external path and fence will be repaired.

- The PIC will ensure that grab rails are installed to both sides of the toilet in all en-suite rooms.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The PIC will ensure that cleaning equipment is not stored in the sluice, but that it is stored safely and appropriately with all household equipment and will monitor compliance with this as part of daily walkabout.
- The cleaning chemicals have been removed from the sluice room and have been relocated to the housekeeping room.
- The clean and dirty areas in the laundry are now clearly marked, and the PIC will ensure clean and dirty linen / laundry are appropriately stored. Items will not be stored on the floor and the floors can be cleaned thoroughly.
- The PIC has reviewed the linen supply and will adjust ordering practices to ensure there is no excess and linen supplies will be managed in line with current need and scheduled delivery times.
- The PIC will ensure that all urinals and urine collection jugs are not left in residents' bedrooms, that they are appropriately cleaned and stored. The Clinical Nurse Manager (CNM) will monitor practice to ensure IPC guidelines are followed.
- The PIC has reviewed the availability of hand gel in the centre and additional dispensers will be provided where necessary to ensure that they are readily available at point of care. A review of hand gel dispensers is incorporated in the monthly hand hygiene audit conducted by the PIC and CNM.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The works required to ensure containment and detection in the event of a fire emergency have been completed, including repairs to ceilings and walls in critical areas (the Linen Store, Treatment Room, electrical board enclosure, Laundry, Boiler room and Motor Room).
- We will ensure that all staff receive refresher training on fire safety, including the management team.
- The Healthcare Manager, Quality & Safety will conduct an internal fire safety risk

assessment to check compliance with fire safety awareness, training, knowledge about responding to a fire alarm activation, escalation and evacuation; and to ensure that the management and staff know how to identify and address fire risks.

- The PIC will ensure that combustible items are stored safely and appropriately in are as part of her daily walkabout will ensure that fire doors are not propped open. This will be discussed at daily handover and safety pause meetings and fire safety will be discussed at all staff meetings.
- The PIC will ensure that there is no clutter or inappropriate storage in stairwells. The PIC will monitor storage of housekeeping equipment and ensure it is stored safely and appropriately.
- The Facilities team will undertake a review of fire doors, and an action plan will be implemented to address any deficits. Repairs will be carried out to doors that have missing door closers, damage to doors, intumescent strips and latching system. Where smoke seals are missing or damaged, they will be replaced.
- The Facilities Manager will ensure that emergency exit signs will be provided where required, including the provision of illuminated exit signs and emergency lighting to external escape paths.
- A replacement garden gate will be installed in addition to ensuring that there is a safe and suitable pathway leading to the exit gate.
- Repairs were completed 05/09/2025 to areas of ceilings and walls that were damaged inside the centre.
- All fire safety improvement works identified in the fire safety risk assessment have been completed and are in compliance with relevant legislation. All works completed have been signed off individually and we will provide a final sign-off by a competent fire safety person.

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/12/2025
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	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service	Not Compliant	Orange	31/12/2025

	provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/12/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2025