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:	Ballincollig Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Murphy's Barracks Road, Ballincollig, Cork
Type of inspection:	Unannounced
Date of inspection:	06 August 2026
Centre ID:	OSV-0000712
Fieldwork ID:	MON-0051179

About the designated centre

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

Ballincollig Community Nursing Unit (CNU) is a purpose-built facility consisting of two integrated building blocks with four residential wings. It is registered to accommodate a maximum of 100 residents. It is a three storey building and each of the four residential wings comprises 25 beds, 17 single bedrooms, two twin bedrooms and a four bedded room. All bedrooms are en-suite with additional toilet facilities on each corridor. Also, in each wing, there are two dining rooms, a kitchenette, two day rooms and two nurses' stations. The ground floor comprises the reception area with seating, a prayer room, smoking room, quiet/visitors room, physiotherapy and occupational therapy room and a hairdressing room. There is also a kitchen, laundry, staff quarters and offices for the home manager and administration. Ballincollig CNU provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided. There are two dedicated Dementia Units for residents who require specific care throughout the various stages of dementia.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	100

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 6 August 2026	09:20hrs to 17:30hrs	Siobhan Bourke	Lead
Friday 7 August 2026	09:20hrs to 16:15hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out over two days to monitor compliance with the regulations and to inform decision making for renewal of the centre's registration. During the two days, the inspector met with residents and their relatives and staff, to gain in insight into residents' daily experiences of living in the centre. Overall, residents and their relatives who spoke with the inspector gave very positive feedback regarding the care and attention they received from staff. A resident who was admitted to the centre in the previous months spoke very highly of the "care and support" they received from staff, another said that staff were "remarkable and couldn't fault them at all". The inspector spoke with 18 residents and seven visitors during the two days of inspection. Action was required regarding premises, governance and management and fire precautions as outlined further in this report.

The inspector arrived unannounced to the centre and after following the centre's signing in procedures, proceeded to walk around the centre to meet with residents and staff. On the first day, many of the residents in Bride Unit were up in the dining room being assisted by staff or eating their breakfast independently. The inspector saw that residents appeared content in the company of staff and there was an adequate number of staff available to assist residents as required.

During the walkaround, the inspector saw that maintenance staff were fixing a fire door at the entrance to one of the units, as it was not closing correctly. A team of contractors were also onsite carrying out work on the smoke detection systems and other fire works in the centre. An assessment of the integrity of the fire doors was also underway during the two days of the inspection. The provider had identified that the fire evacuation strategy whereby residents were to be evacuated in the event of a fire in their beds was not effective as over 90 beds in the centre could no longer move freely and required replacement. At the time of inspection, 14 of these beds had been replaced. In the interim, four extra agency staff were rostered at night (one on each unit) since mid-July 2026; so that ski sheet and mattress evacuations could be completed in a timely manner for residents in the event of a fire. Fire warden training was in progress in the afternoon of the first day of the inspection for staff. This will be discussed further in the report.

Ballincollig Community Nursing Unit is registered to accommodate 100 residents and was fully occupied at the time of the inspection. The centre has four separate units arranged over three floors namely Bride, Laney, Maglin and Shournagh. Two units were designated for residents living with dementia. Each unit or wing consists of 17 single bedrooms, two twin bedrooms and one four bedded room. All bedrooms were en suite with shower, toilet and washbasin. There was sufficient storage in residents' bedrooms. The inspector saw that residents' bedrooms and communal

rooms in the centre were clean and there were adequate resources to ensure rooms were cleaned daily and deep cleaned regularly.

Residents' bedroom accommodation comprised of single and shared bedrooms and were personalised with items of personal significance such as photographs and ornaments. The inspector saw significant levels of wear and tear to residents' bedroom walls and woodwork. In four of the shared rooms, the privacy screens were broken, therefore residents' privacy and dignity could not be promoted. Bedroom curtains in many of residents' bedrooms were worn so that the lining no longer blocked out light when they were closed. As found on previous inspections of the centre, there was one television in the twin rooms and two televisions in the four bedded rooms and they were still without headsets. A few residents told the inspector that the volume from the shared televisions could be noisy, if another resident was watching a programme.

All four units had communal space including day rooms, quiet rooms and dining rooms. Each unit had a designated pantry. In Laney Unit, a visitors room, that had previously been full of storage had been furnished with comfortable seating and lighting to provide residents with a quiet space to rest. The inspector saw that flooring and paint and décor in some of the communal rooms especially in Bride unit were worn and required repair or replacement. Some seating was also worn and torn and required repair or replacement. This will be discussed further in the report.

The main reception was a bright welcoming area, and the inspector saw that a coffee dock style area had been developed with the support of relatives of residents who attended the Age Friendly Committee for the centre. This area was furnished with a kitchenette area, tea and coffee making facilities, teacups and saucers and a piano. In the adjacent courtyard to this area, a large pergola and outdoor seating area had been installed and was a nice space for residents. Raised beds with scented plants, vegetables and herbs were planted and maintained by residents and their relatives.

The ground floor also had an oratory and a large gymnasium, where residents could attend the physiotherapy sessions with the physiotherapist, who attended the centre three days a week. A number of residents had adaptive equipment to meet their needs such as motorised wheelchairs, walking frames and specialist seating. The inspector saw staff accompany residents on walks, both outside and inside the centre to improve their mobility. One resident told the inspector that since their admission to the centre their health had "improved the world" as they participated in gym sessions and had reduced their smoking with the help of staff.

Residents could easily access the two internal courtyard gardens in the centre and while these had mature plants and trees, some of these were overgrown and blocked daylight to some residents' bedrooms and required attention.

The inspector observed the mealtime experience for breakfast, lunch and supper. Residents who required assistance were observed to be provided with this, in an unhurried and respectful manner. The inspector saw that food was served from hot buffet style trollies in each of the units and residents told the inspector that it was

served at the appropriate temperature. Residents were offered a choice at each mealtime. Residents could choose to eat in their bedrooms or in the dining rooms in the centre, with many choosing to eat in the dining rooms on each unit. Residents were observed chatting together and food appeared wholesome and nutritious. Most residents gave positive feedback to the inspector regarding the quality and choice of food available. However, a small number complained regarding the texture of how potatoes were cooked and served and other issues as outlined under Regulation 18 Food and Nutrition.

Residents independence and choices were respected in the centre. Resident who spoke with the inspector told them that they could get up and go to bed at the time of their choosing. Residents said they felt safe living in the centre. Residents were supported to go on outings from the centre with their relatives or on day trips organised by the activity staff in the centre. A number of residents were looking forward to an upcoming day trip to Cobh and others had enjoyed a recent outing to Kinsale.

Residents' spoken with, said they were very happy with the activities programme and some preferred their own company but were not bored as they had access to newspapers, books, radio and televisions. One resident told the inspector that "there was always something to do" in the centre. The team of seven activity staff ensured that residents were supported to access activities over seven days of the week. There was a good variety of activities available to residents. On both dementia specific units, activity staff were rostered to provide residents with both one-to-one and small group activities during the day.

On the first day of inspection, a large group of residents attended a yoga and stretching session on the first floor. In the afternoon, a lively music and bingo session was facilitated on the ground floor and was attended by over 30 residents. On the second day, a baking session on the first floor was well attended by residents and lots of chats and interactions was evident. The hairdresser was in the centre on the second day of inspection and both male and female residents were having their hair styled.

Residents meetings were held in the centre every two months to seek residents views on the running of the centre. From a review of minutes of these meetings, action was taken by the management team with regard to laundry services. For example, the management team met with the laundry supplier every two weeks, to ensure that any complaints from residents were actioned. Feedback raised by residents with regard to mealtimes resulted in a change of teatime to the later time of 5.00pm and the chef was informed where residents raised dissatisfaction with food and meals.

During the two days, the inspector observed many person-centred interactions between residents and staff. Residents who could not express their views appeared comfortable and content in the presence of staff. Residents were very complimentary regarding the kindness of staff working in the centre. A resident told the inspector how much they appreciated that a staff member on maternity leave had visited the residents with her baby that morning and said it was " just so

thoughtful." Staff were observed to knock on residents' bedroom doors before entering and were seen gently directing or redirecting residents during the days.

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

Capacity and capability

This was an unannounced inspection, carried out by an inspector of social services over two days, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended and to inform decision making regarding renewal of the centre's registration. The Inspector also followed up on the compliance plan submitted by the registered provider following the previous inspection in September 2025. Findings of this inspection were that significant action was required by the registered provider to ensure that the service provided was safe, consistent and effectively resourced regarding premises and fire precautions as detailed under the relevant regulations.

The Health Service Executive (HSE) is the owner and registered provider for Ballincollig Community Nursing Unit. The centre is operated by Mowlam Healthcare Services Unlimited Company, and it is registered to accommodate 100 residents. The organisational management structure for the designated centre comprises Mowlam Healthcare Services Unlimited Company's chief executive officer (CEO) and a HSE general manager, who was notified as a person participation in management(PPIM), since April 2026. The Director of Care Service for Mowlam Healthcare Services was also a PPIM for the centre.

The director of nursing worked full-time in the centre and was appointed as person in charge. They were supported in their role by an assistant director of nursing (ADON) and clinical nurse managers (CNMs). Each unit had an assigned CNM2 and a CNM1. There was an appropriate deputising arrangement in place, if the person in charge was temporarily absent. There were clear lines of authority and accountability in place. The inspector saw that regular management and governance meetings took place with a management action register to support quality improvement.

The inspector found that the levels of staff during the inspection were sufficient to meet the care needs of the 100 residents living in the centre. Recruitment was ongoing at the time of inspection to replace a number of registered nurses who had resigned from the centre in the recent weeks. New staff were expected to commence in the coming weeks. Since July 2026, agency staff were employed to fill any gaps in the nursing rosters. The inspector saw that appropriate checks were in

place to ensure agency staff were appropriately vetted and registered with the nursing regulatory body.

Findings from fire drills whereby simulation of evacuation of residents from the centre were conducted indicated that response times required improvement. In response to this finding, the provider had increased resources to staffing levels at night in the centre and four agency care staff, one for each unit, was rostered in the centre since July 2026. However, resources were still required regarding the upkeep and maintenance of the premises as outlined under Regulation 17; Premises and ensuring fire safety precautions were in place as outlined under Regulation 28; Fire Precautions. Furthermore, the provider had yet to appoint a supernumerary nighttime supervisor to enhance supervision at night as agreed in the compliance plan submitted following the previous inspection. These and other findings are outlined under Regulation 23; Governance and Management.

The provider ensured that the quality of care was monitored through key performance indicators and a schedule of audits. Overall, good compliance with aspects of the service provided such as monitoring of care planning, dining experience and infection control was supported by the findings of the inspector. There were several committees in place to oversee key risks to residents such as a nutrition committee, falls prevention and management, infection control and safeguarding. The communication systems in place were effective through daily safety pauses, handovers and staff meetings. Staff who spoke with the inspector were aware how to raise a concern with the management team.

Records detailed in Schedule 2, 3 and 4 of the regulations were made available to the inspector on request. Records were maintained on both an electronic and paper-based system. An annual review of the quality and safety of care provided to residents in 2025 was prepared in consultation with the residents and available to review.

The provider had a complaints procedure that was displayed in the centre. From a review of a sample of records of complaints maintained in the centre, it was evident that complaints were managed in line with the regulations.

Incidents which required notification to the Chief Inspector, as detailed in Schedule 4 of the regulations, were submitted appropriately and in within the required time frames.

Regulation 14: Persons in charge

The person in charge was a registered nurse who was full time in post and had the necessary experience and qualifications as required in the regulations.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate on the days of inspection to meet the assessed needs of the 100 residents living in the centre. The provider had rostered four extra agency staff at night to ensure residents could be evacuated in a timely manner in the event of a fire.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, relevant to their role. The inspector reviewed the training matrix and saw that staff attended in person training for annual fire safety training, safeguarding vulnerable adults and managing responsive behaviour. Staff were appropriately supervised by clinical nurse managers and senior carers during the days of inspection.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2,3 and 4 of the regulations were made available to the inspector. Staff files were well maintained on an electronic system and contained the necessary documents as required by regulation. The inspector saw that annual registration certification with the nursing regulatory body was available for all registered nurses working in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider failed to ensure that the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose as evidenced by the findings with regard to premises under Regulation 17 and Fire precautions under Regulation 28.

Management systems with regard to supervision of staff at night required strengthening as there was no designated on site manager in the centre at night for 100 residents. This is a repeat finding from the previous inspection.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose and floor plans were amended on the day of the inspection to include the staff changing rooms and canteen that were on the grounds of the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the office of the Chief inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Findings of this inspection were that significant action was required by the registered provider, to improve the governance and oversight of the service. There were inadequate resources and ineffective management systems in place to identify and monitor the quality and safety of care provided to residents in particular with regard to staffing, training and staff development, infection control and fire precautions. Action was also required pertaining to notification of incidents, records, care planning, and healthcare to achieve regulatory compliance. These will be detailed under the relevant regulations

From a review of residents' care plans and records and from speaking with residents, it was evident that residents had good access to healthcare services from local GP services who attended the centre each weekday. A physiotherapist was also on site three days a week to support residents with improving their mobility, where possible. There was also access to allied health care professionals such as occupational therapy, speech and language therapists and dietitians. Residents were also supported with access to community services such as palliative care and mental health services.

The inspector reviewed a sample of ten residents care plans and saw that they were sufficiently detailed, and person centred to direct care. These were updated every four months and when a resident's condition changed. There was evidence that recommendations from allied health care professionals were implemented.

There were systems and measures in place to protect residents from the risk of abuse. These included safeguarding training for staff and oversight arrangements by the person in charge to review and investigate safeguarding concerns and identified risks. All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. Residents who spoke with the inspector reported feeling safe living in the centre.

The inspector saw that there was good oversight of infection control practices in the centre. Following viral outbreaks in the centre it was evident that these were appropriately managed and reported to the relevant authorities. There was ongoing monitoring of compliance with hand hygiene practices and monitoring of the use of antimicrobials.

The centre was clean and warm on the day of inspection and there was adequate communal space available for residents. However, the inspector saw there was significant wear and tear evident in residents' bedrooms, communal rooms and corridors. These and other findings are detailed under Regulation 17 Premises.

Staff who spoke with the inspector confirmed that they participated in regular fire drills and simulations of evacuations of residents. They were aware of the largest compartments in the centre and residents' personal emergency evacuation plans.

Fire warden training was ongoing on the first day of the inspection. The provider had identified fire safety concerns for the centre and contract staff were onsite during the inspection with regard to this. However, the inspector was not assured that the fire safety arrangements adequately protected residents from the risk of fire or their safe and effective evacuation in the event of a fire as detailed under Regulation 28. Fire precautions.

Residents' rights were promoted and residents were supported to exercise choice and control over their daily lives and to participate in decisions about their care and support. Staff demonstrated an understanding of the importance of balancing residents' safety with their right to autonomy and positive risk-taking. Residents' views on the running of the centre were regularly sought, and the inspector saw that residents had been recently surveyed to ascertain their feedback on the quality and variety of activities provided. Residents' meetings were held regularly to seek their views on the running of the centre. Feedback from residents regarding laundry facilities were acted upon by the management team whereby biweekly meetings with the external provider of the laundry services were met and any issues raised by residents were acted.

Regulation 17: Premises

Not all aspects of the premises conformed to the matters set out in Scheduled 6 of the regulations as evidenced by the following:

- A number of beds in the centre were worn and and not moveable in line with the fire evacuation strategy for the centre; while 14 of these had been replaced over 80 required replacement.
- Flooring was observed to be cracked and worn, in some of the communal rooms in the centre, in particular in the Bride Unit where it could be a trip hazard for residents.
- Privacy screens in four of the shared rooms in the centre were broken and could not ensure residents privacy.
- The premises was not maintained in a good state of repair; as the inspector saw that paintwork, wood skirting and architraves in many residents' bedrooms and communal rooms in the centre was chipped and marked and did not promote a homely environment for residents
- Woodwork on bedroom doors and communal room doors was marked and chipped and worn in many rooms in the centre.
- A number of chairs and tables in the centre were worn and required repair or replacement.
- Curtains in residents' bedrooms were worn and the blackout lining had holes which mean they could no longer keep the room dark when required.
- Trees and plants in the the external courtyards and outside the bedrooms in the centre were overgrown and not appropriately maintained. This resulted in

some residents in the Bride Unit having reduced daylight due to the tree cover.

Some of these are repeat findings from previous inspections of the centre.

Judgment: Not compliant

Regulation 18: Food and nutrition

Action was required to ensure that food was properly cooked and served as a number of the residents who spoke with the inspector were not satisfied with how some food such as potatoes, and some meats could be hard. This was also recorded in complaints raised by residents and during residents meetings.

Judgment: Substantially compliant

Regulation 27: Infection control

There were good systems in place to ensure residents' bedrooms and communal rooms were cleaned daily and deep cleaned regularly. Two nursing staff had completed link nurse training to support staff in the centre with infection control practices. There was good oversight and monitoring of residents with infections and antimicrobial usage in the centre. Following outbreaks in the centre, outbreak reports were compiled to ascertain if any improvements could be made.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required to ensure adequate precautions against the risk of fire, to ensure adequate containment and detection of fire and to ensure adequate means of escape in the event of fire.

The registered provider had identified a number of fire safety concerns and was in the process of conducting a fire safety risk assessment of the centre at the time of the inspection. Interim findings at the time of the inspection were that fire stopping was required to ensure adequate containment in the centre in the event of a fire.

The fire evacuation strategy for the centre could not be implemented as the beds were no longer able to be used for evacuation.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

All residents had a care plan developed. Validated assessment tools were used to assess residents' clinical risks such as falls risk, cognition and nutrition. The inspector reviewed a sample of ten care plans and found that they were detailed and personalised to direct residents' care. What matters to me was included in care plans reviewed to inform staff regarding residents likes and preferences.

Judgment: Compliant

Regulation 6: Health care

From a review of residents' records and from speaking with staff and residents, it was evident that residents had good access to medical services from local GP practices. A GP was on site two days of the inspection. A physiotherapist was also available to support and provide assessment and treatment to residents who required it three days a week. From a review of residents' care plans, it was evident that residents were provided with a good standard of evidenced based nursing care with regard to wound care management.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff working in the centre were up-to-date with training, regarding the care needs of residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence of alternatives, such as crash mats and low beds in use in the centre to eliminate the need for restraints such as bedrails in the centre.

Judgment: Compliant

Regulation 8: Protection

The provider had a safeguarding policy in place. Staff were provided with training on safeguarding vulnerable adults from abuse. When an allegation or incident of abuse arose, the person in charge investigated these and put appropriate safeguarding measures in place for residents. Residents who spoke with the inspector reported feeling safe living there.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and promoted in the centre. There was a team of activity staff employed in the centre to ensure that residents had opportunities to participate in activities in accordance with their interests and capabilities. Residents' views were sought on the running of the centre through regular residents' meetings and an annual survey. The management team developed an action plan where issues for improvements were identified by residents.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not 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	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ballincollig Community Nursing Unit OSV-0000712

Inspection ID: MON-0051179

Date of inspection: 07/08/2026

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: • The PIC will ensure that a senior member of the nursing/management team will be rostered every day until 9pm to facilitate effective communication with night staff so that they are aware of clinical priorities and any concerns or updates about residents in each unit. • We will introduce a night supervisor at CNM level who will be supernumerary and will be the designated nurse in charge of the centre at night time. There will be a lead-in time to establish this new role as we will need to recruit suitable staff to undertake this role. • The night supervisor will provide effective oversight and guidance in the management of all clinical issues and will ensure that all staff on night duty are aware of the care plans and management strategies for all residents who display responsive behaviours. • The CNM on duty at night will ensure that all staff on night duty are aware of how to respond to an emergency situation that may require evacuation of a unit, such as a fire. • A detailed work plan will be developed to address all fire safety issues and premises-related concerns and we will share this plan with the Authority.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

• 32 beds have been replaced to date.
• A four-phased schedule for replacement of the remaining beds has commenced and scheduled delivery dates for remaining beds are 17/10/2026, 29/10/2026 and 11/11/2026.
• An extensive programme of works is currently being planned which will include the repair/replacement of all damaged flooring throughout the building.
• The damaged privacy screens in multiple occupancy rooms will be replaced.
• As part of the wider plan of works, the paintwork will be addressed throughout the building on a phased basis.
• Furniture will be maintained in good condition and any items that are damaged or in poor condition will be removed or replaced as appropriate.
• Curtains and blinds in residents' rooms, communal rooms and dining rooms will be replaced as part of the phased plan of works.
• Landscaping has commenced and will include cutting back trees that are growing too near the building, encroaching on natural daylight. The courtyards will also be addressed as part of the landscaping/gardening schedule.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

• The centre's Nutrition Committee will continue to meet monthly; the committee includes input from the Nutrition link nurse, Catering Manager, Speech & Language Therapist, all CNMs and the General Services Manager (GSM). The committee reviews all residents' feedback about food, any complaints about food or the dining experience, and a review of menu suggestions, quality, consistency, methods of cooking and improvements are explored.
• The Catering Manager will review cooking times and equipment settings, with particular focus on potatoes, meats and other foods identified through resident feedback to ensure they are cooked to a palatable consistency.
• Cooking methods and instructions have been reviewed and standardised where required. Attention will be given to achieving an appropriate texture and consistency suitable for residents.
• A documented food quality check will be introduced and will be completed prior to the service of meals. The Catering Manager/Chef will check the texture, appearance, temperature and overall quality of meals prior to service.
• We will continue to ensure that there are effective supervision of meal times and the dining experience by the CNM and Staff Nurse, as well as daily observations by GSM and Catering Manager.
• The Catering Manager will ensure that catering staff are educated about the appropriate presentation of meals to residents.
• There are daily audits of meals for quality and presentation, and feedback will be

provided to the Catering Manager.
• Residents' food preferences and dietary requirements are reviewed and updated monthly.
• The menu will be regularly reviewed to ensure residents have sufficient variety and a range of options in accordance with their preferences at meal times.
• Resident survey of food and dining experience to be carried out monthly.
• Monthly catering department meetings will be held with GSM to formally discuss quality of meals.
• A daily check list is in place for designated staff members to sample food and record findings.

Regulation 28: Fire precautions	Not Compliant

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

An independent fire safety assessment has been carried out, and the recommendations will be implemented, including:
• Fire safety training for all staff and fire warden training has been completed for all CNMs and staff nurses. Fire safety manager training has been scheduled. Focused fire safety training for kitchen staff has also been scheduled.
• All compartments have documented evacuation times and currently, daily fire safety and evacuation drills are being carried out.
• 14 beds have been replaced to date.
• A four-phased schedule for replacement of the remaining beds commenced on 16/09/2026, 17/10/2026, 29/10/2026 and 11/11/2026.
• Training has been scheduled for the evacuation strategy for vertically aligned compartments to evacuate concurrently.
• Smoking is no longer permitted in balcony areas. Residents will be assisted to designated smoking areas.
• There are an additional 72 smoke detectors in place.
• Fire stopping works are ongoing in all 8 electrical risers and all doors in electrical risers. Dry risers behind stairwell exit door have been moved from behind the door to a suitable location on stairwell.
• Landscaping and maintenance will maintain paths clear for emergency evacuation and reduce the risk of fire spread. Emergency lighting will not be impacted by vegetation externally.
• The laundry room will be risk assessed by the Fire Safety company to determine its suitability to function as a laundry.
• Repair and replacement of existing external emergency lighting has been completed.
• The PIC and GSM will implement an effective stock management system to ensure that there is no over-stocking of essential items.

• PEEPs have all been reviewed and updated.
• Bariatric ski pad in place and training scheduled for all staff on how to use this equipment.
• Lithium-ion battery management policy will be developed and implemented. Fire blankets will be provided in appropriate areas where lithium-ion batteries are in use. Designated charging areas have been identified and agreed with HSE fire prevention officer.
• Additional electrical sockets have been installed at all nurses' stations to avoid the use of trailing electrical leads.
• Fire extinguisher points are visible, and appropriate signage is in place. Standardized fire points throughout the facility.
• Unoccupied area provided with shutdown list in place.
• Staff will be educated and made aware of the need to reduce combustible materials in nurses' desks.
• Fridges in residents' rooms will be removed and annual PAT testing completed for all electrical appliances.
• Automatic dialer for fire detection and alarm system is in place.
• Weekly meetings to be held with Estates, management and Mowlam to implement plan for fire risk mitigation works on site.

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.	Not Compliant	Orange	31/10/2026
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/10/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in	Not Compliant	Orange	31/10/2026

	accordance with the statement of purpose.			
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	31/10/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/12/2026
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2026