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:	Mount Alvernia Hospital
Name of provider:	Health Service Executive
Address of centre:	Newberry, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	06 November 2025
Centre ID:	OSV-0000723
Fieldwork ID:	MON-0048792

About the designated centre

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

Mount Alvernia is set on a rural site, southwest of Mallow town in Co. Cork. The building was originally built as a community hospital in the 1950s with accommodation and facilities laid out along a single corridor on four floors. Facilities on the ground floor include administration offices, the main kitchen facility and a dining area for staff. There is also a chapel and a hairdressing facility for residents to use on this floor. Resident accommodation is laid out over the top three floors. Information as set out in the statement of purpose describes St Camillus' unit, on the first floor, as providing accommodation in four single and five twin bedrooms. Communal areas on this floor include a dayroom and dining room and a separate room to receive visitors in private. On the second floor, Clyda unit, provides four twin and three single bedrooms as well as one three-bedded ward. Communal areas on this floor include a day room and dining area. Avondhu unit on the third floor provides focused care for residents with a cognitive impairment or dementia, and this unit is accessible via a keypad secure system. Accommodation here includes six single and three twin bedrooms. There is also a sitting room and dining area as well as a small separate room for residents to receive visitors should they so wish. There are no en-suite bathroom facilities in any of the rooms and all residents share toilet and shower facilities on each floor. The grounds provide residents with opportunities for exercise and recreation with outside seating, paved walkways and an orchard. The centre provides long-term residential care for residents over the age of 18 requiring continuing care in relation to a range of needs including chronic illness, dementia and enduring mental health issues.

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
Thursday 6 November 2025	08:30hrs to 16:45hrs	Erica Mulvihill	Lead

What residents told us and what inspectors observed

Overall, residents living in Mount Alvernia told the inspector they were content living in the centre. Throughout the course of the inspection, the inspector met with most of the 34 residents living in the centre, and spoke in detail with 13 residents. Two residents stated they liked that they were consulted on things going on in the centre as it made them feel "that their opinions mattered". The majority of feedback provided to the inspector with regards quality of care and the activities available to them was positive and that residents felt supportive by kind and respectful staff.

On arrival to the centre, the inspector followed the sign in procedures and met with the person in charge. Following a short introductory meeting, the inspector walked around the centre to gain an insight into the lived experiences of residents in Mount Alvernia.

Mount Alvernia is located in a rural setting near Mallow town in Cork. The premises itself, is an old hospital style building with infrastructural challenges associated with its age. The ground floor had administration offices, the hospital's kitchen, a chapel, staff changing and dining room, visitors' room, storerooms and a hairdresser's room. The inspector saw that the external gardens were well maintained.

Accommodation for residents is located over three floors, with the Avondhu on the third floor, the Clyda on the second and St. Camillus on the first floor. The centre had one triple room, 13 single rooms and 12 twin rooms. None of the bed rooms had ensuite toilets or showers but had shared toilets and shower rooms on each floor. There were sufficient toilets and showers on each floor for residents and two floors had an assisted Jacuzzi bath for residents' use. The inspector saw that residents' bedrooms were clean and personalised with items of importance to them. The inspector saw that crash mats and low beds were used as an alternative to bedrails in the centre, while bedrails were still in use for five residents. There were communal spaces on each floor including a dining room and day room. These rooms were appropriately decorated and created a homely feel.

Residents on St Camillus and Clyda unit were observed to go in and outside the centre without restriction for walks around the grounds and some for smoking breaks. The third floor, Avondhu, had a key code entry and had a swipe access as residents with cognitive impairment resided in this part of the centre and required supervision if leaving the unit area. Those who wished to attend afternoon activities sessions on the second floor were assisted to do so by staff.

Mid-morning, a local artist came to provide an art class to residents on St Camillus floor and she worked with the activities staff to ensure all residents in the centre who wished to take part in the activity were accomodated. Art work created by the residents were displayed around the day room. The residents art work had recently

been exhibited in a local community facility. During the day of the inspection, residents were seen to use the dining rooms and day room facilities at their leisure.

The weekly hairdressing appointments were ongoing throughout the day of the inspection, and some of the residents who spoke to the inspector, stated it was a highlight of their week as they always felt better after getting their hair done. Weekly mass was provided in the chapel on the ground floor for residents who wished to attend. The parish priest would also attend the floors after mass with the activities coordinator to ensure all residents had access to their religious rights regardless of their dependency level.

Residents were very complimentary of the food choices and menus available to them in the centre. Residents were seen to attend the dining rooms for breakfast at their own preferred time and sat at the table which was laid for them in advance by staff. The chef and kitchen staff were jovial and residents commented that they will always try to get you what you want if it is not on the menu. Modified diets were observed to be appetising and well presented.

The inspector saw kind interactions between staff and residents; staff were seen to knock before entering resident bedrooms in a respectful manner. Where residents had responsive behaviour, the inspectors observed that staff redirected residents or used distraction techniques to guide residents where required. Staff were seen to be responsive to requirements of residents during the day of inspection, however, call bells were observed to be hung on walls and were not in reach of residents who chose to remain in their bedrooms to enable them to call for assistance if required. This will be discussed further under Regulation 23: Governance and Management.

Overall, the centre appeared clean and tidy and was sufficiently decorated with colourful pictures, artwork and soft furnishings. The centre appeared homely for residents, however, wear and tear of flooring surfaces was observed in Clyda and Avondhu floors and required attention. In some areas of the centre, paintwork needed to be updated where scuffs and watermarks were evident. This will be discussed further in the report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This one day unannounced inspection was carried out by an Inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). Findings of this inspection were that while residents were provided with a good standard of nursing and health care, some management systems in place in the

centre were not fully effective to meet regulatory requirements. Further action is required in relation to governance and management, premises, fire precautions, contracts of care, maintenance of records, individual assessment and care planning and notification of incidents to the Office of the Chief Inspector as detailed under the relevant regulations.

The registered provider of the centre is the Health Service Executive (HSE). The centre had a full time person in charge supported by an assistant director of nursing along with a team of clinical nurse managers (CNMs) assigned to manage each floor. The provider had appointed the current general manager for North Cork Mental Health services as the person participating in management in November 2024, however, information required by regulation is still outstanding in relation to this appointment. This will be actioned under Registration Regulation 6: Changes to information supplied for registration purposes. The person in charge has access to the general manager via telephone if required, and had access via clinical governance meetings monthly offsite, but the general manager did not come to the centre on a regular basis. Staff supervision and oversight was not sufficiently robust, as call bells in resident bedrooms were not in reach for residents who may require to call for assistance and one resident who was dependant did not have a call bell available to them in their bedroom as it appeared to have been removed and not replaced.

The provider had a schedule of audits to monitor quality and safety of care for residents in the centre. Infection control practices were monitored closely with support from the HSE infection prevention and control team and were completed regularly. Notwithstanding these findings, other audits reviewed by the inspector were carried out regularly but action plans from audit findings were not completed to guide management to areas which required improvement. These findings will be detailed under Regulation 23: Governance and Management.

On the day of the inspection, the inspector found that there were sufficient staff on duty in the centre, to meet the assessed needs of residents, given the size and layout of the centre. Staff within the centre comprised of a team of registered nurses, health care assistants, domestic, activities, catering, maintenance and administrative staff.

From a review of training records, and from speaking with staff, it was evident to the inspector that those working in the centre were up to date with mandatory training in areas such as manual handling, safeguarding, and fire safety. Additional refresher training was planned for staff who were due updated training. Training had also been undertaken by staff with regards to the management of responsive behaviours to ensure that they were trained to care for residents with more complex care needs.

The inspector reviewed the incident log maintained in the centre and saw that one notification relating to an incident of alleged or confirmed abuse of any resident was not submitted to the Office of the Chief Inspector within the required timeframes as per regulatory requirements.

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had failed to submit documents as required in Schedule 2 of the regulation. The manager acting as person participating in management (PPIM) had commenced their role in November 2024 and these documents to date have not been submitted.

Judgment: Not compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate for the size and layout of the building and was adequate to meet the assessed needs of the 34 residents living in the centre on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Training records showed that all mandatory training has been completed by staff with refresher training booked for December for those who require updates. Staff were knowledgeable on the training they received.

Judgment: Compliant

Regulation 21: Records

Some aspects of records management required action:

- Records relating to residents care plans and personal information were found not to be securely stored in the centre. They were found to be stored in an unlocked press in a store room accessible to all staff. This did not comply with legislation on data protection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management systems in place required were not effective to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored in particular in relation to the following:

- there was a lack of oversight of fire precautions as outlined under Regulation 28: Fire Precautions
- systems in place to ensure oversight of premises were not sufficiently robust as the service lift remained out of order and other premises issues required action as outlined under Regulation 17: Premises.
- audits although carried out regularly, did not have action plans which could be reviewed to see that necessary improvements were carried out in a time-bound plan.
- the provider had failed to ensure required documentation in relation to the notification of change of PPIM was submitted to the Office of the Chief Inspector.
- the provider had failed to ensure adequate staff supervision in relation to call bell provision to residents. Staff were not placing call bells near residents who were in their bedrooms during the day ensuring that they could contact staff if they required assistance.
- While the person in charge had telephone access to the general manager, and attended off-site North Cork management team meetings once a month, the PPIM was not on-site regularly to provide oversight and management to the centre. This is a repeat finding.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

On the sample of contracts of care reviewed, the provider did not state the necessary information on contracts of care as required. The type of accommodation and room numbers were missing on some contracts, and some showed that residents had moved rooms since admission without evidence of consultation, this was later observed to be for convenience of service not the resident.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One notification had not been reported to the Office of the Chief Inspector as required by the regulations. The provider failed to submit the notification within the required time frames.

Judgment: Not compliant

Quality and safety

Overall findings of this inspection were that residents were supported with good access to health care services and opportunities for meaningful activities in Mount Alvernia. Residents who spoke with the inspector reported they felt safe living in the centre. However, action was required with regard to care planning, fire safety precautions and premises to ensure the quality and safety of care provided to residents, as outlined under the relevant regulations.

The inspector reviewed a sample of four residents' health and nursing care records and found that residents had good access to general practitioner (GP) services from local practices. There was evidence that residents were reviewed regularly or as required. There was good access to occupational therapists, physiotherapy, speech and language therapists and dieticians.Tissue viability nursing was available to the centre as required. The inspector saw that residents with wounds, such as pressure ulcers had a wound care plan in place.

From a review of residents' care plans, it was evident that while they were person centred, a number of validated assessment tools were not updated within required time frames and therefore the inspector could not be assured that care plans were reflective of residents current assessed needs. Another care plan reviewed detailed one resident with escalating behaviours who did not have updated behavioural assessments to ensure all staff were directed sufficiently to their current care requirements. These findings are outlined under Regulation 5: Individual assessment and care plan.

The provider had measures in place to safeguard residents from abuse. The provider acted as a pension agent for a number of residents. Records which detailed each residents payments and surplus amounts were maintained. There was also a procedure in place for the management of residents' petty cash. There was a policy and a procedure available for safeguarding vulnerable adults and training records identified that staff had participated in training in adult protection.

Records demonstrated that resident meetings were convened on each floor of the centre. There was evidence of good discussion around various topics including services, food and activities. Residents spoken with were complimentary of the staff and the care they provided. Residents had access to television, radio, books and internet services if required. One member of staff was available to provide activities on the day of inspection, and was seen to provide one to one sessions, art therapy and a review of the schedule of activities for the centre included exercise

programmes, musicians weekly and outings to Mallow for those who liked to go shopping.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection.

Some action had been taken to address the issues of non-compliance in relation to fire precautions found on a previous inspection. There were arrangements in place for the testing and maintenance of the fire alarm system, emergency lighting and fire fighting equipment. However, these maintenance records were not retained in the centre and the person in charge had to contact the maintenance officer off site to obtain these records. All records were subsequently submitted to the inspector post the inspection for review. The inspector observed two fire doors were held open by obstacles which prevented closure in the case of a fire in the centre. Personal evacuation plans were not evident inside all wardrobe doors of resident bedrooms as was stated by the provider in the previous compliance plan from the inspection findings in May 2025. This will be outlined under Regulation 28: Fire precautions.

The provider had engaged in a programme of works in relation to floor upgrades in the centre, with recent re-flooring to the corridors of St Camillus ward. Notwithstanding this positive finding, a number of other premises concerns were observed and will be outlined under Regulation 17: Premises.

Regulation 11: Visits

The inspector observed visitors freely accessing the centre on the day of inspection. Residents were facilitated to receive visitors in their bedrooms or in the communal spaces in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to a double wardrobe, bedside locker, and drawers to store and display their personal belongings. Residents personal clothing were laundered regularly onsite and returned to each resident. Residents stated they were happy with the laundry service in the centre.

Judgment: Compliant

Regulation 17: Premises

Action was required in some areas of the premises to conform with matters in Schedule 6 of the regulations evidenced by the following findings:

- The visitors room in Avondhu unit had a computer and console table stored which encroached on the floor space for residents to receive visitors.
- The service lift remained out of order, this is a repeat finding over two inspections.
- Wear and tear was observed on paintwork around the centre, for example, in a staff room where a leak had occurred, water marks were observed behind the locker row. Kitchenettes and some communal spaces required to be painted to maintain a homely feel.
- General wear and tear on floor surfaces on Clyda and Avondhu units required attention to ensure adequate cleaning of these floor surfaces.
- A call bell in a single bedroom was not available for the resident to use to call staff if they required attention. The unit appeared to be removed from the bedroom but not replaced.
- A communal shower room was unable to be used by residents as the shower was broken and required repair.

Judgment: Not compliant

Regulation 20: Information for residents

The centre had a residents guide "your stay with us" which detailed information about the centre and the services provided for residents who are admitted to long term care in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Records were available where a resident transferred to acute care with details of information sent to the receiving hospital to ensure safe transfer of care of residents. Evidence of discharge information from the receiving centre back to the designated centre detailed a summary of care to direct care to staff in the centre and enabled staff to update care plans in accordance with information received.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required to ensure fire safety management systems complied with regulations, as evidenced by:

- Two fire doors were prevented from fully closing by obstacles holding them open. In the case of fire, this would inhibit closure of these fire doors to offer protection.
- Residents personal emergency evacuation plans were not easily located and some were not available in the wardrobes as had been set out in the compliance plan of the last inspection.
- A store room on the ground floor was cluttered and had both electrical equipment and soft furnishings which could pose an increased risk of fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Although care plans reviewed contained very person centred information, further action was required to ensure that assessments are formally reviewed and revised in line with the changing requirements of residents. For example of the sample reviewed:

- Validated assessment tools for one residents' care plans were out of date and therefore could not assure that up to date information was available to inform care and direct care staff.
- One care plan detailed an escalation in behaviours in one resident over a period of time. There was no evidence of behavioural assessments being completed or recording of behavioural charts to provide insight into possible causes for the escalating behaviour.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to their general practitioners (GP) who visited the centre twice a week and as required. A variety of other healthcare practitioners were available to support residents which included a physiotherapist who visits the centre regularly, access to occupational therapy, speech and language therapy and

dietetics on referral. Evidence of access to National screening programmes was seen in the resident information folders.

Judgment: Compliant

Regulation 8: Protection

All staff had completed training in preventing,detecting and responding to abuse, according to the sample of training records seen by the inspector. Staff spoken with were aware of what constitutes abuse and how to raise concerns with senior management. Residents' finances were being well managed, and the provider was a pension agent to some residents in the centre. The inspector was satisfied that there was robust systems in place between the provider and the residents. There was support from a centralised finance team as well as internal administration staff to support these services.

Judgment: Compliant

Regulation 9: Residents' rights

A meaningful activities programme was available to residents in the centre. The activities staff member was well known to residents and tailored the sessions to the evolving needs and requirements of the residents. Residents had access to internet services if they required, and community music groups visited the centre regularly to provide live music for residents to enjoy.

A local priest came to the centre every Friday to provide mass to residents and chaplaincy as required. Resident meetings were held regularly and discussion point actions were made available to residents so they were included and participated in the organisation of the designated centre. Residents were seen to be taken outside the designated centre on trips, on the day of the inspection, one resident went to Mallow town with the activities staff as they wished to go shopping.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Alvernia Hospital OSV-0000723

Inspection ID: MON-0048792

Date of inspection: 06/11/2025

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**
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: VG is waiting his Garda Vetting Disclosure. Once received he will submit it without delay.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: A review of all records has been completed & all records are in a locked press in a locked room.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: There has been a review of the call bell system .All call bells are now in place & are within reach of the residents when they are in their rooms. There has been a review of the resident personal evacuation plans and they are all located in their wardrobes for every resident. All staff are aware that putting obstacles in the way of fire doors is not	

appropriate .The store room on the ground floor has been decluttered. Audits will include the action plan going forward. The PIC will ensure that notifications are submitted to HIQA in a timely fashion. In regards to premises the Computer has been removed from the visitor's room in Avondhu Ward .The service Lift remains on the agenda at senior capital funding meetings. There is a plan to replace the Floor Surfaces in the Hallway in both Avondhu & Clyda ward next year. There is a maintenance program in place to ensure that painting & flooring issues are addressed. The PPIM will have a greater input into the centre for 2026. PIC has phone access to PPIM & HOS at all times & are available for site visits or face to face meetings on request. The Area Administrator is also available to the PIC.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
All contracts of care have been reviewed. The room numbers and the occupancy of the rooms are on all the contracts. The PIC will ensure that residents will not be moved from their assigned bedrooms unless it is for their benefit & there will be full consultation & agreement with the resident & next of Kin. Any room moves will be written on the Contract of care providing rational for the move.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The PIC will ensure that all notifiable incidents are reported in a timely fashion.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The computer in the Visitors room has been removed.
The service Lift remains on the agenda for the Capital funding senior meetings.
There is a maintenance program in place for painting & decorating.

The corridor in Clyda & Avondhu will be getting new floor covering in 2026.
The call bell that was missing from room 20 has been replaced.
The Communal shower in Avondhu ward – I have requested costings to bring this bathroom up to the standard required. There is 11 residents in Avondhu & there is a shower in another Bathroom & there is also a Parker Bath available to the residents.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The storeroom that was cluttered on the day of the inspection has been cleared out.
All staff are aware that fire doors should be not be held open at any time.
Resident Personal Emergency evacuation plans have been reviewed & are on the inside of the wardrobe doors for each resident.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
The Care Plans were reviewed in October 25. One care plan was outstanding on the day of the inspection .This has since been reviewed. It was noted on the day of the Inspection that 1 resident who displays challenges that can be a challenge did not have a behavioural assessment plan when his behaviour became difficult to manage. It was noted and there will be a behavioural assessment going forward.

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
Registration Regulation 6 (1) (b)	The registered provider shall as soon as practicable supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of the new person proposed to be in charge of the designated centre.	Not Compliant	Orange	31/01/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	03/12/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	03/12/2025

	and are available for inspection by the Chief Inspector.			
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	04/12/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	03/12/2025
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	Substantially Compliant	Yellow	03/12/2025

	suitable bedding and furnishings.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	03/12/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Yellow	03/12/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	03/12/2025