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:	St Mary's Residential Care Centre
Name of provider:	St Mary's Nursing Home Unlimited Company
Address of centre:	Shantalla Road, Galway
Type of inspection:	Unannounced
Date of inspection:	03 September 2026
Centre ID:	OSV-0000726
Fieldwork ID:	MON-0048973

About the designated centre

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

St Mary's Residential Care Centre is a designated centre for Older People. The designated centre is registered to accommodate 62 residents. The accommodation comprised of 60 single and one twin bedroom. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Galway city. Residents have access to an enclosed garden. The service provides care to residents with conditions that affect their physical and psychological function. Resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61

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 3 September 2026	09:45hrs to 18:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Overall, residents living in St. Mary's Residential Care Centre were very satisfied with the care and support they received. Residents spoke positively about staff, reported that they felt safe, and described being supported to exercise choice and maintain control over their daily routines.

The inspector arrived at the centre unannounced and was met by members of the nurse management team. Following a brief discussion regarding residents and any recent changes within the centre, the inspector walked through the premises accompanied by a clinical nurse manager. This provided an opportunity to observe the care environment and interactions between staff and residents.

On the morning of the inspection, some residents were spending time in communal areas, while others were having breakfast in their bedrooms, resting following breakfast, or reading. Staff were observed attending to residents' care needs and responding to call bells. There was a warm, friendly and comfortable atmosphere throughout the centre.

Residents who spoke with the inspector described the centre as their home and said that staff contributed to creating a homely environment. Residents reported that they were treated with kindness and respect and that their dignity was upheld. They were satisfied with the care they received and reported no undue delays in having their needs attended to. Residents also spoke positively about the quality of the food provided.

Residents were satisfied with their bedroom accommodation and the storage available for their personal belongings. Residents reported that they felt their possessions were secure and that they had adequate space for their belongings.

The lunchtime dining experience was observed to be pleasant and sociable. Residents who chose to dine in the communal dining room were well-supported and supervised by staff throughout their meal. However, the same level of staff presence and supervision was not evident for residents who chose to have their meals in their bedrooms. For example, meals were observed to be served to some residents while they were asleep and remained at the bedside until they woke. Main meals and desserts were also served together, resulting in food being left for extended periods, including warm desserts becoming cold and ice cream melting. In one instance, a resident had eaten their dessert while their main meal remained uneaten.

Residents' bedrooms and communal day rooms were generally observed to be clean. However, the standard of environmental hygiene was not consistently maintained in some ancillary areas, including sluice rooms, laundry, and the dining room. In the

dining room, spillages, splashes and a build-up of dirt were observed to floor tiles, grouting, skirting areas and around larger items of furniture.

Fire safety arrangements were observed throughout the inspection. While a range of fire safety measures were observed to be in place, some risks were observed within the centre. This included an area where cables penetrating the ceiling were not appropriately fire sealed, and in the laundry area where the management of the environment did not fully support appropriate fire safety precautions.

The main day room was a hub of activity throughout the inspection. Residents and visitors were observed spending time together in this area, and residents participated in a range of social and recreational activities. Religious practice was facilitated, including the celebration of Mass, and residents also enjoyed music and other activities. There was frequent laughter and positive social interaction, contributing to a lively and welcoming atmosphere.

The following sections of this report details the findings with regard to the capacity and capability of the provider, and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address findings of substantial compliance identified during a previous safeguarding focused inspection in September 2025. The inspector found that all actions outlined in a compliance plan submitted by the provider following that inspection had been implemented and completed.

The findings of this inspection were that systems and processes were in place to support the governance and operation of the centre and were mostly effective. However, management oversight of infection prevention and control, residents records, fire safety and the supervision of staff were not in full compliance with the regulations.

St. Mary's Nursing Home Unlimited Company is the registered provider of this designated centre. The company comprises three directors and the directors are involved in the operation of a number of designated centres for older people. The organisational structure had changed since the previous inspection, with revised management arrangements recently implemented. These changes were intended to strengthen the governance and oversight of the centre and included additional senior management oversight and the appointment of a new person in charge. The

inspector found that there were clearly defined lines of authority and accountability within the revised management structure.

Within the centre, there had also been changes to the management structure, with a newly appointed assistant director of nursing in post. The management team was being further strengthened through the appointment of a clinical nurse manager, who was due to commence in the coming weeks. The additional management resource was intended to enhance the supervision of staff and provide greater oversight of the day-to-day operation of the centre. Pending the commencement of the clinical nurse manager, delegated responsibilities were overseen by the person in charge and assistant director of nursing. Plans were also being developed to further define the responsibilities of the nurse management team in supporting the person in charge with oversight of clinical and non-clinical aspects of the service.

Management systems were in place to support effective oversight of the service. A schedule of audits monitored clinical and non-clinical aspects of the service and were effective in identifying areas requiring quality improvement.

Systems were also in place to identify, assess and manage risks. However, these were not always effectively utilised to ensure that identified risks were adequately managed. For example, where risks associated with the capacity of the existing laundry facilities had been identified, the planned longer-term solution did not include sufficient interim controls to mitigate the risk pending completion of the proposed works.

There were adequate staffing resources in place across all departments to meet the assessed care and support needs of residents. Staffing levels and skill-mix were appropriate to the size and layout of the centre and the needs of residents accommodated there.

Staff were facilitated to attend training relevant to their roles, including safeguarding of vulnerable people and supporting residents living with dementia, in addition to a range of other relevant training. Following the previous inspection, additional training had been provided in relation to residents' human rights. Staff demonstrated an understanding of this issue when speaking with the inspector and described how a human rights-based approach informed their day-to-day interactions with residents and supported residents in their daily lives. As part of the arrangements for fire safety within the centre, all staff had attended fire safety training. However, the provider had not reviewed the effectiveness of this training as not all staff demonstrated a comprehensive understanding of the centre's fire evacuation procedures.

Arrangements were in place for the supervision of staff, including induction, performance review and appraisal processes, through the presence of nurse managers in the centre to observed practice and provide ongoing supervision and support. However, these arrangements were not consistently effective in ensuring appropriate standards of practice were maintained. This was evidenced by observations in relation to infection prevention and control and aspects of residents' mealtime experience on the day of inspection.

Systems and processes were in place for the management of complaints and were underpinned by an appropriate policy and procedure. The complaints register was reviewed and demonstrated that complaints were managed in accordance with the requirements of the regulations.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff supervision arrangements were not fully effective to protect and promote the care and welfare of residents. This was evidenced by;

- ineffective supervision and coordination of staff during mealtimes to ensure that residents, particularly those requiring assistance or supervision with their meals in their bedrooms, received appropriate and timely support.
- inadequate supervision of staff infection prevention and control practices to ensure that appropriate standards were consistently maintained. This included practices relating to the appropriate segregation and storage of equipment, and ensuring that cleaning procedures were effectively implemented across all areas of the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were not fully effective to ensure that the service provided was effectively monitored. For example;

- Identified risks were not always comprehensively assessed to consider contributing factors and ensure that current control measures were accurately reflected in the risk assessment. For example, following an incident in the laundry, the associated risk assessment had been reviewed. However, it did not comprehensively identify the potential contributing environmental risks or the control measures required to mitigate them.
- Systems of allocation and supervision of staff were not fully effective. This was evidenced in the oversight of residents' mealtime experience and in

ensuring that residents' assessments and care plans were accurate and up-to-date.
- Infection prevention and control audits identified some areas requiring quality improvement. However, they did not comprehensively assess the suitability of facilities or identify deficits in environmental hygiene across all areas of the centre.

Judgment: Substantially 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 complaint records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Residents' care and support needs were met to a satisfactory standard. Residents reported that they felt safe living in the centre, and arrangements were in place to safeguard and protect them. Residents' rights were upheld, and they were supported to participate in activities in accordance with their interests and preferences. However, individual assessments were not always sufficiently comprehensive to identify residents current care needs, and care plans informed by these assessments did not always reflect their needs. In addition, infection prevention and control and fire safety management systems did not ensure that appropriate standards were consistently maintained.

All residents had a care plan in place. Residents' needs were regularly assessed and care plans were generally developed and reviewed in response to their identified needs. However, some assessments and care plans were not always sufficiently comprehensive to reflect residents' needs and, consequently, did not always provide staff with the information necessary to guide the delivery of appropriate care.

Residents' health care needs were met through access to general practitioner services, who attended the centre, as required or requested. Residents also had access to a range of allied health and social care professionals for specialist assessment and intervention, including dietetic services, speech and language

therapy, physiotherapy and occupational therapy. These services were accessed through an established referral process.

A process was in place to support the transfer of relevant information when residents were temporarily transferred to hospital. However, a sample of records reviewed found that transfer documentation was not consistently completed. For example, in one instance, transfer documentation did not contain all relevant information about the resident, including identified risks such as the risk of falls, nutritional requirements and mobility care needs.

Arrangements were in place to identify residents' communication needs and staff were knowledgeable about residents preferred methods of communication.

Governance arrangements were in place to monitor and review infection prevention and control practices, and there was evidence of ongoing oversight through audit and quality improvement activities. While the majority of the centre was visibly clean, a consistently high standard of environmental hygiene was not maintained in all areas, including the dining room, some corridors and sluice rooms. In addition, some facilities did not adequately support effective infection prevention and control, including the appropriate segregation and storage of clean equipment.

The arrangements in place relating to fire safety were reviewed. This review found that documentation in terms of regular in-house fire safety checks in the centre were completed and recorded. There were daily, weekly and monthly checklists which included for example, testing of fire equipment, fire alarm testing, emergency lighting, means of escape and fire exit doors, all of which were up-to-date. However, staff did not consistently demonstrate an appropriate understanding of the procedures to be followed in the event of an evacuation. This posed a risk to the timely evacuation of residents in the event of a fire emergency. In addition, some areas of the centre had cables penetrating the ceiling resulting in visible gaps that may impact the containment of smoke and fire, and adequate precautions against the risk of fire were not consistently maintained, particularly in relation to the management of the laundry area.

Residents were supported to retain control over their personal possessions and had adequate space to store their belongings securely. Arrangements were in place to support residents to manage their personal property and finances, where required.

Residents were supported to exercise choice and independence in their daily lives, and were encouraged to participate in decisions about their care and the running of the centre. Residents had opportunities to engage in meaningful social activities in accordance with their interests and preferences, and there was evidence that their privacy, dignity and individuality were respected by staff.

Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely and to express their wishes and preferences. Residents had access to appropriate communication aids and supports, where required.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to adequate storage within their bedrooms for clothing and personal belongings, including secure storage for valuables. Residents were observed to have personalised their bedrooms with photographs, ornaments and other possessions of importance to them.

Records relating to residents' personal property were maintained, and residents were supported to access and retain control over their possessions. Where the provider held money on behalf of a resident, they were provided with a statement of their account.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

It was not always evident that all relevant information about a resident was provided to the receiving hospital taking responsibility for their care during a temporary absence from the designated centre.

Transfer documentation did not always include information regarding residents' identified risks and care needs. Records did not always accurately outline the health status of residents to provide a full picture for meaningful assessment at the receiving hospital.

In other instances, there was no record to demonstrate that the relevant information had been provided to the receiving service.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider did not fully meet the requirements of Regulation 27, Infection control and the National Standards for infection prevention and control in community services (2018). For example;

- A number of areas within the centre, including a dining room, sluice room and escape corridors were unclean.
- Facilities and arrangements for the decontamination of residents' equipment did not adequately support effective infection prevention and control practices. There was insufficient segregation of clean and used equipment in sluice rooms, which increased the risk of cross-contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The following findings, identified during the inspection demonstrated deficits in the fire safety arrangements within the centre:

- Services such as cabling, were observed passing through ceilings without evidence of appropriate fire stopping.
- Fire safety precautions within the laundry had not been sufficiently reviewed and strengthened following a previous incident in this area. In particular, there was significant accumulation of lint behind laundry machines, indicating that routine cleaning and management arrangements were not sufficiently effective to minimise the risk of fire.
- Staff did not demonstrate a consistent understanding of the centre's evacuation procedure. This posed a risk to all occupants of the centre in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' assessment and care plans found that they were not fully in line with the requirements of the regulations. For example;

- A comprehensive assessment of a resident's needs, completed immediately before on on admission to the centre, was incomplete and did not include relevant aspects of the resident's recent health history. Consequently, the care plan developed from these assessments did not contain sufficient information to guide staff in recognising and responding to changes in a resident's condition.
- Care plans were not always updated to reflect changes in a residents care needs. For example, the care plan for a resident with an identified swallowing risk and specific dietary requirements did not reflect changes in the resident's current assessed needs. Consequently, staff did not have accurate or up-to-date information to guide the management of the identified risk.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents had a choice of general practitioner (GP) who attended the centre, as required or requested.

Services, including physiotherapy, tissue viability nursing expertise, speech and language, and dietetics were available through a system of referral.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were respected and promoted within the centre. Staff interacted with residents in a respectful, warm and person-centred manner.

A programme of activities was available, and residents were supported to remain socially engaged throughout the day. Residents also had opportunities to express their views and provide feedback on the service through residents' meetings.

Residents were provided with information about the facilitates and services available to them, including access to independent advocacy services. Opportunities for residents to practice their religious faith were facilitated, including the celebration of Mass within the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Mary's Residential Care Centre OSV-0000726

Inspection ID: MON-0048973

Date of inspection: 03/09/2026

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 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Residents who prefer to have their meals in their rooms are supported to do so safely and comfortably.

The main course is served first to residents dining in their rooms. Designated care staff on each floor are allocated responsibility for serving and providing appropriate supervision/assistance to these residents during their meals. A second round is completed for dessert and tea, helping to ensure that desserts are served at the appropriate temperature and residents receive each course in a timely manner.

Catering staff collect the used plates and are instructed to report residents' food and fluid intake, including any poor or reduced intake, to the nurse on duty. Any concerns identified during the meal, including difficulties eating or drinking or refusal of meals, should be communicated promptly to the nurse on duty for appropriate follow-up and documentation.

CNM has increased supervision and monitoring on the floor to ensure sustained staff compliance with hand hygiene protocols. Hand hygiene practices are reinforced at all departmental meetings, with staff reminded of their responsibility to follow the required procedures consistently.

Rack ordered to dry the washed urinals and bedpans instead of placing them on sinks. Same discussed with Housekeeping and HCA's. Senior HCA's will carry out periodic checking.

Regulation 23: Governance and management	Substantially Compliant

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

The risk register has been updated for the risk of fire and infection. We have reviewed the controls in place. The following controls are in place:

1. Dirt and Lint trapped behind the machines is cleared, will be carried out monthly by maintenance manager, by pulling out the machines to ensure thorough cleaning.

2. CNM has increased supervision and monitoring on the floor to ensure sustained staff compliance with hand hygiene protocols. Hand hygiene practices are reinforced at all departmental meetings, with staff reminded of their responsibility to follow the required procedures consistently.

3. Deep cleaning will involve a more thorough process, including scrubbing of grout and other identified areas, followed by steam cleaning where appropriate, to achieve an improved standard of cleanliness.

4. The enhanced programme will commence on 9th October in the dining rooms and with identified areas being addressed systematically. Thereafter, enhanced deep cleaning will be incorporated into the regular cleaning schedule to ensure that the improved standard of environment hygiene across all the areas of the Centre is maintained. Cleaning will be monitored to ensure that any areas requiring further attention are identified and addressed promptly.

Designated care staff are allocated for supervision of residents having meals in their own room.

IPC audits have been reviewed to ensure that they address the suitability of the premises and that they identify any deficits in environmental hygiene.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
A folder has been implemented on each floor to store a copy of transfer records. This was already in place before the electronic care management system was implemented.

The gaps identified in the completion of transfer documents has been discussed in the nurses' meetings. The nurses have been reminded of the importance of including accurate information about the residents in the transfer documents. This will be overseen by the DON, ADON and CNM.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Deep cleaning will involve a more thorough process, including scrubbing of grout and other identified areas, followed by steam cleaning where appropriate, to achieve an improved standard of cleanliness.

The enhanced programme will commence on 9th October in the dining rooms and with identified areas being addressed systematically. Thereafter, enhanced deep cleaning will be incorporated into the regular cleaning schedule to ensure that the improved standard of environment hygiene across all the areas of the Centre is maintained.

Cleaning will be monitored to ensure that any areas requiring further attention are identified and addressed promptly.

A rack has been ordered to dry the washed urinals and bedpans instead of placing them on sinks. This has been discussed with Housekeeping staff and HCA's. Senior HCA's will carry out periodic checking.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Cables penetrating through the ceiling have been fire sealed.

Lint trapped behind the dryers and washing machines has been cleared. This will be carried out monthly by the maintenance man by pulling out the machines to ensure thorough cleaning and to minimise the risk of fire.

Fire drill practices were reviewed, and it was identified that, during some training sessions, staff members had participated as simulated residents rather than actively carrying out the evacuation. As a result, those staff may not have gained sufficient

practical experience or a clear understanding of the evacuation process.

To address this, future fire drills will be structured to ensure that all staff have the opportunity to actively participate in carrying out an evacuation. Drills will not be limited to evacuation from end corridors and will include mock evacuation scenarios from different areas, including evacuation towards reception.

The areas and evacuation routes used during each drill will be documented on the fire drill checklist. This will support the regular rotation of evacuation scenarios and help ensure staff gain practical experience of evacuation from different areas of the premises.

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 identified gap in pre-admission assessments is being reviewed. These assessments will be completed in full so that sufficient information will be available to develop a care plan.

A clear communication process will be maintained whereby care staff report any observed changes in a resident's needs to the nurse on duty. The nursing team will review these changes and ensure that the resident's care plan, risk assessments and other relevant records are updated accordingly, so that documentation accurately reflects the resident's current needs and the care being provided.

We are reviewing all care plans and updating them to ensure that all identified risks are included.

Identified choking risks are included in handover risks.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2026
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant	Substantially Compliant	Yellow	12/10/2026

	information about the resident is provided to the receiving designated centre, hospital or place.			
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	31/10/2026
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	12/10/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/10/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	12/10/2026

	containing and extinguishing fires.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	31/10/2026
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	31/10/2026