



**Health
Information
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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:	Kilcoole Lodge Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Lott Lane, Kilcoole, Wicklow
Type of inspection:	Announced
Date of inspection:	04 July 2025
Centre ID:	OSV-0007714
Fieldwork ID:	MON-0038800

About the designated centre

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

Kilcoole Lodge Nursing Home is situated in the village of Kilcoole and is in walking distance of the sea. It is a purpose-built facility which can accommodate a maximum of 89 residents over two floors in 81 single en-suite rooms and 4 twin en-suite rooms. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The registered provider is Mowlam Healthcare Services Unlimited. The person in charge of the centre works full time and is supported by a senior management team and a team of healthcare professionals and care and support staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	81
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 4 July 2025	07:50hrs to 16:30hrs	Sarah Armstrong	Lead
Friday 4 July 2025	07:50hrs to 16:30hrs	Sharon Boyle	Support

What residents told us and what inspectors observed

Upon arrival to the centre, the inspectors separated and walked around the centre. During this walk around, inspectors observed staff morning handovers where they found night staff provided the day staff with a detailed report on the residents, including any changes during the night or any special requirements or needs that the residents had for that day. The inspectors then met with the person in charge and the assistant director of nursing for an introductory meeting. Following this, the inspectors completed a walk around of the centre with members of the management team. The walk around of the centre also provided inspectors with an opportunity to meet with residents and staff as they were getting prepared for the day.

Kilcoole Lodge Nursing Home is located in the village of Kilcoole in Co. Wicklow. It is a two-storey purpose built building with residents' bedroom accommodation arranged on both floors of the building. Inspectors found that the centre was visibly clean, appropriately furnished, warm and well-lit throughout.

On the day of inspection, inspectors observed that the care experiences of residents differed between the ground and first floors. In general, the ground floor level had a more relaxed atmosphere. On the first floor, inspectors observed a less calm atmosphere, with residents' call bells ringing for much of the day. Staff engagement with residents was also found to be more meaningful on the ground floor. For example, on the first floor, inspectors observed 12 residents in the day room with one staff member. This staff member was chatting with one resident and there was no meaningful engagement taking place with the remaining 11 residents. There was a reliance on television as a source of activity for most of the day in this area.

The feedback from residents living in Kilcoole Lodge Nursing Home was mixed. One resident told the inspectors "the staff are all lovely," and another told inspectors "we feel like we're a family here. There's a great sense of community". A number of residents, particularly on the ground floor, spoke highly of the activities on offer. Some residents expressed how they have been encouraged to participate in new activities since moving into the centre and how this has led to them discovering new talents. The inspector met with two residents who were in the process of building a bar for the garden area. These residents were also involved in the upkeep of the garden spaces and painting of the garden furniture which they said they enjoyed. These activities were facilitated through a Men's Shed social group which had been established in the centre. Residents also complimented the variety and quality of food served and told the inspectors that they always had a choice at meal times. Residents were also happy with their bedroom accommodation, telling inspectors "I love my room" and "my room is very nice". Another resident said "Oh I love it here. It is such a lovely place. I like looking out at the flowers and the lovely staff did my nails".

Some residents expressed dissatisfaction with various aspects of the service. One resident told the inspectors there is "not enough staff to help" and others

commented on how busy the staff in the centre were. One resident who was still in bed at mid-day commented "I wonder when I am getting up", and this resident also told inspectors they had not called for assistance because they knew the staff were busy and that they would come eventually when they had time. In some cases, residents expressed dissatisfaction with the personal care experience, staff response times and general atmosphere. One resident told the inspectors that they noticed an improved atmosphere on the day of inspection, stating that it was quieter as "staff are not shouting". This resident told inspectors that staff often speak to residents "like we are all deaf and it can be difficult to bear at times but today it is a lot quieter".

Inspectors also spoke with visitors on the day of inspection. Feedback from visitors was also mixed. Some visitors spoke highly of the staffing in the centre and the services provided to residents, stating "its fantastic, we couldn't ask for better". Others told inspectors that there had been times where residents' call bells, food and fluids were not placed within the residents' reach or where residents care needs were not addressed in a timely manner. One visitor told inspectors that they regularly arrived to visit their relative at midday to find they had not been assisted with a wash or dressed in day clothes, which they found upsetting and not the preference of their relative who liked to look smart at all times.

Overall, the premises was well-maintained. A number of residents were observed walking freely and independently throughout the centre, and the corridors had handrails to support residents' independence. On both floors, residents had access to a large day room which had plenty of comfortable seating. There were small tables for residents to rest their belongings or cups of tea and coffee whilst they enjoyed the day spaces. Residents had free access to a range of games and puzzles, and there was a fresh supply of drinks available for them at all times. Artwork created by residents was displayed on shelves and walls throughout the building. Each floor also had a dining room for residents to take their meals. Tables were found to be nicely set with table mats, cutlery, glasses, napkins and flowers. Some residents wished to have meals in their bedrooms which was respected by staff.

Residents were supported to receive visitors throughout the day and there were no restrictions to visiting arrangements.

The next two sections of this report set out the findings of this inspection in relation to the governance and management arrangements in place in the designated centre, and how these arrangements impacted on the quality and safety of the services being delivered.

Capacity and capability

Overall, inspectors found that there were some improvements required in respect of the oversight and management of processes to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored.

This was an announced inspection carried out by inspectors of social services over the course of one day, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider of Kilcoole Lodge Nursing Home is Mowlam Healthcare Services Unlimited Company. There had been recent changes to the management structure in the centre, where the person in charge (PIC) had changed. Inspectors found that there had been no PIC in the centre for a period between May and July. During this time the assistant director of nursing was in charge. The registered provider had failed to notify the Chief Inspector of social services that the centre had no PIC for a period of time and therefore were in breach of their conditions of registration. This is further discussed under Regulation 32: Notification of absence.

Inspectors also found that there were a number of statutory notifications relating to incidents that occurred within the designated centre which were not submitted to the Chief Inspector in line with the required time frames. This was a repeat non-compliance with the regulations following the previous inspection which is discussed under Regulation 31: Notification of incidents.

Inspectors also identified that the registered provider had changed the functions of some rooms within the designated centre, without informing the Chief Inspector of those intended changes, as a result the registered provider was in breach of Condition 1 of their registration. This is further discussed under Registration Regulation 7: Applications by registered providers for the variation or removal of conditions.

Inspectors found that the staffing levels on the day of inspection were not sufficient to meet the needs of all residents living in the centre. Feedback from residents and relatives referenced delays in care provision and some residents spoken with made allowances for staff not providing timely care, referencing how busy the staff were. In particular, on the first floor of the centre, residents call bells were observed to be ringing for much of the day. The registered provider was actively recruiting for three healthcare assistants at the time of the inspection. This finding is discussed further under Regulation 15: Staffing.

Staff had access to training appropriate to their roles. There was a robust training matrix in place and the inspector found staff were compliant with the mandatory training which included fire safety, infection prevention and control practices and safeguarding training. Staff were also supported to attend additional training including training in dementia care, human rights, the use of restrictive practices, fall prevention and manual handling.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had not submitted an application to the Chief Inspector in line with Section 52 of the Health Act, to vary a condition of registration attached by the Chief Inspector under Section 51 of the Act. This was evidenced by changes to the function of five areas within the centre which were not notified to the Chief Inspector in advance of changes being made;

- The oratory on the ground floor was not laid out as an oratory on the day of inspection and was observed to be used as a staff meeting area and not accessible for residents to use.
- An admin office next to the oratory was repurposed into an equipment room.
- An assisted bathroom had commenced the process of converting into a store room.
- On the first floor, a nurses station was repurposed as a clinical room.
- On the first floor, a multi-disciplinary team (MDT) room was repurposed into a nurses station.

Judgment: Not compliant

Regulation 15: Staffing

The registered provider had not ensured that the number and skill mix of staff was appropriate having regard to the needs of the residents and the size and layout of the centre. From a review of residents' dependency levels, the majority (67%) of residents living in the centre were assessed as maximum/high dependency. This meant that these residents required additional assistance with their care needs and activities of daily living. Insufficient numbers of staff had a negative impact on the quality of care provided, as evidenced by the following findings;

- Inspectors observed 13 residents unsupervised in the day room of the ground floor on the morning of the inspection
- On the first floor, inspectors observed residents' call bells to be ringing for much of the day
- Two residents were observed walking in communal areas in their nightwear in the late morning
- Two residents spoken with informed the inspectors that the staff were busy and therefore they were reluctant to seek assistance with their care needs
- Two residents told the inspectors there was a delay in answering the call bells

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. There were supervision arrangements in place for staff. A review of staff files demonstrated that staff appraisals were being completed and where required a performance improvement plan had been implemented.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not put in place sufficient management and oversight systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by the following findings;

- The Chief Inspector was not informed of the absence of the person in charge within the required time frame as set out under Regulation 32
- Not all incidents notifiable to the Chief Inspector were notified in line with the required reporting time frames as set out under Regulation 31
- The registered provider did not submit an application to the Chief Inspector to inform of proposed changes to the function of five areas of the designated centre as set out under Registration Regulation 7
- Oversight systems did not identify that insufficient resources were impacting on the provision of resident care. For example;
 - One resident who was assessed as being at high risk of falls and should have their walking aid within reach at all times was observed by inspectors on two occasions to not have easy reach access to their aid
 - One resident liked to be well groomed and dress well, however, inspectors observed this resident to be unshaven and in their pyjamas at midday

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that incidents set out in paragraphs 7 (1) (a) to (i) of Schedule 4 of the regulations were notified in writing to the Chief Inspector

within the required time frame. This was a repeat finding from the previous inspection.

Judgment: Not compliant

Regulation 32: Notification of absence

The registered provider had not ensured that notice of the proposed absence of the person in charge for a continuous period of 42 days or more was provided in writing to the Chief Inspector no later than one month before the proposed absence commenced.

Judgment: Not compliant

Quality and safety

For the most part, residents living in Kilcoole Lodge Nursing Home experienced a good quality of life and were receiving support from a dedicated staff team who cared for the residents and knew and understood them well. Residents' were in receipt of well-established and timely access to a range of healthcare services, including access to general practitioners, tissue viability nurses, speech and language therapists and dietitians. Residents also had access to an on-site physiotherapist six days per week.

Residents' care plans required some improvements to ensure that staff had access to information which was sufficiently detailed to enable them to provide good quality, safe care which was personal to the residents. This is discussed further under Regulation 5: Individual assessment and care plan.

Some residents residing in Kilcoole Lodge Nursing Home presented with behaviours that challenge. During the inspection, inspectors observed one resident who was showing signs of agitation. The staff member spoke calmly and quietly to this resident and managed the situation effectively. Staff spoken with told inspectors that they have had a lot of training in respect of managing challenging behaviours and that they felt confident in their ability to understand the residents' potential behavioural triggers and de-escalate behaviours.

The inspectors observed the meal time experience for residents. There was sufficient staff available to assist residents with their meals in the dining rooms. Tables were nicely set with menus displayed for residents. Staff were observed kneeling to residents' levels to explain the menu and asking residents what they would like to eat. One resident was not sure about the options available and the staff explained "if you don't like it we can always change it for something else". In

general, residents were seen chatting together and with staff whilst waiting to be served their meals, and there was gentle music playing in the background which created a relaxed atmosphere. Some residents required staff to assist them with their meals. Where this was the case, staff were seated next to the residents and providing discreet and gentle support to residents.

Residents' laundry is managed by an external service provider. From a review of residents' forum meetings, the complaints log, and from speaking with residents and staff, it was evident that there had been a number of issues with the laundry service provided which had resulted in residents' clothes going missing at times. However, there was evidence available on the day of inspection that this issue had been addressed and a new system for the management of residents' laundry had been introduced. Residents spoken with told inspectors that they had seen a significant improvement in the management of their laundry as a result.

Inspectors found that overall, the premises was maintained to a good standard. The corridors in the centre were wide and there were handrails available on both sides to support residents to mobilise independently. However, there was a lip at the doorway to the garden area on the ground floor which was difficult for some residents to navigate. This was observed to be impacting on the ability of residents who could independently mobilise with a walking aid to access the garden without having to seek assistance from staff.

Residents' accommodation was set out on both floors of the centre and consisted of 81 single en-suite bedrooms and four twin en-suite bedrooms. Bedrooms were bright and well maintained and were decorated with residents' personal effects, including artwork, soft furnishing, photographs and ornaments. Call bell facilities were found to be available to residents within their rooms, toilets and communal areas. Comfortable seating was also available along corridors, which gave residents and opportunity to sit and relax as they moved throughout the centre.

Residents had access to television, radio and newspapers and were supported to receive visitors in private or in communal areas as per their wishes. Residents meetings were held on a monthly basis. From a review of the recent meeting minutes, inspectors found that residents had good opportunity to participate in the running of the designated centre and were kept updated about key matters relating to the service they received including laundry services and social events. Residents were also consulted with in relation to fire safety and had appointed one resident to act as their fire safety representative. There were clear action plans stemming from resident meetings to address any areas for improvement identified.

Regulation 12: Personal possessions

Residents had access to, and retained control over their own personal property and possessions. Linens and clothing were laundered regularly and whilst there had been issues with clothing being returned to the correct residents, the provider had put in place a new system of managing laundry to resolve the issues. Residents also

had adequate space to store and maintain their own clothes and personal possessions.

Judgment: Compliant

Regulation 17: Premises

The premises conformed to the requirements as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required in respect of care planning arrangements for residents in the centre, to ensure that residents' needs were adequately assessed, care plans were developed and sufficiently detailed to guide staff in providing good care. This was evidenced by the following findings;

- Two residents reported incidents to the inspectors where another resident was wandering into their room. There was no safeguarding care plan in place to ensure these residents were protected from a risk of abuse.
- Wound care plans did not contain sufficient information to guide care and inform the management of wounds. For example, one resident who required daily ointment application for the management of skin breaks did not have this need documented in their care plan, nor was there a skin integrity assessment completed for the resident.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to ensure residents were protected from abuse. Staff had received training in relation to the detection and prevention of, and responses to abuse. The inspectors found that where there were incidents or allegations of abuse made about a resident, the person in charge had investigated these incidents and allegations.

Judgment: Compliant

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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 7: Applications by registered providers for the variation or removal of conditions of registration	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of absence	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilcoole Lodge Nursing Home OSV-0007714

Inspection ID: MON-0038800

Date of inspection: 04/07/2025

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 7: Applications by registered providers for the variation or removal of conditions of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:	
The oratory has been cleared and is no longer used as a staff meeting area. Residents can access the room when they wish to. The relevant documentation to change the function of the areas identified at the time of inspection will be submitted, including updated floor plans and Statement of Purpose & Function.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing:	
- We are continuing to recruit Healthcare Assistants to fill the vacant posts. In the meantime, we will ensure that there are always enough staff on duty to meet the assessed care needs of all residents. - Vacant posts will be backfilled by the centre's own staff who may choose to work additional shifts (within reason), or agency staff will be used. - The recently appointed PIC will be monitoring the deployment and allocation of staff carefully to ensure that staff are appropriately allocated. - The ADON and CNMs will be responsible for the supervision of staff and will monitor and guide practice to ensure safe, effective care delivery at the highest standards at all times. - Communal areas such as dining rooms and dayrooms will be supervised appropriately.	

- Weekly call bell audits will be completed, and the PIC will implement quality improvements as required.
- The centre's management team will assure residents that staff are there to provide care and will encourage them to seek assistance whenever they need help.
- The management team and nursing staff will direct the care staff and ensure that residents are assisted to change out of their nightclothes as soon as possible after they get up in the morning.

Regulation 23: Governance and management

Not Compliant

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

- We apologise for the oversight in not informing the Chief Inspector of the absence of the Person in Charge (PIC). We have successfully recruited a new PIC who has commenced in post.
- With the commencement of the new PIC, all incidents notifiable to the Chief Inspector will be sent within the reporting timeframes as set out under Regulation 31.
- The application to vary the registration documentation has been submitted with regards to the changes of five areas within the nursing home.
- The oratory has been restored in accordance with the original purpose of the room as an area for quiet reflection and prayer as required.
- We will continue to recruit staff to fill the vacant posts. In the meantime, we will ensure that there are always sufficient staff on duty to meet the assessed care needs of all residents. Staff may choose to work additional shifts within reason; otherwise we will use agency staff.
- Senior clinical staff will ensure the residents are being adequately supervised to maintain their safety. They will actively be involved in resident care and will guide staff in ensuring that all assessed care needs are met in accordance with the expressed preferences of each resident. They will ensure that care is delivered to each resident in accordance with the individualised care plan and will ensure that residents are well groomed and well dressed and always treated with dignity.
- Staff will carry out regular safety checks to ensure that residents have everything they need within easy reach as required, including call bells, drinks, walking aids etc.
- The PIC will carry out regular walkabouts throughout the day to speak with residents, their families and staff, and to ensure that there is oversight of the care services being provided.

Regulation 31: Notification of Incidents

Not Compliant

- The PIC will review all incident reports twice weekly and will ensure that all notifiable incidents are notified in writing to the Chief Inspector within the required timeframe.
- The Healthcare Manager will provide oversight and advice to the PIC and will ensure that all notifiable incidents are escalated appropriately and notified in line with legislative requirements.

Regulation 32: Notification of absence	Not Compliant
Outline how you are going to come into compliance with Regulation 32: Notification of absence: • We will ensure that notice of any proposed absence of the PIC for a continuous period of 42 days or more will be provided in writing to the Chief Inspector no later than one month before the proposed absence commences. • There is a new PIC in place.	
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 PIC will oversee the management team in reviewing care plans and updating them to ensure that they are person-centred and accurately reflect each resident's specific care needs and preferences. • The PIC and the management team will oversee the nursing staff to ensure that safeguarding care plans are implemented where required. • The PIC will work with the management team and Activities Coordinators to identify and implement strategies, including planned activities to impact positively and reduce wandering tendencies and to assist them to move around the centre safely without adversely impacting on other residents. Specific activity and care plans will be developed for those residents, and the plans will be sufficiently detailed to guide staff in providing effective care. • Safeguarding plans will be implemented for residents who are at risk of being affected by residents with a tendency to wander into their rooms. • A CNM has been designated to ensure that skin integrity and wounds are appropriately assessed and that there are appropriate plans of care in place for those at risk of skin conditions (including pressure ulcers or moisture associated skin damage) and those with wounds. The CNM will ensure that nurses receive appropriate training and education on skin integrity and skin care management plans so that they can accurately classify wounds and implement effective management plans to address them. The CNM will ensure that there is effective liaison with the Tissue Viability Nurse and other allied healthcare professionals to assist with the management of those at risk of skin integrity issues. The CNM will oversee all wound care management plans and monitor the effectiveness of treatment and dressing regimens. All skin assessments will be based on naked eye assessment of the residents' skin, not photographs. • Care plan audits are carried out on a quarterly basis and the PIC will monitor actions taken to improve the quality of care documentation. Random spot checks will be carried out by the PIC and Quality & Compliance Coordinator.	

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 7 (1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition or conditions of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	31/08/2025
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/10/2025

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	31/10/2025
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	Orange	31/08/2025
Regulation 32(1)	Where the person in charge of the designated centre proposes to be absent from the designated centre for a continuous period of 42 days or more, the registered provider shall give notice in writing to the Chief Inspector of the proposed absence.	Not Compliant	Orange	31/08/2025
Regulation 32(2)	Except in the case of an emergency, the notice referred to in paragraph 32(1) shall be given no later than one month before the proposed absence commences or within such shorter	Not Compliant	Orange	30/09/2025

	period as may be agreed with the Chief Inspector and the notice shall specify the (a) length or expected length of the absence; and (b) expected dates of departure and return.			
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	31/08/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/09/2025