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:	Riverstick Care Centre
Name of provider:	Sunacrest Limited
Address of centre:	Riverstick Nursing Home, Curra, Riverstick, Cork
Type of inspection:	Unannounced
Date of inspection:	25 May 2026
Centre ID:	OSV-0008228
Fieldwork ID:	MON-0047174

About the designated centre

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

Riverstick Nursing Home was built in the 2020 and is set in the rural village of Riverstick, 17km from Cork city centre and 10.5km from Kinsale. Riverstick Nursing Home provides short stay, long stay, rehabilitation, convalescence and focused care options. The centre is registered to accommodate 95 residents. The home is divided into four units one of which, Carrigdhoun accommodates transitional care beds in partnership with the South South West Hospital Group. The other units, Muskerry, Seandun and Carbery accommodate long term and respite care residents. Accommodation includes single and twin accommodation all with en-suites; communal spaces include dining and day rooms, activities and a quiet room, and a balcony upstairs. A family room provides accommodate and relaxation space. Residents have access to a secure garden and walkways surrounding the centre. The centre provides 24 hour nursing care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	94

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
Monday 25 May 2026	08:50hrs to 17:30hrs	Breeda Desmond	Lead
Monday 25 May 2026	08:50hrs to 17:30hrs	Laura Kelleher	Support

What residents told us and what inspectors observed

This was a one day un-announced inspection. The inspectors found that in general, residents' rights were promoted and respected. The culture within the centre supported a person-centred approach where residents were valued and their quality of life was prioritised. Inspectors met and spoke in detail with 15 residents throughout the day. The feedback was generally very positive about the care they received in the centre; residents spoke of the friendliness and kindness of staff and commented on how helpful they were. Residents said they could have their main meal any time they wanted and were not confined to the scheduled meal times, nonetheless, while residents said the quality of food was good, several reported that the portion sizes were small, other said that often, food served was not what was on the menu choice they had selected. Inspectors met with six visitors throughout the day who stated they were very satisfied with the care their family member received and told inspectors that they were always made welcome.

Riverstick Care Centre is a two storey designated centre for older people, which provides long term, respite and transitional care for both male and female adults, with a range of dependencies and needs. It is registered to accommodate a maximum of 95 residents in 91 single bedrooms and two twin bedrooms, all with en-suite facilities. There were 94 residents living in the centre on the day of this inspection.

Many residents had personalised their bedrooms with photographs, ornaments, furniture, plants and flowers, and other personal memorabilia. Each bedroom had a large flat screen television, with two TVs in twin bedrooms. The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe, secure with appropriate lighting, heating and ventilation. While there was signage regarding location of toilets, there were no other reminders to residents and visitors to the location of places such as dining rooms, day rooms, the activities room, quiet room or reception for example, to allay confusion and disorientation, as some corridors were very long with no reference point to orientate people.

Throughout the day call bells were observed to answered in a timely manner. Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms and ancillary facilities inspected appeared visibly clean and well maintained. Equipment viewed was also generally clean. Nonetheless, some call bell cords in en suites were seen to be very long and trailing on the ground; when checked, the anti-ligature mechanism within the call bells did not appear to work, in that, it did not detach from the ceiling when pulled to mitigate the risk of ligature hazard.

There was a choice of communal spaces on both floors including dining rooms, lounges, an activity room, a coffee dock, quiet room and a hair salon. These areas

were seen to be used throughout the day by residents. A dedicated family room, equipped with comfortable seating, tea making facilities in addition to a shower and toilet was also available. While most places were decorated in a homely and relaxed fashion, corridors remained almost devoid of décor; the provider had committed to address this on repeated inspections, however, corridor walls remained generally bare and clinical in appearance.

The outdoor courtyard and garden area on the lower ground floor was readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required. Residents were seen to independently access this space and visitors also accompanied their relative outside to enjoy the sunshine. The balcony on the first floor provided a beautiful setting for residents to sit and enjoy the fresh air and sunshine with views of the enclosed garden below and the countryside. Visitors were seen going with their relative to different locations to visit including the garden and balcony; other visitors went with their relative to the coffee shop nearby and were familiar with the signing out and in when taking the resident out of the centre. Residents enjoyed the sunshine out by the smoking shelter, while others sat at the entrance to the centre enjoying the sun.

The inspectors saw that residents were well dressed in clothing of their choice and well attended to by staff throughout the day. There was a staff member allocated to the supervision of communal rooms and staff were seen to encourage participation and stimulate conversation with residents. The activities schedule was displayed and included a variety of activities such as exercise classes every day, quiz, bingo, walks in the garden and movies. Residents were provided with access to local and national newspapers and were observed reading newspapers throughout the day. While residents had telephone and Internet access, wi-fi access was intermittent and some areas had very poor coverage to enable mobile phone usage.

From discussions with staff and residents it was evident that there had been some weeks where there were less activities, as there was a deficit of one of the activity staff. The person in charge assured that a new person had recently been recruited to facilitate activities and this was welcomed as inspectors observed there was very little activity on one unit in the morning of the inspection were residents spent their time in the day room with very little interaction. On the other unit, activities included chair exercises, quiz questions and socialisation and this was seen to be very interactive with lively banter and fun.

The inspectors observed lunch being served on both floors and saw that the meals served were well presented and there was a choice of food available. The atmosphere in the dining areas was relaxed and daily menus for dinner and tea were displayed. There was adequate numbers of staff available to assist residents with their meals. In general, assistance was offered discreetly, sensitively and individually. Many residents told the inspectors that they were happy with the food available to them and that they always had choice, nonetheless, several residents reported that portion sizes were small and would like larger helpings. There were three choices of dessert, all cold options of banoffie pie, jelly and fresh fruit salad, they were left out on the worktop for 20 – 30 minutes before being served; as it was an exceptionally hot day, these deserts were served warm and partially melted.

A few residents were seen to have their breakfast in dining rooms; at 9am inspectors saw that tables in dining rooms were set for lunch time rather than breakfast. There was a lot of advisory signage regarding staff practices on kitchen units in dining rooms, and these were removed during the inspection as they took from the dining room appearance.

Alcohol-based product dispensers were conveniently located within resident bedrooms and on corridors and facilitated staff compliance with hand hygiene requirements. Clinical hand hygiene sinks were also available within easy walking distance of residents' bedrooms. These complied with the recommended specifications or clinical hand hygiene sinks. Staff were observed to use these facilities throughout the day, in accordance with currently guidelines.

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

Capacity and capability

This was an un-announced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Findings of this inspection were that Riverstick Care Centre was a well-managed centre, where there was a focus on a rights-based approach to care delivery. The governance and management systems were robust and the centre was generally well resourced, to ensure that residents were supported to have a good quality of life. Regarding the findings from the previous inspection, while the provider had committed to decorating corridors by September 2025 due to their clinical appearance, this had not been addressed; the person in charge gave a commitment on inspection that this project would be started immediately. Other actions relating to infection control were addressed. Findings of this inspection showed that action was required regarding regulations relating to assessments and care planning, infection control, and the dining experience for residents.

The centre is owned and operated by Sunacrest Limited, the registered provider. The company comprises four directors, who are also involved in the operation of eleven other designated centres in the country. The Director of Clinical Governance, Quality and Risk support the centre and they were named person participating in management (PPIMs) on the centre's registration. From a clinical perspective, the centre was being managed by an appropriately qualified person in charge. They were supported in their role by assistant directors of nursing, three clinical nurse managers and a team of registered nurses, healthcare attendants, catering, maintenance, domestic and activities staff. The lines of authority and accountability

were clearly defined. The centre also had the support of a facilities manager, finance department, and a human resource department.

Regarding staffing, ongoing recruitment was in process regarding an assistant director of nursing, activities staff, nursing and healthcare assistants (HCAs) as staff attrition had created several vacancies or impending vacancies due to different types of leave, demonstrating a robust overview of staffing needs. Notwithstanding this, there was a deficit in activities during the inspection with just one staff providing meaningful activation in the morning of the inspection.

Training in the centre was being well monitored. A comprehensive training matrix was made available to the inspectors and demonstrated up-to-date mandatory training for all staff. Further training was scheduled in the weeks following the inspection in areas such as safeguarding to ensure all training remained current. There was an induction programme in place which all new staff were required to complete. Staff were seen to be supervised in accordance with their role and responsibilities.

Residents' records were reviewed by inspectors who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Records listed in Schedule 4 to be kept in a designated centre were all maintained and made readily available to the inspectors. Staff personnel files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, and professional registration certificates for all nurses.

Clinical key performance indicators were recorded to provide an overview of the frequency of infections, wounds and restrictive practices for example. A number of groups and committees were in place to ensure oversight of clinical risks to residents, such as restrictive practice, infection prevention and control, and safeguarding. The inspectors reviewed a sample of these minutes and found that quality improvement plans were developed with responsibilities assigned, and followed up on subsequent meetings.

There were systems in place to monitor the quality and safety of care, in areas such as care planning, wound care and falls management. The system was underpinned by a range of audits and associated actions identified in areas where improvements were required. The provider had a centralised serious incident management team, where incidents in the centre were referred, investigated and discussed, to identify areas for improvement and learning. All incidents requiring notification had been reported to the Chief Inspector, as per regulatory requirements and were seen to be investigated appropriately, followed up, and when relevant, referred in accordance with statutory requirements, specialist services and advocacy for example.

Schedule 5 policies and procedures were available on each unit to staff. Residents had contracts of care in accordance with the specified requirements of the regulations.

Regulation 14: Persons in charge

The person in charge was full time in post and they had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding the governance and management of the service. They had been in this post since the centre opened in 2022.

Judgment: Compliant

Regulation 15: Staffing

Action was required to ensure the skill mix was adequate to the size and layout of the centre as there was just one staff allocated to activities. The person in charge assured that recruitment was in progress as this deficit was acknowledged, however, at the time of inspection there were inadequate staff assigned to activities with no activities observed on one unit in the morning of the inspection and residents were observed to spend a long time in the day room without meaningful activation.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in place to ensure staff had relevant and up to date training to enable them to perform their respective roles. The training matrix demonstrated robust oversight of training needs. The person in charge and other staff provided some training in areas such as person-centred care, manual handling, dementia and responsive behaviours, end of life care and continence care for example. Food hygiene training was being given by an external facilitator during the inspection.

Judgment: Compliant

Regulation 21: Records

Records were seen to be maintained and stored adequately and met legislative requirements. Records relating to Schedule 2, 3 and 4 of the Health Act 2007 (Care

and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were comprehensively maintained.

Judgment: Compliant

Regulation 23: Governance and management

There was effective governance and management arrangements in place and clear lines of accountability. Management systems in place enabled the service to be consistently and effectively monitored, to ensure a safe and appropriate services for residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were examined and these demonstrated that the requirements as specified in the regulation were in place.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, within the required time frames. The inspectors followed up on incidents that were notified and found these were well managed.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents and relatives reported that they could raise issues and that these would be addressed promptly. Information displayed in the centre outlined in an accessible format, the complaints procedure and this included information relating to advocacy services including the independent patient advocacy services.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies and procedures were available on each unit for staff. These were updated at the time of inspection to reflect review dates.

Judgment: Compliant

Quality and safety

Inspectors found that residents were supported and encouraged to have a good quality of life in Riverstick Care Centre. Residents' health care needs were being met through good access to healthcare services, timely referrals to specialist and allied health professional services. Some actions were required regarding assessment and care planning records, infection control, and the premises, which will be detailed under the relevant regulations.

Residents had access to health and social care services such as a general practitioner, physiotherapy, community palliative care, speech and language therapists and dietitians. Records evidenced that referrals were sent promptly, where a resident's needs changed and a specialist practitioner prescribed treatments, these were detailed as part of their care plan to ensure they could be implemented by nursing staff. The provider employed a physical therapist who attended the centre daily and they were present on the day of this inspection. Residents had access to appropriate equipment such as pressure relieving equipment and manual handling equipment. Residents' weights were closely monitored and where required, interventions were implemented to ensure nutritional needs were met.

The person in charge had ensured that resident were supported to access services such as Headway, specialist advocacy services, personal assistants (PAs) for example, to enable their quality of life. The person in charge had liaised with public transport and was successful in getting the bus stop positioned outside the centre to enable easy access by residents when going out as well as visitors coming to the centre.

Pre-admission assessments were completed by a nurse manager, to ensure the service could meet the needs of residents prior to admission. Residents were assessed using validated tools and care plans were initiated within 48 hours of admission to the centre. A sample of care plans were reviewed, and while these were found to be generally excellent, the supporting assessments did not have

correlating information to inform care plan development, in accordance with regulatory requirements. This is further detailed under Regulation 5: Individual assessment and care plan.

Residents' nutritional status was well monitored. Residents weights were assessed monthly and more frequently if required. Nutritional care plans were communicated with the catering team. Residents had good access to speech and language and dietetics services. Intake and output records were seen to be maintained when necessary to support nutritional and fluid intake.

Residents were encouraged to give feedback about their care and services via residents meetings every three months. Residents had access to an advocate who was employed by the provider and signage relating to independent advocacy services were also seen to be on display in the centre. This information was also contained within the complaints procedure displayed.

Regulation 10: Communication difficulties

Observation on inspection demonstrated that staff were very familiar with residents' communication needs and supported them in a respectful manner to communicate. The person in charge ensures that residents had access to specialist equipment and services to support their communication needs.

Judgment: Compliant

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre throughout the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre, others were seen to go to the coffee shop nearby as part of their routine when visiting.

The visitor policy had been updated in accordance with regulatory requirements and outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for visiting arrangements during an outbreak with nominated support person(s).

Judgment: Compliant

Regulation 17: Premises

Action was required to ensure the premises conformed to matters set out in Schedule 6 as long corridors on both floors felt overly clinical and were more reflective of a hospital setting rather than a residential environment. They lacked the homely and personal touches that may help residents feel at ease. This was a repeat finding over all inspection findings.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required to ensure residents' meals were served appropriately, as follows:

- there were three choices of dessert, all cold options of banoffie pie, jelly and fresh fruit salad, they were left out on the worktop for 20 – 30 minutes before being served; as it was an exceptionally hot day, these deserts were served warm and partially melted
- several residents reported that portion sizes were small and would like larger helpings
- at 9am inspectors saw that tables in dining rooms were set for lunch time rather than breakfast.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection Control and the National Standards for infection prevention and control in community services (2018). However, further action is required to be fully compliant. For example:

- some call bell cords in en suites were seen to be very long and trailing on the ground increasing the risk of cross contamination
- the handwash sink at the entrance to the main kitchen was visibly unclean.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A review of controlled drugs was completed and staff spoken with were articulate regrading professional guidelines relating to medication management. Medication records were maintained electronically. Photographic identification was in place for residents. Meal-times were seen to be protected in that medications were administered either before or after meals so as not to disturb residents' enjoyment of their meal.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While residents' care plans were seen to be excellent, action was required to ensure residents' needs were adequately assessed and reflected the information in the care plan records, for example:

- one resident's care records showed that they had a history of cognitive impairment with additional support needs, however, their missing persons' profile reported that they were not confused or that they had other symptoms of cognitive impairment
- a resident's pain assessment reported that the resident did not have pain, however, their comprehensive assessment confirmed the resident had site-specific pain; their social assessment did not include the resident's preferred social routine which the resident described to the inspector
- an assessment relating to specific behaviours did not indicate the additional supports the resident required to mitigate such behaviours
- the resident's medical history, which impacted their activities of daily living, was not included in any of their assessments to inform individualised care.

Judgment: Substantially compliant

Regulation 6: Health care

The health and well-being of residents was promoted and residents were given appropriate support and access to health professionals to meet any identified health care needs. There was good access to allied healthcare professionals including physiotherapist and occupational therapist. In addition, the centre also has access to dietetic, speech and language, tissue viability, and chiropody services. A general practitioner visited the centre three days per week. Residents had access to the Integrated Care Programme for Older People [ICPOP] in the nearby town, which was an invaluable service to residents in the centre.

Judgment: Compliant

Regulation 8: Protection

Staff training was up to date regarding safeguarding. From review of notifications and other regulatory documentation, any safeguarding concerns were identified as such, and followed up appropriately with action plans developed to safeguard all residents. The person in charge ensured that residents could easily access advocacy services to support them with their needs.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure residents rights as follows:

- while there was signage regarding location of toilets, there were no other signage for residents and visitors to the location of places such as dining rooms, day rooms, the activities room, quiet room or reception for example, to allay confusion and disorientation as some corridors were very long with no reference point to orientate people,
- while residents had telephone and Internet access, wi-fi access was intermittent and some areas had very poor coverage to enable mobile phone usage.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Riverstick Care Centre OSV-0008228

Inspection ID: MON-0047174

Date of inspection: 25/05/2026

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The registered provider and person in charge have reviewed the staffing arrangements for meaningful activities, having regard to the size and layout of the centre and the assessed needs of residents. A second activities staff member has been recruited to ensure that activities are available across all units and that residents are supported to engage in meaningful occupation throughout the day. The activities roster has been reviewed to ensure improved coverage across both floors and all units, including morning and afternoon activity provision. A contingency plan is also in place for periods of leave or unplanned absence within the activities team. Where required, a named staff member will be allocated each day to support social engagement and meaningful interaction on units where the activities staff member is not present. The activities schedule is reviewed weekly by the ADON and activities coordinator to ensure that it reflects residents' preferences, assessed needs and feedback from residents' meetings. The PIC/ADON will complete weekly observational checks of communal areas to ensure residents are supported to participate in meaningful activities and are not spending prolonged periods without interaction.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider acknowledges that the finding regarding the clinical appearance of corridors is a repeat finding and has reviewed the premises improvement plan for the centre.	

A corridor enhancement plan has been developed to make the long corridors more homely, orientating and suitable for residents living in the centre. This plan includes the introduction of appropriate décor, artwork, memory prompts, colour contrast, and signage to assist residents and visitors with orientation around the centre.

The works will be completed in phases to minimise disruption to residents. Priority will be given to the main corridors where residents require additional orientation support. The Estates & Facilities Manager and Person in Charge have engaged with external contractor and works are due to start end of August.

Resident feedback will also be sought to ensure the improvements support a more homely and dementia-friendly environment.

Regulation 18: Food and nutrition	Substantially Compliant

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

The person in charge has reviewed the dining experience and food service arrangements following the inspection findings.

Dessert service arrangements have been amended to ensure cold desserts are stored appropriately and are not left out for prolonged periods prior to serving. Catering and care staff have been reminded that cold foods must be served safely and at an appropriate temperature, particularly during periods of warm weather.

The Chef has reviewed portion sizes and the process for offering second helpings. Residents will be reminded at mealtimes that additional portions are available. Staff supporting residents during meals will actively offer further servings where residents request larger portions or where this is indicated by their nutritional care plan.

Dining room set-up arrangements have also been reviewed. Tables will be set in line with the mealtime being served and will not be prepared for lunch while residents are still attending for breakfast.

The person in charge or delegated ADON/CNM will complete weekly dining experience checks, followed by monthly audits for three months. These audits will include food presentation, portion sizes, resident choice, temperature control, dignity during meals and the dining room environment. Findings will be discussed with the Catering Manager and actioned through the centre's QIP.

Regulation 27: Infection control	Substantially Compliant

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

The registered provider and person in charge have taken immediate action to address the infection prevention and control issues identified during inspection.

All ensuite call bell cords have been reviewed to ensure they are maintained at an appropriate length and do not trail on the floor. Any call bell cord identified as too long has been adjusted or replaced. The maintenance team has also checked the function of call bell systems and any required remedial action has been escalated for completion.

The handwash sink at the entrance to the main kitchen was cleaned immediately. Cleaning schedules for this area have been reviewed and updated to clearly identify responsibility and frequency of cleaning. The Catering Manager will complete daily checks of the kitchen entrance handwash sink for four weeks, with any deficits escalated to the Person in Charge. These measures will ensure good practices are embedded.

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 person in charge has reviewed the assessment and care planning process to ensure that residents' comprehensive assessments accurately inform their care plans and reflect their current health, personal and social care needs.

A focused review of the care records identified during inspection has been completed. Assessments have been updated where required to ensure they correlate with the resident's care plan and accurately reflect the resident's assessed needs.

A wider sample audit of residents' assessments and care plans will be completed to ensure that:
• cognitive impairment and associated risks are consistently reflected across relevant records;
• pain assessments reflect known pain history and site-specific pain;
• social assessments include the resident's preferred routine and meaningful activity preferences;
• behavioural support assessments clearly identify triggers, de-escalation strategies and required staff supports;
• medical history that impacts activities of daily living is reflected in the resident's

assessment and care plan.

Nursing staff will receive refresher guidance on the requirement for assessments to inform care plans and for care plans to remain consistent with the resident's assessed needs. The Person in Charge, ADONs and CNMs will complete full care plan review. Findings and learning will be discussed with nursing team and actioned through the QIP

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The registered provider and person in charge have reviewed the findings relating to residents' rights, orientation within the centre and access to communication media.

Additional signage will be installed to assist residents and visitors to locate key areas, including dining rooms, day rooms, activities room, quiet room, reception, hair salon and other communal spaces. The signage will be suitable for the needs of residents, including residents who may experience confusion or disorientation. This action will link with the wider corridor enhancement plan under Regulation 17.

The registered provider acknowledges that mobile phone coverage can vary depending on the resident's individual network provider and wider telecommunications infrastructure. This is not exclusive to the nursing home and may affect specific providers in the local area.
The centre has fibre broadband in place, and the centre's Wi-Fi and landline services are fully operational and available to residents, including long-term residents and residents admitted to the Transitional Care Unit.

Residents are informed during pre-admission process of the communication constrains and options available within the centre, including access to the centre's Wi-Fi and landline facilities. Residents and their representatives are also advised that mobile phone signal may vary depending on their personal provider.

Staff will continue to support residents to access communication options where required, including assistance with personal mobile devices, use of the centre's landline, and support to access areas of the centre where Wi-Fi or mobile signal is stronger.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/06/2026
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.	Substantially Compliant	Yellow	30/09/2026
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Substantially Compliant	Yellow	31/07/2026

	and drink which are properly and safely prepared, cooked and served.			
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	31/07/2026
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	30/06/2026
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	31/07/2026
Regulation 5(3)	The person in charge shall prepare a care	Substantially Compliant	Yellow	31/07/2026

	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.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident is facilitated to communicate freely and in particular have access to radio, television, newspapers, internet and other media.	Substantially Compliant	Yellow	30/06/2026
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Substantially Compliant	Yellow	30/06/2026