



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

|                            |                                                 |
|----------------------------|-------------------------------------------------|
| Name of designated centre: | Sligo Nursing Home                              |
| Name of provider:          | Mowlam Healthcare Services<br>Unlimited Company |
| Address of centre:         | Ballytivnan,<br>Sligo                           |
| Type of inspection:        | Unannounced                                     |
| Date of inspection:        | 28 January 2026                                 |
| Centre ID:                 | OSV-0000363                                     |
| Fieldwork ID:              | MON-0046952                                     |

## About the designated centre

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

Sligo Nursing Home is a purpose-built facility located within a short walking distance of Sligo town. The centre can accommodate a maximum of 62 residents. Residents are accommodated in single and twin bedrooms. The centre 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 is provided for people with a range of needs: low, medium, high and maximum dependency. Resident accommodation is over two floors with a lift facility. There are four corridors. Rosses Corridor and Garavogue corridor are on one level, and Yeats corridor and Ben Bulben corridor are on the lower level. A variety of communal rooms are provided on both floors for residents' use, including sitting, dining and recreational facilities.

**The following information outlines some additional data on this centre.**

|                                                |    |
|------------------------------------------------|----|
| Number of residents on the date of inspection: | 60 |
|------------------------------------------------|----|

## 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 |
|---------------------------|----------------------|--------------|------|
| Wednesday 28 January 2026 | 09:00hrs to 16:00hrs | Celine Neary | Lead |

## What residents told us and what inspectors observed

Overall, residents living in Sligo Nursing Home were content and felt that they were well cared for by the centre's team of staff. Residents were complimentary about their experience of living in the centre, saying "I like it here", "I'm happy enough here" and "I'm treated well". The inspector spoke with eight residents in detail, and most were complimentary in their feedback and expressed satisfaction with the standard of care provided. Residents reported feeling safe and comfortable in the care of staff, who they described as attentive and helpful. Staff were observed to deliver care and support to residents, which was kind and respectful and in line with their assessed needs.

All call-bells were answered in a timely manner. The inspector observed that care staff were supervised and supported by the clinical nursing team throughout the day.

There was a calm and relaxed atmosphere on the day. Some residents were up, and following their own routines, while others were observed spending time in the communal rooms or in their bedrooms. It was obvious that staff were aware of residents needs, and this contributed to positive social interactions between them. Residents were unrestricted and facilitated to move freely and independently around their home.

There were enough staff on duty to meet the assessed needs of residents and residents said their call-bells were answered promptly. Staff were observed supervising residents in communal areas, including the dining room, where they provided assistance to residents when required. The activity coordinator worked hard to provide a varied and interesting range of activities for residents throughout the day. The inspector observed that residents were engaged, interested and visibly enjoying these activities provided. However, this was in contrast to activities provided by care staff. The inspector observed that residents were not engaged in the activities provided by care staff, and many residents did not engage and were observed sleeping.

The centre was warm, bright and comfortable throughout. Residents' communal sitting and dining rooms were bright and well decorated in a comfortable style that was familiar to residents. The centre was exceptionally clean throughout. Housekeeping staff worked hard throughout the day and were knowledgeable and competent in their roles and responsibilities to maintain a clean centre, and to reduce the risk of cross-contamination or infection spread.

Resident bedrooms were clean, well-furnished, and found to be personalised by the residents with items of individual interest, such as personal photos and other items. Some residents had personalised their bedrooms with items of significance, and this made them feel comfortable and at ease in their environment. With the exception of

eight twin-occupancy bedrooms in the Ben Bulben area of the centre, bedrooms were spacious and suitable for the assessed needs of the residents. Resident accommodation was provided with en-suite facilities, which included a toilet, wash hand basin, and shower.

Eight twin-occupancy bedrooms in the Ben Bulben area of the centre were reconfigured but due to the layout, the privacy and dignity of residents were still compromised. This was confirmed to the inspector by some residents sharing these bedrooms. The close proximity of the bed spaces in these rooms limited the privacy and dignity of residents, particularly when staff were providing intimate personal care for residents. One resident in a partially vacant twin-occupancy room, told the inspector that 'they hoped another person was not admitted into the bed space beside them'. They said 'it is better when I have the room to myself', 'there is more privacy'. When the inspector spoke with another resident in a twin-occupancy room, they informed the inspector that they were waiting for a single-occupancy room to become available as they would 'prefer not to share'.

The inspector observed that the communal area for 36 residents accommodated in the lower ground floor was congested at times. Residents did not have access to a quiet communal area other than their bedrooms, where they could sit quietly and relax.

A garden area adjacent to this communal room was not utilised by residents and it lacked interest and was uninviting. Although the provider had added new furniture to enhance the garden, there was little else contained in the area. There was one pathway for residents to use alongside the premises in the garden and an area of grass which was not well maintained. A large mound of shrubbery was to one side in the garden, and this was unsightly and poorly maintained. A smoking hut had been installed but this was exposed to the elements with minimal seating and shelter from the extremities. The inspector did not observe any residents using the garden area on the day of inspection.

The inspector saw that the centre was adequately resourced with serviced equipment, such as manual handling equipment, and an appropriate stock of supplies to ensure residents received a good standard of nursing care.

The dining experience for residents was observed to be a social occasion. The inspector observed that staff provided sensitive and attentive support to residents during mealtimes. Staff created a calm and relaxed dining experience for residents and assistance was offered discreetly and respectfully, which allowed residents to maintain as much independence as possible. However, the inspector found that the food served in the ground floor area from the serving trolley for residents was not hot. Staff had not checked or recognised this and were serving these meals to residents. This was in contrast to the meals served in the dining room beside the kitchen which were hot.

## Capacity and capability

This was a well-governed centre. The inspector found that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. This was an unannounced inspection to monitor the provider's compliance with the Health 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 the provider had committed to take in their compliance plan following the previous inspection in April and September 2025, on the statutory notifications and other information received since the last inspection. The provider had submitted an application to the Chief Inspector for renewal of the registration of Sligo Nursing Home and this application was reviewed as part of this inspection.

The inspector found that the provider had addressed most of the areas for improvement identified on the last inspection and observed that some further improvements were required in relation to premises, food and nutrition and residents rights.

Mowlam Healthcare Services Unlimited is the registered provider of Sligo Nursing Home and part of a wider group of designated centres nationally. There was a clearly defined management structure in place, with identified lines of authority and accountability. A regional healthcare manager provided senior management support to the person in charge. The person in charge was supported locally by one clinical nurse manager and there were deputising arrangements in place. A team of nurses, care assistants, activities, catering, house-keeping and maintenance staff made up the staffing complement. The person in charge was knowledgeable regarding residents' individual care needs.

The senior management structure provided operational and management oversight and leadership in the designated centre and the persons participating in management, supported the person in charge from a group perspective, including human resources, health and finance management supports. At operational level, within the centre, there were also clinical and administrative support available to the person in charge.

#### Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of the designated centre contained all of the information required.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient staff with the appropriate knowledge and skills to meet the needs of residents accommodated in the centre and taking into account the size and layout of the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety and safeguarding of residents from abuse. Arrangements were in place to ensure that staff were given opportunities to update their skills and knowledge, as required. Staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

## Regulation 23: Governance and management

The provider did not ensure that there were sufficient resources allocated to the centre to improve the premises assigned for residents' use, such as the garden area, and the twin-occupancy bedrooms in the Ben Bulben area of the centre on the lower ground floor.

- The garden area space was limited with little furniture and points of interest. The smoking shelter was inadequate and residents using it were exposed to the weather elements.
- The twin-occupancy bedrooms in the Ben Bulben area of the centre were negatively impacting on the privacy and dignity of residents sharing these rooms.

While the provider had management systems to monitor the quality and safety of service provision, these oversight mechanisms were not sufficiently robust to effectively identify deficits and risks in service provision, for example:

- The oversight and provision of social activities for residents was not effective and in line with residents' wishes and abilities.
- The systems in place failed to identify that the temperature of the food served was inadequate. This was identified by the inspector during the inspection.

· Management systems such as audits completed for food and nutrition did not include any reference to checking the temperature of food at mealtimes to ensure it was consistently served hot to all residents in the centre.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A complaints management system was in place and met the requirements of the regulation. A complaints procedure was displayed in the centre and detailed the process for making a complaint and the personnel involved in the management of complaints. The provider received 13 complaints in 2025, and all were fully investigated in line with their policy and procedures.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were content living in the designated centre. Residents received a good quality service, and they had opportunities to engage in social activities. However, some improvements were required to ensure that the quality and safety of care being delivered to residents was consistently managed to ensure the best possible outcome for residents. In particular, actions were needed to bring food and nutrition and residents rights into full compliance.

There were systems in place to ensure that the environment and equipment was cleaned in accordance with best practice guidance. Cleaning staff were well informed about procedures to be followed.

An activity co-ordinator worked hard to provide activities across the two floors for the 60 residents accommodated on the day. They were supported in their role by

health care staff. Residents were not engaged with these activities, when provided by care staff.

Residents were aware of their rights and were supported to exercise choice in their lives. Advocacy services were available to residents if needed. Residents accommodated in twin-occupancy rooms told the inspector that they would prefer not to share and have requested a single-occupancy room when available.

The dining experience for residents was observed to be a social occasion. The inspector observed that staff provided sensitive and attentive support to residents during mealtimes. However, not all food served to residents was hot, and the inspector found that the food served to residents in the ground floor area was not hot.

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence based.

### Regulation 17: Premises

A review of the premises found that the registered provider, having regard to the needs of the residents, did not provide premises which conform to the matters set out in Schedule 6. For example:

- Eight twin-occupancy bedrooms in the Ben Bulben area were not suitable for the needs of residents accommodated in these shared rooms. This is a repeated non compliance since 2021.
- The external garden area of the centre was poorly maintained, had limited space and lacked interest.

Judgment: Not compliant

### Regulation 18: Food and nutrition

The temperature of food served throughout the centre was not monitored or checked, and as a result this inspection found that the food served on the ground floor to residents was not hot.

Judgment: Substantially compliant

### Regulation 27: Infection control

The procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). Staff were observed to practice good hand hygiene techniques. There were sufficient clinical hand-washing facilities available to staff, residents and visitors, throughout the centre. All areas of the centre, including equipment, were observed to be very clean and all areas were clutter-free.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment.

There were arrangements in place to ensure that staff received suitable training in fire prevention and participated in regular fire drills.

All fire exits were unobstructed, and personal emergency evacuation plans (PEEPS) were in place for each resident, and they accurately described their evacuation needs in the event of a fire emergency.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe processes in place for the handling of medicines, including controlled drugs, which were in line with current professional guidelines and legislation. Staff followed appropriate medicines management practices so that residents received their prescribed medications. There were procedures in place for the handling and disposal of unused and out-of-date medicines, including controlled drugs.

Judgment: Compliant

### Regulation 9: Residents' rights

Privacy and dignity of residents accommodated in twin-occupancy shared bedrooms, in the Ben Bulben area were impacted by the layout, size and close proximity of bed spaces.

The garden area for residents was not maintained to adequate standards and appeared uninviting. The smoking shelter provided did not provide adequate shelter or protection from the weather extremities. The smoking shelter had a limited amount of chairs in place to accommodate residents.

The communal day room on the lower ground floor was congested, and there was no other communal space available to residents who preferred to sit quietly and rest, aside from their bedrooms.

The quality of activities provided by care staff was inconsistent, and as a result, residents did not engage and were observed sleeping throughout.

Judgment: Not 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                |
|------------------------------------------------------------------------------------|-------------------------|
| <b>Capacity and capability</b>                                                     |                         |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant               |
| Regulation 15: Staffing                                                            | Compliant               |
| Regulation 16: Training and staff development                                      | Compliant               |
| Regulation 23: Governance and management                                           | Substantially compliant |
| Regulation 34: Complaints procedure                                                | Compliant               |
| Regulation 4: Written policies and procedures                                      | Compliant               |
| <b>Quality and safety</b>                                                          |                         |
| Regulation 17: Premises                                                            | Not compliant           |
| Regulation 18: Food and nutrition                                                  | Substantially compliant |
| Regulation 27: Infection control                                                   | Compliant               |
| Regulation 28: Fire precautions                                                    | Compliant               |
| Regulation 29: Medicines and pharmaceutical services                               | Compliant               |
| Regulation 9: Residents' rights                                                    | Not compliant           |

# Compliance Plan for Sligo Nursing Home OSV-0000363

Inspection ID: MON-0046952

Date of inspection: 28/01/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

| Regulation Heading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Judgment                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Regulation 23: Governance and management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>Regulation 23: Governance and management<br>Substantially Compliant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |
| <ul style="list-style-type: none"><li>• The Facilities Manager will complete a comprehensive review of the garden area and shared occupancy rooms in the Ben Bulben wing. In consultation with appropriate building professionals (e.g., architect, building contractor), a plan will be developed with a view to expending the shared occupancy rooms to ensure that there is sufficient living space for both residents, which will enable each resident to live comfortably in the room without encroaching on their fellow occupant.</li><li>• The garden area will also be redeveloped to allow for more outside space for residents to enjoy. The Person in Charge will consult with residents regarding their views and preferences about what they would like to see in the garden area, such as raised flower beds, walkways and seating areas.</li><li>• The Provider will consult with the Authority to discuss the proposed extension to the shared occupancy rooms and redevelopment of the garden area. Based on the feedback from the Authority, the Provider will then submit an Application to Vary the registration of the centre along with a revised Statement of Purpose, architect's drawings and a detailed project plan to outline the proposed programme of works and seek the approval of the Authority to redevelop the centre.</li><li>• The PIC will ensure that all outdoor furniture is maintained in good order. The garden area will be monitored by the Maintenance Person. All old furniture that cannot be repaired or refreshed will be replaced with new items.</li><li>• The PIC will liaise with the Facilities Manager to provide a safe, suitable smoking area for residents.</li><li>• While a plan is being developed regarding the twin occupancy rooms, the PIC will</li></ul> |                         |

continue to maximise comfort and privacy for those residents occupying twin rooms.

- The PIC will ensure the activity programme includes meaningful and purposeful activities that takes account of individual resident's interests, preferences and abilities, based on consultation with residents. There will be activities scheduled seven days per week, and all staff will be allocated time to be involved in social engagement with residents. The Activities Coordinator will record individual resident's participation and preferences regarding activities in the resident's clinical record. The Activities Coordinator will schedule time to provide a range of activities and will also arrange for entertainment and activities to be provided by external personnel as appropriate, including musicians and light entertainment.
- The Catering manager, with the support of the PIC, will complete temperature checks on food when it is delivered to the ground floor dining area prior to serving residents. This will be documented on a Temperature check record, and any deficits identified will be addressed prior to serving meals to residents.
- There is a monthly management team meeting in the home which reviews all operational aspects of the home, including key performance indicators, risk management, audits and progress on identified actions and updates on quality improvement initiatives. This meeting is well attended and includes at least one representative from each department We will include a review of the Temperature check records and ensure that meals are consistently served hot to residents as required.
- The electronic risk register will be reviewed and updated regularly to ensure that identified risks are mitigated and appropriate actions taken to minimise and manage risks.

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|-------------------------|---------------|
| Regulation 17: Premises | Not Compliant |
|-------------------------|---------------|

Outline how you are going to come into compliance with Regulation 17: Premises:

- There is a proposal to extend the twin rooms in Ben Bulben wing to ensure that each resident has appropriate space to maintain their privacy. The Facilities Manager will complete a comprehensive review of all shared occupancy rooms in the Ben Bulben wing. In consultation with appropriate building professionals (e.g., architect, building contractor), a plan will be developed with a view to expending the shared occupancy rooms to ensure that there is sufficient living space for both residents, which will enable each resident to live comfortably in the room without encroaching on their fellow occupant.
- As part of this extensive programme of works, the garden area will be enlarged and enhanced to ensure it is a more appealing area for residents. The garden will be redeveloped to allow for more outside space for residents to enjoy. The PIC will consult with residents regarding their views and preferences about what they would like to see in the garden area, such as raised flower beds, walkways and seating areas.
- The Provider will consult with the Authority to discuss the proposed extension to the shared occupancy rooms and redevelopment of the garden area. Based on the feedback

from the Authority, the Provider will then submit an Application to Vary the registration of the centre along with a revised Statement of Purpose, architect's drawings and a detailed project plan to outline the proposed programme of works and seek the approval of the Authority to redevelop the centre.

- The PIC will ensure that all outdoor furniture is maintained in good order. The garden area will be monitored by the Maintenance Person. All old furniture that cannot be repaired or refreshed will be replaced with new items.
- As part of the room extension works, the external garden area will be enlarged and enhanced to ensure it is a more appealing area for residents.

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Regulation 18: Food and nutrition

Substantially Compliant

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

- The Catering Manager, with the support of the PIC and clinical team, will complete temperature checks when the food is delivered to the ground floor dining area.
- A Temperature check record will be completed each day and any deficits identified will be addressed prior to serving meals to residents so that they will always receive their meals at the correct temperature.
- Residents will be consulted about the food service and dining experience and every effort will be made to ensure the service provided is to their liking.
- The PIC will ensure that the mealtime experience is closely monitored and any changes required are addressed without delay.

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Regulation 9: Residents' rights

Not Compliant

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

- There is a proposal to extend the shared occupancy rooms in Ben Bulben wing to give each occupant more living space and comfort so that their privacy and dignity will always be respected.
- The garden space will be upgraded as part of the works planned and this will provide areas of interest for residents such as raised flower beds, walkways and outdoor seating. The PIC will ensure that the garden is maintained to a high standard by the Maintenance

Person.

- The PIC and Facilities Manager will complete a review of the current smoking area and any required improvements will be completed to ensure residents can safely use this space in all weather conditions.
- The PIC has reconfigured the layout of the dayroom which is now more spacious. The PIC will ensure that any residents who wish to utilise a quiet area are assisted to the family room on the first floor, should they wish to use it. The PIC will ensure the availability and purpose of this room is communicated to all residents and will encourage them to avail of this room as required.
- The PIC will ensure that the programme of activities is reviewed and further developed to ensure that residents have access to a range of activities that are in keeping with their choices and preferences.
- The PIC will ensure that activities provision is planned over the seven-day period each week and that in the absence of the Activity Coordinator, alternative arrangements are scheduled so that all residents can avail of activities that they will enjoy.
- The online activities support application is available in the centre and will be used to supplement the variety of activities available and to facilitate electronic communication between residents and their families.

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## Section 2:

### Regulations to be complied with

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

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

| Regulation             | Regulatory requirement                                                                                                                                                                                                             | Judgment                | Risk rating | Date to be complied with |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------------------------|
| Regulation 17(1)       | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Not Compliant           | Orange      | 31/12/2026               |
| Regulation 17(2)       | The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.                                                 | Not Compliant           | Orange      | 31/12/2026               |
| Regulation 18(1)(c)(i) | The person in charge shall ensure that each resident is provided with adequate                                                                                                                                                     | Substantially Compliant | Yellow      | 31/05/2026               |

|                     |                                                                                                                                                                                |                         |        |            |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|------------|
|                     | quantities of food and drink which are properly and safely prepared, cooked and served.                                                                                        |                         |        |            |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. | Substantially Compliant | Yellow | 31/05/2026 |
| 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 | 31/05/2026 |
| Regulation 9(2)(b)  | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.                              | Substantially Compliant | Yellow | 31/05/2026 |
| Regulation 9(3)(b)  | A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.                                        | Not Compliant           | Orange | 31/05/2026 |

