



**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:	Drumderrig House
Name of provider:	Drumderrig House Nursing Home Limited
Address of centre:	Abbeytown, Boyle, Roscommon
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Centre ID:	OSV-0004457
Fieldwork ID:	MON-0050484

About the designated centre

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

Drumderrig House Nursing Home is a purpose-built facility that provides care for 96 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high or maximum dependency. The centre is located approximately two kilometres outside the town of Boyle, Co. Roscommon and is a short drive from Lough Key Forest Park. The centre provides an accessible and suitable environment for residents. Bedroom accommodation consists of 66 single and 15 double rooms, all of which have en-suite facilities. There are additional toilets, including wheelchair accessible toilets, located at intervals around the centre and close to communal rooms. There are four sitting areas where residents can spend time during the day. There are dining rooms in two locations and an oratory, visitors' rooms and the conservatory area provide additional spaces for residents' use. In the statement of purpose, the provider describes the service as aiming to enhance the quality of life of residents by providing good standards of health and social care within a peaceful and tranquil setting. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	95
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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
Wednesday 10 June 2026	08:45hrs to 17:00hrs	Fiona Cawley	Lead
Wednesday 10 June 2026	08:45hrs to 17:00hrs	Sandra Rowland	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre received care and support that helped ensure their safety and promoted a good quality of life. Residents spoke positively about both the staff and the standard of care provided. Staff were observed delivering care and support in a kind and respectful manner that aligned with residents' assessed needs.

This unannounced inspection took place over one day. There were 95 residents in the centre, and one vacancy on the day of the inspection.

Inspectors arrived at the centre in the morning and carried out a walk around the centre. During this time, they observed the care and support provided to residents, spoke with residents and staff, and reviewed the residents' living environment. A number of residents were having their breakfast in the dining room and in their bedrooms, while other residents were observed relaxing in communal areas. Staff were supporting several residents with their personal care needs. Inspectors observed a pleasant atmosphere throughout the centre, with friendly and familiar interactions between residents and staff.

Drumderrig Nursing Home is a single-storey, purpose-built facility providing accommodation for 96 residents. The centre is located a short distance from the town of Boyle, County Roscommon. Bedroom accommodation comprised of single and twin-occupancy bedrooms, all of which had en-suite facilities. Bedrooms were bright and spacious, providing residents with adequate space to live comfortably and to store personal belongings. Many bedrooms had been personalised with photographs, ornaments and other meaningful items, reflecting residents' individual preferences. A number of residents told inspectors that they were very happy with their personal spaces. One resident commented, 'I'm happy with my room, its very peaceful'. Residents had access to bright communal spaces, including day rooms and dining rooms. There were also various seating areas available along corridors. An oratory provided residents with a quiet space for reflection and private use. Sufficient space was available to enable residents to meet with friends and relatives in private, should they wish to.

The premises were laid out to meet the needs of residents. There were appropriately placed handrails along corridors to support residents to mobilise safely and independently. Residents using mobility aides were able to move freely and safely through the centre. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and answered in a timely manner. One resident told inspectors, 'I ring my call bell if I need help and always get a quick response'. The centre was bright, warm, and well ventilated throughout. Communal spaces were furnished and decorated in a homely style. All resident areas were found to be clean and tidy, and generally well maintained.

However, inspectors observed a number of non-resident areas that were unclean and poorly organised.

Safe, secure outdoor spaces provided residents with access to fresh air and nature. These areas contained a variety of suitable garden furnishings and seasonal plants.

The centre provided an on-site laundry service for residents' personal clothing and bed linen, which was appropriate for the size of the centre.

Inspectors spent time observing staff and residents' interactions in the various areas of the centre throughout the day. The majority of residents were up and about, and were observed to be relaxed and familiar with one another and their environment. Inspectors observed a good social environment, with residents forming friendships and developing their own routines. A number of residents were observed sitting quietly, relaxing and observing their surroundings, others were observed enjoying quiet time in their bedrooms, while other residents went out on trips with friends and relatives. Communal areas were appropriately supervised, and those residents who chose to remain in their rooms were supported by staff. Staff were observed to be kind and respectful in their interactions with residents, and care was delivered in a relaxed manner. It was evident that residents' choices and preferences in their daily routines were respected. Inspectors observed that personal care was attended to in line with residents' wishes and preferences.

Residents were happy to chat with inspectors about what life is like in the centre. Residents indicated that staff were kind and responsive to their needs and always provided assistance whenever it was required. One resident told inspectors that 'this is a great place, it's very clean and staff are very kind', while another resident said 'I like it and the staff are beautiful', and another resident said 'it's a lovely place to live'. Residents said that they felt safe and that they could speak freely with staff if they had any concerns or worries. Residents who were unable to engage directly with inspectors were observed to be content and at ease in their surroundings.

There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal areas or their own bedrooms. Residents were also provided with access to television, radio, internet, newspapers and books. There was a schedule of activities in place which included music sessions, bingo, arts and crafts, exercises and outings. Residents were complimentary about the social aspect of life in the centre, and told inspectors that they were free to choose whether or not they participated in planned activities. There were various activities taking place throughout the day, including a quiz in the afternoon, which was well attended by residents. Staff were available to support residents and to facilitate residents to be as actively involved in activities as they wished.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day. Inspectors spoke with a number of visitors who were satisfied with the care and support provided to their loved ones.

The centre provided residents with access to adequate quantities of food and drink. Snacks and refreshments were available throughout the day. Inspectors observed the lunchtime meal and spoke with residents about the dining experience in the

centre. A group of residents attended the dining room for their lunch, while some residents chose to have lunch in their bedrooms. Residents' meals were prepared and cooked onsite, and the menu was updated daily. However, a small number of residents told inspectors that they were not provided with a choice of food at each mealtime. This was also confirmed by a number of staff. While staff were available to support residents who required assistance, inspectors observed that supervision of the dining experience was inadequate. A number of residents were assisted in a manner that was not consistently person-centred. In addition, a number of residents were provided with clothes protectors without consultation or seeking their consent beforehand.

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

Capacity and capability

This was an unannounced monitoring inspection, conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). Inspectors reviewed the action taken by the provider to address identified areas of non-compliance found on the previous monitoring inspection in October 2025.

The overall findings of the inspection were that there were effective governance and management systems in place to ensure that residents were supported to have a good quality of life. The provider had addressed a number of the non-compliances found on the previous inspection in respect of governance and management, directory of residents, statement of purpose, complaints procedures, care planning, and residents' rights. Notwithstanding the improvements made, the system of oversight in relation to supervision of staff, nutrition, premises, and records was not fully in line with the requirements of the regulations.

The registered provider of this designated centre is Drumderrig House Nursing Home Limited, a company that consists of two directors. One of the directors worked in the centre as a general manager and represented the provider. There was a clear governance structure in place with identified lines of responsibility and accountability. The management team within the centre consisted of a person in charge and a general manager. Both were present throughout the inspection and were observed to be a strong presence in the centre. The person in charge was supported by an assistant director of nursing, clinical nurse managers, nursing and support staff. There were systems in place to ensure appropriate deputising arrangements in the absence of the person in charge.

There were sufficient resources in place in the centre to ensure that the rights, health and wellbeing of residents were supported. A review of the staffing rosters found that staffing levels and skill-mix were appropriate to meet the assessed health and social care needs of the residents, given the size and layout of the building. The team providing direct care to residents consisted of registered nurses and a team of healthcare assistants. The service was supported by a sufficient number of support staff, including housekeeping, laundry, activities, catering, administration and maintenance staff.

The provider had a number of systems of monitoring and oversight of the quality of the service in place. There was a schedule of audits which reviewed areas of the service, such as care delivery, use of antibiotics, care planning, medication management, wound management, and infection control. In addition, information regarding key aspects of the quality of the service was reviewed by clinical staff on a weekly basis. This included details in relation to falls, skin integrity, infections and other clinical information. Action plans were developed and completed where areas for improvement were identified. However, inspectors found that some of the management systems were not robust, as a number of issues identified on this inspection had not been recognised and identified by the management team and therefore not appropriately addressed by the provider.

There was evidence of communication systems in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by inspectors showed that a range of relevant issues were discussed including incident management, audit results, complaints, clinical issues, training and staff issues. However, inspectors found that the system in place to facilitate communication of resident information between nursing and care staff was not fully effective. For example, a small number of staff were not fully aware of all the information necessary to ensure that care delivery was in line with residents' assessed needs.

An annual review of the quality and safety of the services had been completed for 2025, which included a quality improvement plan for 2026.

While staff were facilitated to attend and complete training relevant to their role, inspectors found that staff were not consistently supervised to ensure that care and support were delivered in accordance with the required standards. For example, inspectors observed practices in relation to the prevention and control of infection, food and nutrition, and safeguarding that did not meet the required standards. In addition, oversight of staff knowledge was not sufficiently robust, as the provider did not monitor or evaluate the effectiveness of training undertaken by staff.

Policies and procedures, required by Schedule 5 of the regulations, to guide and support staff in the safe delivery of care, were in place and up-to-date. However, these policies were not readily available or easily accessible to staff on the day of the inspection.

The records set out in Schedules 2, 3 and 4 were kept in the centre, and were available on the day of the inspection. However, inspectors found that a small

number of staff files reviewed did not contain all the required information as detailed under Schedule 2 of the regulations.

The provider had contracts for the provision of services in place for residents, which detailed the terms on which they resided in the centre.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register in place which identified clinical and environmental risks in the centre, and the risk control measures in place to mitigate those risks. Arrangements for the identification and recording of incidents were in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was displayed in the centre. A review of the complaints log found that complaints were recorded, acknowledged, investigated, and the outcome communicated to the complainant.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The supervision provided to staff was not adequate, as evidenced by;

- A small number of staff were not knowledgeable about some residents' care needs.
- A small number of staff were not familiar with safeguarding procedures.
- Inspectors observed poor practices in relation to infection prevention and control, for example,
 - inappropriate handling of soiled linen,
 - inappropriate use of personal protective equipment,
 - inadequate hand hygiene practices.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider maintained a directory of residents which was up-to-date and contained the information required by the regulations.
Judgment: Compliant
Regulation 21: Records
The records set out in Schedule 2, 3 and 4 were not maintained as per the requirements of the regulation. For example; A number of staff records reviewed did not contain the documents set out in Schedule 2 of the regulations. For example: · two staff records did not have documentary evidence of relevant qualifications, · one staff record did not have the required number of written references.
Judgment: Substantially compliant
Regulation 23: Governance and management
The management systems in place to ensure effective governance and management oversight of the service were not fully effective. For example: • The systems of audit and oversight had failed to identify the issues found on this inspection in respect of records, food and nutrition, and premises. • There was inadequate oversight of training and staff supervision, in particular, safeguarding, and infection prevention and control practices as discussed under Regulation 16: Training and staff development.
Judgment: Substantially compliant
Regulation 24: Contract for the provision of services
The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.
Judgment: Compliant

Regulation 3: Statement of purpose
There was a statement of purpose in place that contained all the information required by the regulation.
Judgment: Compliant
Regulation 31: Notification of incidents
Incidents that required notification to the office of the Chief Inspector of Social Services had been submitted, as per regulatory requirements.
Judgment: Compliant
Regulation 34: Complaints procedure
There was an effective complaints procedure in place which met the requirements of Regulation 34.
Judgment: Compliant
Regulation 4: Written policies and procedures
While the policies required by the regulation were in place, these policy documents were not readily available on the day of the inspection.
Judgment: Substantially compliant
Quality and safety
This inspection found that the standard of care which was provided to residents living in this centre was of a good standard. Residents were complimentary about

the service and confirmed that their experience of living in the centre was positive. Staff interacted with residents in a respectful and courteous manner.

Inspectors reviewed a sample of residents' care records. Pre-admission assessments were undertaken by the person in charge to determine if the centre could meet the assessed social and health care needs of prospective residents. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were person-centred and reflective of residents' current care requirements, including provisions in place to protect residents. Overall, inspectors found that staff were knowledgeable regarding residents' care plans. However, not all staff were involved in the care planning process and were therefore not updated on residents' changing needs.

Residents were provided with access to appropriate medical care, with residents' general practitioners (GPs) providing on-site reviews. Residents were also provided with access to other health and social care professionals, in line with their assessed needs.

A safeguarding policy provided guidance and support to staff on the appropriate actions and measures to take to protect residents. Residents reported that they felt safe living in the centre. Safeguarding concerns were identified and managed in a timely manner by the management team. Staff were facilitated to attend safeguarding training and were generally knowledgeable about what actions to take if they had a safeguarding concern. However, the provider had not assessed the effectiveness of the training provided, as a small number of staff spoken with did not demonstrate an appropriate awareness of what is meant by safeguarding. Staff were not always clear and consistent in describing how to respond to potential safeguarding allegations.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents, in line with their assessed needs and wishes. Records reviewed evidenced that residents received care and compassion in their final days. The centre had access to specialist palliative care services for additional support and guidance, if needed.

While the centre was visibly clean and tidy on the day of inspection, inspectors found that the oversight and monitoring of certain aspects of the premises was not satisfactory, and had the potential to negatively impact the effectiveness of infection prevention and control within the centre. Inspectors found that the organisation, management and cleanliness standards of storage and ancillary areas were not consistently maintained to an acceptable standard.

There was a schedule of recreational activities in place, which was facilitated by activities staff. There were sufficient staff available to support residents in their recreation of choice. Visits and social outings were encouraged and facilitated. Residents were observed choosing how they spent their day. Some residents chose to go out independently for a walk in the grounds or to the local village. For many, this formed part of their daily routine. Access to an independent advocacy service was facilitated where required. Residents were supported to attend residents'

meetings and to contribute to the organisation of the service. Satisfaction surveys were carried out with residents, with positive results.

Residents who were assessed to be at risk of malnutrition were appropriately monitored. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health professional. The centre provided residents with access to adequate quantities of food and drink. While snacks and refreshments were available throughout the day, inspectors found that residents were not consistently offered a choice of meals at mealtimes. This finding was confirmed by both residents and staff during the inspection.

The person in charge ensured that, where a hospital admission was required for any resident, transfers were safe and effective by providing all relevant information to the receiving clinicians, and that all relevant information was obtained on the resident's return to the centre.

There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The centre had a risk register which identified clinical and environmental risks, and the controls in place to manage those risks. There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the office of the Chief Inspector of Social Services within the required time frame.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

There were effective arrangements in place for visiting in the centre, which included suitable communal facilities for residents to receive visitors. Visitors were observed attending the centre throughout the day. There was evidence that the person in charge had provisions in place to protect individual requests in relation to visiting arrangements.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 13: End of life

The inspectors reviewed records for ten residents who had recently deceased in the centre. There was evidence that appropriate care and comfort were afforded to them at the end of life. There was access to additional supports from the community palliative care team when required.

Judgment: Compliant

Regulation 17: Premises

The premises were found not to conform fully to the matters set out in Schedule 6 of the regulations, as evidenced by:

- The management of storage was not adequate on the day. For example, numerous storage areas and ancillary areas were unclean, cluttered and disorganised. These areas contained a mixture of items such as residents' furniture, clinical equipment, clinical supplies, cleaning products. These storage arrangements did not support effective segregation of clean and dirty items and therefore increased the risk of environmental contamination and cross infection.
- The laundry facility contained items of equipment were visibly unclean, for example, washing machine doors and detergent compartments.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

While there were adequate quantities of food and drinks available, residents were not offered a choice of meals at mealtimes.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Where a hospital admission was required for any resident, the person in charge ensured that all relevant information about the resident was provided to the receiving hospital, and that all relevant information was obtained on the resident's return to the centre.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place and contained all the requirements as set out under this regulation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a range of health and social care professionals in the centre, which included a physiotherapist, tissue viability nurse specialist, speech and language therapist, dietitian, chiropodist, opticians and audiologists. General practitioner services attended the centre daily. Palliative care services and psychiatry of later life were available, as required.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff had access to training and a safeguarding policy, which provided

staff with support and guidance in recognising and responding to allegations of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' rights were respected, and that they were supported to exercise choice and control in their daily lives. Residents chose how to spend their day. A variety of activities were available in the centre if residents wished to participate.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Drumderrig House OSV-0004457

Inspection ID: MON-0050484

Date of inspection: 10/06/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The registered provider and person in charge acknowledge the finding under Regulation 16. Following the inspection, arrangements for staff supervision, communication and evaluation of training have been reviewed and strengthened. The person in charge, ADON, CNMs and nurses in charge will complete regular observations and brief staff knowledge checks across all wings. These checks will focus on residents' current assessed needs, safeguarding procedures and correct infection prevention and control practices, including hand hygiene, appropriate PPE use and safe handling of soiled linen. Formal handovers will continue after each shift, with any changes in residents' needs clearly communicated to relevant staff. Refresher training will be provided where gaps in knowledge or practice are identified, followed by individual support and further checking where required. These actions will be monitored through existing supervision, handover and governance records. By 31 July 2026, all relevant staff will have received the required updates, and supervision and knowledge checks will confirm that the expected standards are understood and followed in practice.	

Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The registered provider acknowledges the finding under Regulation 21. Following the inspection, the identified staff files were reviewed and the missing documentation, including evidence of qualifications and the required number of written references, was requested. All existing staff files will be checked against the Schedule 2 requirements, and any outstanding documents will be followed up and added to the relevant files. New staff files will also be checked before the recruitment process is completed. The person in charge or delegated senior manager will oversee this process and confirm that the required records are complete and available for inspection. By 31 July 2026, all staff files will have been reviewed and any identified gaps addressed.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The registered provider acknowledges the finding under Regulation 23. Following the inspection, governance and oversight arrangements were reviewed and strengthened to ensure that issues relating to staff supervision, records, food and nutrition, premises, safeguarding and infection prevention and control are identified and addressed promptly. The person in charge and senior management team will complete regular walk-rounds and checks of resident, dining, storage, ancillary and laundry areas. Findings from audits, supervision, incidents, complaints and resident feedback will be reviewed through the existing governance process, with actions assigned to a responsible person and followed through to completion. Completed actions will be checked to ensure that improvements are effective and sustained. Relevant learning will be shared with staff through handovers, meetings and supervision. By 31 August 2026, governance records will demonstrate that identified actions are assigned, monitored, completed and signed off.	

Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The registered provider acknowledges the finding under Regulation 4. Following the inspection, the arrangements for staff access to policies and procedures were reviewed. Current policies will be kept in clearly labelled folders in accessible staff areas, and staff will be informed of their location. New staff will be shown how to access the policies during induction, and existing staff will be reminded through handovers and staff meetings. The person in charge or delegated senior manager will complete occasional checks to confirm that the policies remain readily available. By 31 July 2026, all required policies and procedures will be accessible to staff and the access arrangements will be clearly communicated.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider acknowledges the finding under Regulation 17. Following the inspection, the storage, ancillary and laundry areas were reviewed, cleaned and reorganised. Unnecessary items were removed. Clean items and clinical supplies were stored safely, with clean and dirty items appropriately separated. Cleaning products, equipment and residents' property were stored in their designated areas to reduce the risk of contamination and cross-infection. The person in charge and senior staff will continue to include these areas in routine premises checks. Any issues identified will be addressed promptly. By 31 July 2026, all identified areas will be clean, organised and maintained in accordance with infection prevention and control requirements.	

Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The registered provider acknowledges the finding under Regulation 18. Following the inspection, mealtime arrangements were reviewed to ensure that each resident is consistently offered a choice at every mealtime. A main menu board will be displayed in the dining areas showing the meal choices available at each sitting. Easy-to-read table menus will also be placed on dining tables, and individual menus will be provided to residents who choose to eat in their rooms. Staff will offer each resident the available meal choices and provide suitable support where a resident has communication, cognitive or other assessed needs. Residents' food preferences, dislikes, dietary requirements and support needs will continue to be recorded in their care plans and communicated to catering and care staff. Senior staff will complete mealtime observations to confirm that residents are offered choice consistently and in a person-centred manner. By 31 August 2026, the menu board, table menus and individual room menus will be fully in place, and the strengthened mealtime arrangements will be implemented.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2026
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	31/07/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	31/08/2026
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by	Substantially Compliant	Yellow	31/07/2026

	the Chief Inspector.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2026
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	31/07/2026