



**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:	Esker Lodge Nursing Home
Name of provider:	Esker Lodge Limited
Address of centre:	Esker Place, Cathedral Road, Cavan
Type of inspection:	Unannounced
Date of inspection:	06 May 2025
Centre ID:	OSV-0000135
Fieldwork ID:	MON-0046443

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides twenty-four hour nursing care to 70 residents both long-term (continuing and dementia care) and short-term (convalescence and respite care). The philosophy of care is to provide excellence in the delivery of compassionate care to residents. The centre is a three storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66
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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
Tuesday 6 May 2025	09:20hrs to 17:20hrs	Michael Dunne	Lead
Tuesday 6 May 2025	09:20hrs to 17:20hrs	Sarah Armstrong	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a good quality of life supported by a team of staff who were caring, kind and responsive to their needs and preferences. The feedback from residents was that they were content with the care they received, and that staff looked after them very well. All of the residents who spoke with the inspectors said that they feel safe and secure living in the centre. Residents who expressed a view told the inspectors, "The staff are really good, they come down to me straight away, if I need any help" while another resident added, "I've been here for two years and haven't had anything to complain about."

Upon arrival, the inspectors were met by the person in charge and a short time later by the provider. After an introductory meeting with the person in charge, the inspectors discussed the purpose of the inspection, which included a review of the provider's compliance plan arising from the previous inspection held in May 2024. Following this meeting, the inspectors commenced a walk about of the building with the person in charge, where they had the opportunity to meet, and chat with residents, and staff members as they began their day.

There was a calm and relaxed atmosphere in the centre. Some residents were up and about, and were spending time in the communal rooms while others were still in their bedrooms. Household staff were observed attending to resident rooms, while care staff were observed assisting residents with their personal care support in a discreet manner. It was obvious that staff were aware of residents' assessed needs, and this contributed to positive social interactions between them.

Esker Lodge Nursing Home is based on the outskirts of Cavan Town and is in close proximity to local services, shops and amenities. The centre is registered to accommodate 70 residents, and at the time of the inspection, there were 66 residents living in the centre. Residents' accommodation is provided across the ground, first and second floors.

The centre has a mix of accommodations with both single and twin occupancy rooms available for residents use. Residents' rooms viewed on this inspection were tastefully decorated, and suitable for the assessed needs of the residents. There was unhindered access to adjoining en-suite, and personal storage facilities. Resident bedrooms were personalised and contained many items familiar to residents, such as photos of their relatives and personal items such as ornaments, books, and magazines. In addition, there is a laundry service available to cater for residents' laundry requirements.

While call-bells were available in all bedrooms, there were some that were not accessible for residents to use. Some were found by inspectors located in the resident's cupboards, while others were located away from the bed area and unreachable should the resident wish to activate them to alert staff. In addition,

observations of one twin room found that the privacy curtain did not provide the necessary protection for the privacy and dignity of a resident residing in that room.

The designated centre was tastefully decorated with suitable furniture, paintings and arrangements of colourful flowers. The corridors of the centre had different colour themes, which created a stimulating environment. The centre was clean with sufficient housekeeping resources allocated to each floor of the designated centre. Decoration works on the ground floor had been completed, and improved the overall ambiance of this area. The inspectors observed that not all room signage had been reinstalled following the conclusion of these works.

The inspectors found that the residents in the centre have good access to the internal garden located in the Dun A Ri unit, although this facility was available for all residents to use. The internal garden was found to be well-maintained with flower beds, garden planters, and window boxes. There were a variety of shrubbery and flowering plants in the garden. A small aviary was also made available in the corner of the garden. On the whole, residents were mostly able to access their home environment without restriction. However inspectors found that the door to the terrace area on the second floor required maintenance to ensure it could be easily opened. Inspectors found that a degree of force was needed to be able to open the door, and access the terrace area. The provider was working to resolve this issue along with disengaging an alarm which sounded when residents wished to enter this area from another entrance.

Residents had access to a range of activities for social engagement, and a schedule of activities was displayed in appropriate locations throughout the centre. Staff were allocated to provide activities for residents, and the inspectors saw staff facilitating residents to take part in activities that were offered on the day, such as card games and reminiscence activities. A Namaste program (a holistic sensory-based approach primarily for people with advanced dementia) was underway at the time of the inspection. The inspectors observed that residents were supported to attend this activity in a sensitive manner. Inspectors observed residents being supported to attend facilities in the local community while residents who remained in the centre were supervised by sufficient numbers of staff in the communal rooms. Inspectors observed residents been encouraged to engage in meaningful activities throughout the day of the inspection.

Residents were found to have access to telephones, personal mobile phones and technological devices such as tablets, which supported them in maintaining contact with friends and family. Visits were happening in the centre, and residents were happy with the arrangements. A number of visitors spoke with the inspectors, and expressed high levels of satisfaction with the care, and services their loved ones received in the designated centre.

Residents told inspectors that they enjoyed the food provided. The menu on the day of the inspection consisted of an option for roast pork or a chicken dish. Residents told the inspectors that if they did not like the choice of food available, they they could request an alternative meal. Inspectors observed the lunchtime meal in one of the centre's dining rooms and found that the meal service was well-organised, with

sufficient staff members available to support residents with their eating and drinking.

The next two sections of this report present the findings of this inspection in relation to the governance and management of the centre and how these arrangements impacted on the quality and safety of the service provided to residents.

Capacity and capability

Overall, this inspection found that the designated centre was managed for the benefit of the residents who lived there. Inspectors found that the provider had carried out a number of actions to improve the quality and safety of the service provided. These actions are discussed under the relevant regulations, and under the themes of quality and safety and capacity and capability. Since the last inspection the provider had updated their service level agreements with agencies that provide staff cover. Improved oversight of the care planning process meant that care plans were more targeted to residents' individual needs. Nonetheless, there were some areas of service provision, where the oversight systems in place did not fully ensure that the service provided is safe, appropriate, consistent and effectively monitored.

This was an unannounced inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended). Inspectors also followed up on the compliance plan received from the provider following the previous inspection held in May 2024, and found that the provider had implemented the majority of the compliance plan submitted following that inspection. Additional actions and focus were needed to ensure full compliance with the regulations. Although the provider had made improvements to storage facilities within the home, more were required to ensure that residents' communal facilities were not impacted.

The inspectors followed up on unsolicited information that had been received by the Chief Inspector since the last inspection. The issues reported to the Chief Inspector related to concerns around residents having access to call-bells to summon staff attention. These concerns were found to be validated on inspection as a number of call-bells across the centre were not accessible for residents to use. This is also a repeated non-compliance as this issue has been raised with the provider on a previous inspection.

The provider of Esker Lodge Nursing Home is Esker Lodge Limited. The centre has a clearly defined management structure, which consists of the registered provider representative, who is a director of the company, the person in charge (PIC), the assistant director of nursing (ADON), a clinical nurse manager (CNM) and a senior staff nurse. The remainder of the team consists of staff nurses, housekeeping, catering, administration, maintenance, and activity support.

Local and provider meetings were held regularly, and the inspectors reviewed the

meeting minutes held in the centre. Meeting records showed that a range of issues, such as clinical and non-clinical matters, was discussed in those meetings. There was an auditing schedule in place which reviewed areas of current practice, for the most part, audits identified areas that required improvement, and included an action plan to address the issues identified. However, some internal audits did not identify areas that required action on behalf of the provider, and this meant that interventions were not in place to mitigate the impact on residents. These issues are discussed in more detail under the theme of quality and safety and under regulations relating to residents' rights, premises and fire safety.

The registered provider maintained sufficient staffing levels, and an appropriate skill-mix across all departments to meet the assessed needs of the residents. Observations of staff and residents interactions confirmed that staff were aware of residents' needs and were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster, they were filled by existing team members; however, management confirmed that agency cover could be sought if needed.

Staff were clear about their roles and the standards that were expected of them in their work. Staff said they were well supported, and that they had good access to training and updates. Staff demonstrated appropriate knowledge, and skills in their day-to-day work.

At the time of this inspection the registered provider had submitted an application to renew the registration of the centre. In support of this application, a statement of purpose was also submitted, which described the services and facilities offered by the provider to meet the requirements of Schedule 1 of the Regulations. A review of quality and safety of care document for 2024 was made available for inspectors to review. This document incorporated the views of residents and contained a quality improvement plan for 2025. There was clear evidence that the provider was engaging with residents, and was using feedback to improve the quality of the service provided.

Arrangements were in place for the management of complaints, and the centre's complaints policy was displayed in a number of prominent locations within the centre. Residents spoken with were aware of the complaints procedure and knew what steps to take if they should wish to make a complaint about any aspect of the service they received. Inspectors also spoke with staff who were knowledgeable in the recognition and management of complaints. A review of the complaints log confirmed that there was one open complaint which was currently under investigation.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of

the centre prior to the inspection visit. In addition to the application to renew the registration, the provider also submitted all the required information to comply with Schedule 1 and Schedule 2 of the registration regulations.
Judgment: Compliant
Regulation 15: Staffing
There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.
Judgment: Compliant
Regulation 22: Insurance
The registered provider had a contract of insurance in place against injury to residents.
Judgment: Compliant
Regulation 23: Governance and management
<p>The inspectors found that the registered provider had management systems in place to monitor the quality of the service provided; however, some actions were required to ensure that these systems for oversight were sufficient to ensure the services provided are safe, appropriate and consistent. For example:</p> <ul style="list-style-type: none"> • Systems to ensure that resident's care environments contained accessible call bell systems for residents. • There was no clear risk assessments in place as to why these residents could not have an accessible call bell. • Fire safety checks did not identify risks associated with fire stopping. • Residents' ability to access the second floor balcony area was impeded, this is described in more detail under Regulation 9: Residents' rights.
Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the facilities and services available in the designated centre. This document which had been updated on 19 September 2022, contained all the required information as set out under Schedule 1 one the regulations.

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, as per regulatory requirements, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centres' policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had provided an accessible and effective procedure for dealing with complaints, which included a review process. The complaints policy was displayed in a prominent position in the centre, and there were details identifying the nominated complaints officer and review officer. A sample of complaints reviewed demonstrated, that complaints were managed in line with the required timelines, and complainants were issued with written responses to their complaints. There was a record of learnings and improvements recommended by the complaints officer, and complainants were provided with details of an external complaints process and advocacy services.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that all policies and procedures set out in Schedule 5 were prepared in writing, adopted and implemented. Policies and procedures were made available to staff and were reviewed at intervals not exceeding 3 years.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents were supported to live full, and meaningful lives whilst being supported by a team of staff dedicated to providing good quality, person-centred care. Residents' individual assessed needs were found to be met by staff, and residents had timely access to medical and health and social care professionals when required. Residents had good access to a diverse programme of meaningful social activities suited to their interests and capacities.

Inspectors found the layout of a twin bedroom did not promote the rights and dignity of residents within that accommodation. Although privacy curtains and screens were in place, the configuration of the curtains did not provide equal access to both residents. For example, where one resident might be receiving personal care, the other resident did not have free movement to and from their bed space. In addition, one bed space did not allow for a chair for the resident beside their bed, and there was only one television in twin rooms, which impacted on one resident's right to view programmes of their own choosing. Inspectors also found that in a number of bedrooms, call-bells were removed and stored in resident's lockers during the day. This presented a risk whereby should a resident return to their bedroom during the day, and require staff assistance during that time, they would have no access to call-bell facilities.

The design and layout of the premises provided residents with sufficient communal and personal space to be able to enjoy their lived environment. The centre was well-maintained, and there were arrangements in place for on-going maintenance. Communal rooms were tastefully decorated, and were set out to promote social engagement. There was a secure garden where residents could enjoy outside space. This area was well-maintained, and was seen to be used by residents during the inspection. There was suitable garden furniture in place for residents to use, and enjoy this space. Inspectors identified a number of issues during the course of their walk, which they raised with the provider, and person in charge, and are discussed in more detail under the relevant regulations.

During the inspection, inspectors reviewed a sample of residents' assessments, and care plans, and found that residents had care plans in place that were appropriately reviewed, particularly when residents experienced an incident or changes to their needs. This ensured that staff had access to clear and up-to-date information to support them in providing appropriate and good quality care to residents.

Residents with communication needs were well-supported in the centre, and had person-centred care plans in place, which clearly outlined their communication needs and preferences. Residents had access to assistive technologies to facilitate ease of communication with staff, which promoted their rights and independence.

Residents had good access to facilities for occupation, and recreation, and residents were provided with ample opportunities to participate in activities in accordance with their interests and capacities. Residents were supported to exercise choice in how they managed their day, and the registered provider had ensured that residents were consulted about and involved in the organisation of the centre through regular resident forum meetings. Residents also had access to independent advocacy services when required.

There were regular resident meetings held in the centre, and from a review of a sample of resident meeting minutes, it was evident that residents were consulted with and participated in the organisation of the centre.

There was a policy and procedure in place to support residents who required the provider to act as a pension agent on their behalf. A review of records confirmed referrals had been made to advocacy services to support residents with their financial requirements. A review of schedule 2 records confirmed that all the required documentation was in place and, was well-maintained by the provider. There were clear, safe, and effective procedures in place to maintain resident valuables and monies that families wished to lodge in the centre for residents' use.

Overall, residents' rights were upheld, and residents were supported to maintain their independence and autonomy over their daily routines. However, the inspectors found that residents did not have unrestricted access to the second-floor terrace area due to doors being difficult to open or linked to the alarm system. In addition, close-circuit television (CCTV) was found to be operating in rooms used by residents for their recreation use. On the day of the inspection the provider had engaged outside contractors to review access to the second-floor terrace area, and to disengage the use of CCTV in the resident recreational areas of the centre.

The provider had taken precautions against the risk of fire in order to protect residents in the event of a fire emergency. A number of records relating to fire safety were found to be well-maintained, these records included, maintenance of the fire alarm system, certificates of servicing, records also confirmed quarterly checks on emergency lighting and on fire extinguishers. Fire doors were well-maintained throughout the centre, and were found to provide the required level of protection. However, inspectors were concerned that the provider had not identified the potential fire safety risks associated with the lack of fire stopping as described under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

The registered provider had ensured that residents with communication difficulties were facilitated to communicate freely in accordance with their individual needs and abilities. Where a resident was assessed as having specialist communication requirements, the person in charge had ensured that these requirements were incorporated into a detailed care plan in order to guide staff in how to communicate effectively with them. Staff were also informed of residents' specialist

communication needs.
Judgment: Compliant
Regulation 17: Premises
<p>The premises did not fully conform to the matters set out in Schedule 6 of the regulation. For example:</p> <ul style="list-style-type: none"> • The floor of the catering store could not be effectively cleaned due to items stored on the floor. • Inappropriate storage of commode chairs in a residents bathroom located on the first floor. • A raised toilet seat had an exposed metal clip, and was unsafe for resident use. • Signage was missing to identify a number of facilities used to run the service. • The door to the bathroom on the ground floor was damaged and required repair.
Judgment: Substantially compliant
Regulation 26: Risk management
<p>There was a risk management policy and procedure in place to assist the management team monitor and control risks in the designated centre. This policy made reference to the six specific risks as outlined under regulation 26.</p>
Judgment: Compliant
Regulation 28: Fire precautions
<p>A review of fire safety arrangements in the designated centre found that the integrity of the fire stopping in a number of areas was not sufficient, and did not ensure that smoke and fire would be contained in the event of a fire emergency so that residents, and staff would be protected. The inspector found gaps around utility pipes where they entered the ceilings of some bathrooms, and sluice facilities, these gaps had the potential to negatively impact of the effectiveness of the fire compartment.</p>

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The person in charge had ensured that comprehensive assessments had been completed for residents on their admission to the centre. Inspectors found that these assessments were accurately incorporated into residents' care plans. Care plans were developed within 48 hours of the resident's admission to the centre and included evidence of resident and family consultation. Care plans were regularly reviewed and updated in a timely manner when there were changes to residents' needs. Inspectors also found that care plans were person-centred and included adequate detail to clearly guide staff in providing safe and good quality care to residents, ensuring their needs were met.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse. A review of records relating to one safeguarding incident found that the registered provider ensured that this incident was investigated promptly in line with their safeguarding policy, and that appropriate measures were identified and implemented to protect the residents.

Judgment: Compliant

Regulation 9: Residents' rights

There were some areas that required additional focus by the provider to ensure that full compliance with regulation 9 was achieved. For example;

- Residents' ability to access the terrace on the second floor from a communal room was impeded due to the door being difficult to open.
- A second door which led to the second-floor terrace area was alarmed and meant that residents could not access this area freely without staff being notified.
- There was only one television in a twin room which impacted on resident's

right to view their choice of television programme.

Residents were not supported to undertake personal or recreational activities in private. This was evidenced by;

- There was CCTV coverage located in smoking rooms, and in three communal rooms.
- The position of the privacy curtains in a twin room did not maintain a residents' privacy and dignity, nor did it support this residents' ability to undertake personal activities in private.
- In addition, the layout of this room did not give each resident equal access to their bed space, and meant that there was no space for one resident to have a chair at their bedhead.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	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 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Esker Lodge Nursing Home OSV-0000135

Inspection ID: MON-0046443

Date of inspection: 06/05/2025

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• We have initiated a process of call bell spot checks in addition to the call bell audit. The spot check is happening fortnightly initially and will then move to a monthly spot check. Resident access to call bells has also been added to the risk register. This action was completed on 23rd June 2025.• Painting of assisted bathroom door was completed on 16th May.• Daily management walkarounds will monitor staff practices in relation to the inspection findings – ongoing. A new format for recording the findings of management walkarounds was implemented on the 18th June 2025.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• Interim signage has been installed – completed on 30th May. New signage quote received and ordered. The expected delivery date is the 30th July 2025.• The raised toilet seat was replaced on 7th May 2025.• The door to the bathroom on the ground floor has been repaired on 16th May 2025.• Storage has been reviewed. New shelves have been ordered and are expected to be in place by 30th July. A new floor has been ordered and is expected to be installed on the 14th July. There are no longer any items directly on the floor of the catering store. This change was implemented on the 26th June.• A risk assessment has been completed in relation to storage of commode chairs and the commode chairs are being stored as per the risk assessment. This was completed on 24th June.	

- The residents bathroom is returned to its registered use. The provider can confirm that commode chairs are no longer stored in this facility. A spot check has been put in place to monitor appropriate storage.

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Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A 'competent person' in fire safety attended onsite to re-inspect the areas highlighted on inspection and to make recommendations for implementation – completed on 9th May and no further remedial works were deemed necessary.
- The holes identified by the inspector have been filled to provide additional assurance to the Authority.

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

- A second television has been installed - complete.
- An audit of all other relevant rooms relevant is scheduled to be completed on the 18th July and additional TVs have been ordered for residents who expressed a preference for a second TV.
- CCTV cameras to the communal areas were turned off on the day of inspection. Completed 6th May 2025. All CCTV cameras are scheduled to be removed in the rooms identified on 30th July.
- The twin room is being reconfigured to maximize the floor space for each resident. New furniture has been ordered and will be delivered on the 7th of July 2025.
- The privacy curtains were adjusted accordingly and confirmation of this was sent to the Authority on 7th May 2025.
- Changes have been made to the doors to ensure that residents can access the roof terrace on the second floor without impediment – complete.

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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(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	30/07/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	24/07/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	24/07/2025

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	24/07/2025
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	30/07/2025
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.	Substantially Compliant	Yellow	30/07/2025