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:	Firstcare Blainroe Lodge
Name of provider:	Firstcare Blainroe Lodge Limited
Address of centre:	Coast Road, Blainroe, Wicklow, Wicklow
Type of inspection:	Unannounced
Date of inspection:	11 September 2025
Centre ID:	OSV-0000016
Fieldwork ID:	MON-0048144

About the designated centre

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

Firstcare Blainroe Lodge Nursing Home has four floors; a lower ground, ground, first and second floor. The centre can accommodate 72 residents. Residential accommodation is across the four floors which are accessed by a lift and stairs. Care can be provided for adults over the age of 18 years with general care needs within the low, medium, high and maximum categories. A pre-admission assessment is completed in order to determine whether or not the service can meet the potential resident's needs. Twenty-four-hour nursing care is provided. In total, there are 38 single rooms with full en-suite facilities, 25 single rooms with toilet and wash-hand basin and two additional single rooms with wash-hand basins. There are three twin rooms with toilet and wash-hand basin facilities. There were adequate communal areas and private areas for residents to receive visitors. Other areas include a kitchen, laundry, oratory, hairdressing salon, smoking room and activities room. There are several well-maintained enclosed garden areas for residents' use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42

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
Thursday 11 September 2025	09:45hrs to 17:00hrs	Sharon Boyle	Lead
Thursday 11 September 2025	09:45hrs to 17:00hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Inspectors met the majority of the residents throughout the day of the inspection and spoke to 12 in more detail. The overall feedback from residents was that they were happy living in the centre and valued the support they received but some residents reported poor communication from management about things that impact on their living arrangements. Residents reported improvements in the quality of the food and the timings of evening meals, however activities were not always provided or consistent.

Inspectors arrived unannounced to the centre at 09:50 and were met by administration staff who informed them that the person in charge was not yet on site but the clinical nurse manager was available. Inspectors were informed that there was a staffing deficit of two nurses that morning, one agency nurse had not arrived and one nurse that was due to commence at 08.00hrs was not coming in until 10.00hrs. Following introductions and a brief explanation of the purpose of the inspection, the inspectors walked around the centre to review the living environment and to meet with residents and staff. The inspectors observed a calm atmosphere, some residents relaxing in the communal rooms with mass on the TV, some residents were still in bed and other residents were being assisted with morning care by staff. Staff told inspectors that there had been an improvement recently in the number of staff made available especially health care assistants, which meant they had more time to get residents ready in the morning and attend to their needs. However, some staff told inspectors that they were typically required to work past the end of their shift in order to complete their assigned tasks and that they did not always have sufficient time off to rest between night and day shifts. This is discussed further in the report.

The atmosphere in the centre appeared relaxed with staff attending to residents care needs in an unhurried manner. Residents' who spoke with the inspectors spoke positively about the staff and the inspectors observed gentle and kind interactions between residents and staff, with residents saying 'staff are lovely'. It was evident that the residents were well known to the staff. Nonetheless, two residents who were recently required to move room due to upgrade works being carried out in their unit, were told by management over one month ago that the move would be for two weeks. They told inspectors that communication was poor and they were not updated with information about when they could move back to their own room.

The inspectors observed several residents interacting with a dog who arrived that morning for dog therapy. Residents were supported to engage with the dog and inspectors saw the residents' enjoyment of seeing the dog. While there was a planned schedule of activities on display in communal rooms this did not match the activities that were provided on the day. The only morning activity was watching the TV while the afternoon activity was a baking session where some residents made their own scones which they were all seen to enjoy later with a cup of tea. Residents and staff told the inspectors that a local choir had visited the centre the

day before and this was enjoyed by all, but this was not a regular activity and they would like to see more of this type of entertainment. Since the last inspection some activity equipment had been purchased such as a karaoke machine, puzzles and a lava lamp. An activity list was displayed at the nurses' desk in the communal areas for the evening time when the activity coordinator was no longer on duty, however staff and residents told the inspectors that these activities did not always take place. Residents told inspectors that they entertained themselves by playing card games with family and friends or watching TV, while other residents choose to go to bed early or retire to their bedrooms. Since the last inspection the issues with TV reception had been rectified and residents now had access to national channels on the television which they reported to be much better.

Inspectors saw that there were numerous visitors in and out throughout the day and they confirmed that there were no restrictions on visiting. The inspectors spoke with four sets of visitors who were complimentary about the staff and care provided to the residents but one set of family members said they would like to see more activities.

The general environment of the centre was noted to be clean on the day of inspection. However, there were some resident rooms and communal areas which had paint chipped and scuffed walls. The lower ground floor and the Seafield unit on the second floor were unoccupied on the day of the inspection. However, residents personal belongings were seen in two bedrooms on the Seafield unit. This area was undergoing fire upgrade works which management said was due to be completed by 30 September 2025.

Residents had their meals in the dining room or tray service was available for those who choose to have their meals in their rooms. The inspectors observed that the seating arrangement for residents had improved since last inspection, residents who required specialist chairs were better seated to facilitate appropriate and safe access to food. Residents told inspectors the food was lovely and that the recent changes to the timing of tea was much better as previously they were only finished dinner when their evening meal was served. Inspectors observed a wide variety of snacks such as rice pudding, bread, crisps, and yogurt available in the fridges and cupboards which was also an improvement since the previous inspection and residents confirmed easy access to snacks outside of mealtimes.

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.

Capacity and capability

This was an unannounced inspection conducted by two inspectors of social services

to;

monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended).
review the detail of a representation submitted by the provider following the issuing of a notice of proposed decision to attach a restrictive condition to the registration to stop admissions to the designated centre
review the action taken by the registered provider to address issues of non-compliance with the regulations found on the previous inspection in June 2025
review unsolicited information received by the Chief Inspector of Social Services, pertaining to concerns regarding the care and safety of residents, staffing levels and concerns regarding the governance and management of the centre.

The inspectors found that while the registered provider had taken action to address the concerns raised regarding the care provided to residents, the registered provider had failed to ensure effective oversight and management systems were in place to ensure full compliance with regulations including staffing, training and development, and governance and management.

The centre is owned and operated by Firstcare Blainroe Lodge Limited, who is the registered provider. The company comprises of two directors, who are also involved in the operation of 24 other designated centres in the country, and which are part of the Emeis group. Along with the person in charge, the regional director who was employed to support the person in charge, one of the directors and a human resource manager, arrived on site in the centre on the day of this inspection. The person in charge was also supported in their role by an assistant director of nursing, a clinical nurse manager and a team of registered nurses, healthcare attendants, catering, maintenance, housekeeping and activities staff. While the lines of authority and accountability were clearly defined by the registered provider, on the day of inspection staff were unaware as to who was in charge, staff told the inspectors that the clinical nurse manager on duty was the person in charge for the day.

Following an inspection in June 2025 which identified that management systems were not fully effective and did not provide assurance that there was appropriate oversight of the service provided to residents and that staffing levels were adversely impacting on residents care the chief inspector issued a notice of proposed decision to attach a condition to the registration of the designated centre. The purpose of this condition was to stop admissions to the designated centre until the registered provider had put in place an effective governance and management structure with robust supervision and monitoring systems, and the appropriate number of and skill mix of staff to ensure compliance with key regulations and that residents care needs were met and rights respected.

In response to the notice of proposed decision, the registered provider made representation detailing the actions that had been taken by the provider to assure the chief inspector of their commitment to achieve compliance with the regulations and reduce any risk to residents living in the designated centre. In order to allow sufficient time to implement their action plan and address the staffing issues in the centre, the registered provider put a temporary pause on admissions to the

designated centre until 30th September 2025.

The registered provider had detailed in the representation actions taken to improve the staffing levels and enhance the governance and management oversight of the centre. These actions included recruiting an additional ADON, increasing the number of HCAs available daily on the roster and the regional director having weekly oversight of the roster. Inspectors found that while additional HCAs were included in the roster, the ADON role had not been filled. Oversight of staff rosters and supervision of staff was ineffective, inspectors found that the roster which was made available to review was not accurate. The roster indicated that certain staff were on duty, on the day of the inspection and for previous days, when in fact they were not and staff that were not scheduled to work arrived into the centre on the day of the inspection. This lack of accurate roster information created significant uncertainty on the management and effective oversight on the delivery of the service.

A CNM from another Emesis centre had been redeployed to support the supervision and oversight in the centre in the absence of the additional ADON. The registered provider had also committed to implementing new systems to monitor and improve the supervision and oversight of the service. This included enhanced management supervision, a number of unannounced out of hour's visits by the person in charge, ADON, and senior management and a fully supernumerary CNM. Inspectors observed that these systems were not sufficiently effective or robust and will be discussed further under the regulations.

Inspectors found that staff were not adequately supervised to ensure safe and effective care was provided to residents. While the provider had proposed enhanced care supervision by senior nurse managers to monitor standards of care, these measures were not implemented in practice. As a result, there was insufficient allocation, supervision and support of staff which directly impacted on the consistency of care provided to residents.

Additionally the registered provider had agreed to implement appropriate systems to ensure improved compliance with the following regulations; Regulations 15: Staffing, Regulation 16: training and development, and Regulation 23: Governance and Management, these systems were not seen to be implemented or effective on the day of inspection. The findings of these will be discussed under the relevant regulation.

Regulation 15: Staffing

While there was sufficient healthcare assistants on duty the day of the inspection, the skill mix was not in line with the providers' commitment in their representation to increase oversight and supervision of staff. This was particularly evident with regard to the absence of suffiient resources to manage the centre and to supervise the care of residents with only one nurse and one clinical nurse manager on site when inspectors arrived to the centre on the morning of the inspection.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had not been facilitated to complete training in relation to skin integrity and prevention of pressure ulcers, within the timeframe committed by the registered provider.

Although records indicated that staff received handover of information on the requirement to ensure personal care is completed daily, there was no evidence that supervision of staff was carried out to identify deficits in staff knowledge, or if further staff training was required in these areas.

The registered provider was reliant on the use of agency staff to increase the staffing levels in the centre, as a result, the staff on duty did not always know the residents well. There was no clear system or process in place to ensure effective oversight or supervision to ensure residents assessed needs were met.

The measures to enhanced supervision committed to by the registered provider were not in place on the day of the inspection. This was evidenced by;

- There was no increase in clinical supervision on the day of the inspection with the ADON absent and the CNM attending to clinical duties due to deficits in staffing levels.
- Senior HCA Staff who were allocated to supervise the delivery of care to residents were not aware of their supervisory role and understood their role to be a 'floating' HCA who was assigned to assist with the continence needs of residents in the communal areas. These duties were also evidenced in the handover notes provided to the inspectors following the inspection.
- Inappropriate manual handling practices were observed. For example; one resident was assisted out of the chair by pulling the resident up by their hands.

This is a repeated non-compliance.

Judgment: Not compliant

Regulation 23: Governance and management

The registered provider had not ensured adequate oversight of the staffing resources in the centre or ensured that staffing was planned appropriately, managed and consistent. Staff rosters reviewed by the inspectors showed that rosters did not

accurately reflect the actual attendance of staff in the centre nor were the management and oversight levels in line with the levels committed to by the provider.

The registered provider failed to ensure there was an effective management structure, with clear lines of accountability and responsibility in place. Staff members were unsure as to who was in charge, on the morning of inspection. The specific roles of the experienced/senior HCA were not clearly defined. As a result, responsibility for the oversight and monitoring of the provision of care and service was unclear. This included the supervision of agency staff.

The governance and management actions committed to by the registered provider were not effective or consistently implemented. For example;

- The CNM was not in a fully supernumery role as they were required to carry out clinical duties including medication administration for two units, this was evidenced on the day of the inspection and in duty rotas reviewed by inspectors
- An additional ADON was not employed.
- One out of hours unannounced visit by senior management was completed, and there was no follow up or action plan put in place to address the issues identified during this visit available at the time of the inspection.
- Evidence of daily walkabouts were provided and reviewed by the inspectors, eight of these were documented between 1st July and the day of the inspection and four of these were completed by a staff nurse and not a manager.
- There was no evidence that the trends from the daily walkabouts were reviewed and discussed at weekly team meetings.

While there was a list of activities and equipment made available to all staff, there was no oversight systems in place to ensure the provision of activities in the evenings were taking place, when the activities coordinator was off duty.

This is a repeated non-compliance.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that the quality and safety of care provided to residents had improved since the last inspection in June 2025. Nonetheless, there were areas which were impacted by the inadequate governance and management systems described in the previous sections of this report. Further action was required in order for the registered provider to ensure compliance with Regulation 5:

Assessments and care planning, and Regulation 9: Residents rights.

The registered provider had committed to taking action to improve the availability of food and nutrition to residents. Inspectors observed that the meal times had been reviewed, and discussed with residents. The evening meal and night time snacks were changed to be provided at a later time, to ensure sufficient time between meals. There was a supply of snacks such as porridge, bread, yogurt and rice pudding available in the cupboards and fridges on each unit. The provider had put a system in place to ensure the effective oversight of stocking the cupboards and fridges and ensuring that residents had access to fresh water, juices and fruit smoothies.

Residents' records evidenced that validated assessment tools were used to identify clinical risks such as risk of falls, pressure ulceration and malnutrition and some of these required further detail. All residents had a care plan in place and these were developed within 48 hours of admission to the centre, as required by the regulations. However, on review of a sample of four care plans, many contained outdated information that could lead to errors and others required additional detail to direct care. These and other findings are set out under regulation 5.

The protection of residents in the centre was underpinned by policies and procedures that set out the organisation’s approach to safeguarding and the protection of residents.The provider was a pension agent for four residents living in the centre and since the last inspection the provider had put a system in place to ensure that residents had access to the details of their accounts and receive monthly statements. While efforts were made by the registered provider to return monies to the estate of deceased residents, the matter remained outstanding.

Improvements were seen by inspectors in the area of infection prevention and control and the centre was generally clean throughout. Improvements were also seen in fire precautions. Maintenance works had commenced in Seafield unit to address the fire safety issues identified in a previous inspection. Fire drills had been completed and were ongoing and learning from the drills were documented and actions identified.

Resident meetings were taking place and while these meetings were to ensure residents had an opportunity to participate in the organisation of the centre, the minutes of these meetings did not reflect the input of views from residents.

Since the previous inspection, the TV's had been fixed and all residents had access to the national television stations. New activity equipment had been purchased for example; a karakoe machine, a new lava lamp and puzzles. While some activities were taking place on the day of this inspection, the overall provision of meaningful, person-centred activities remained limited. An activity list was developed to guide staff with ideas for activities to carry out when the activities coordinator was absent or off duty. However, there was no oversight system in place to ensure these activities were carried out.

Regulation 18: Food and nutrition

There were improvements in the provision of food and nutrition since the previous inspection. Residents had access to fresh drinking water and a choice of foods and fluids. A variety of snacks were made available for residents to choose from outside of meal times. There was adequate number of staff available to assist residents with meals and refreshments.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on the sample of care plans viewed, some action was required in individual assessments and care plans to ensure the needs of each resident are fully assessed and an appropriate care plan is prepared to meet these needs. For example:

- Although assessments were completed using validated tools some were not sufficiently detailed to inform the care plans for example the restraint assessment was not fully completed to identify what restraint was required.
- A nutritional care plan for one resident contained old and outdated information in relation to the type of modified diet and fluids required for the resident at the top of the care plan. Further down the care plan the updated information with increased modification as prescribed by the Speech and Language therapist was recorded. This could lead to errors particularly in light of the reliance on agency staff in the centre who may only read the immediate information.
- Another nutritional care plan did not identify a residents risk of choking
- There were duplication of many care plans particularly in relation to infection control that required updating and removal to ensure the most relevant and up to date information was available to direct care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff had received training in responsive behaviours. Restrictive measures and the use of restraint had reduced since the last inspection and inspectors saw that where restraint was used it was used in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that all measures were taken to ensure that residents were kept safe and protect residents from harm.

There were robust systems in place for the management of residents monies and possessions handed in for safekeeping and a regular audit was conducted of same. Improvements were seen in the management of pension agent arrangements in the centre. Residents were now receiving monthly statements and reported they were much happier as they knew how much money they have in their account. Residents also reported easy access to their monies to spend as they wish.

Judgment: Compliant

Regulation 9: Residents' rights

Residents access to meaningful and engaging activities remained outstanding. There was no evidence that activities were taking place once the activity coordinator was off duty. This was evidenced by the inspectors review of the activity schedule and the residents telling the inspectors that there was no scheduled activities after the evening meal other than watching TV.

This is a repeat finding.

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
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Firstcare Blainroe Lodge OSV-0000016

Inspection ID: MON-0048144

Date of inspection: 11/09/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Blainroe Lodge has 3 nurses allocated to 3 different units, supported by an ADON or CNM as a supernumerary clinical manager during the day across 7 days a week. A SOP on the management of staff absence has been circulated to all managers and senior nurses- complete When there are unplanned absences, a contingency plan is in place, to minimise impact on the delivery of timely resident care, while cover is sought- complete Blainroe Lodge is utilizing an agency provider which provides familiar staff to support cover of vacant posts or short notice absence cover with minimal impact on consistency of care to residents. There is a proactive recruitment campaign ongoing – complete and ongoing	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Skin integrity and pressure ulcer prevention training has been scheduled in October, November and December. All staff will be facilitated to attend this training by 30th of December 2025. Clinical Managers conduct daily walkaround observational audits to monitor standards of care. The previously identified deficit in staff knowledge regarding personal care has been addressed during safety pause meetings. Any knowledge gaps identified are	

addressed immediately through on-the-spot guidance and coaching, with ongoing monitoring to ensure improvement and compliance- complete and ongoing
Two additional Senior Health Care Assistants (SHCAs) have been identified to support the supervision of HCAs and agency staff. This measure is in addition to having Clinical Nurse Managers (CNMs) in a supernumerary capacity over the weekend, and the Assistant Director of Nursing (ADON) and Person in Charge (PIC) providing oversight during the week- complete
Blainroe Lodge is utilizing an agency provider which provides familiar staff to support cover of vacant posts or short notice absence cover with minimal impact on consistency of care to residents. There is a proactive recruitment campaign ongoing – complete and ongoing

SHCAs are scheduled to attend a half-day training session covering their roles and responsibilities with regards to supervision and care. This will be completed by 30th of November 2025.
An additional weekly manual handling audit has been introduced to observe staff practices. This will be completed from 3rd November 2025 to observe different types of manual handling practices.
100% of clinical staff have completed manual handling training- complete

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
All rosters are reviewed and updated daily to reflect the actual staff in attendance in the centre by PIC/ADON. This is overseen by PPIM on a basis weekly- complete and ongoing.
Two additional Senior Health Care Assistants (SHCAs) have been identified to support the supervision of HCAs and agency staff. This measure is in addition to having Clinical Nurse Managers (CNMs) in a supernumerary capacity over the weekend, and the Assistant Director of Nursing (ADON) and Person in Charge (PIC) providing oversight during the week.
We are currently recruiting for an additional Assistant Director of Nursing. The role is advertised, interviews will be scheduled and the successful candidate will be in place by 31st March 2026.

All out of hours visits are recorded and all inmprovement actions are identified, addressed in a timely manner and updated in the out of hours record.

Clinical Managers conduct daily walkaround observational audits to monitor standards of care. The previously identified deficit in staff knowledge regarding personal care has been addressed during safety pause meetings. Any knowledge gaps identified are addressed immediately through on-the-spot guidance and coaching, with ongoing monitoring to ensure improvement and compliance- complete and ongoing

PIC will review the findings of daily walkabouts and discuss any actions arising and trends at weekly head of department meetings- complete and ongoing.
Following a discussion and taking into account feedback at resident council meetings, a review of the Activity Coordinator's working hours has been undertaken to ensure provision and oversight of evening activities- commenced on 3rd November 2025.

From 10th November 2025, the Senior Health Care Assistant on duty will also be assigned to oversee the smooth running of these sessions.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All residents' care plan and assessments are under review to ensure that they are reflective of most recent assessments, are person centred, in line with residents' will and preferences and guide staff. This will be complete by 15th December 2025

All nurses have completed training in person centered care planning- complete.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Following a discussion and taking into account feedback at resident council meetings, a review of the Activity Coordinator's working hours has been undertaken to ensure provision and oversight of evening activities- commenced on 3rd November 2025.

From 10th November 2025, the Senior Health Care Assistant on duty will also be assigned to oversee the smooth running of these sessions.

The group activity lead is providing training to members of the clinical team to enhance their awareness and confidence in providing activities. This will be completed by 30th November 2025.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	31/10/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/12/2025
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	31/12/2025
Regulation	The registered	Substantially	Yellow	31/03/2026

23(1)(b)	provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Compliant		
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/11/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/12/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Not Compliant	Orange	30/11/2025

	accordance with their interests and capacities.			