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:	Beaumont Residential Care
Name of provider:	Beaumont Residential Care Limited
Address of centre:	Woodvale Road, Beaumont, Cork
Type of inspection:	Unannounced
Date of inspection:	18 February 2026
Centre ID:	OSV-0000198
Fieldwork ID:	MON-0049155

About the designated centre

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

Beaumont Residential Care is a designated centre located within the suburban setting of Beaumont, Cork city. It is registered to accommodate a maximum of 73 residents. It is a two-storey facility with two lifts and five stairs to enable access to the upstairs accommodation. It is set out in three wings: the smaller East Wing is a dementia-specific unit with 10 bedrooms; the ground floor has 19 bedrooms; and the upstairs has 44 bedrooms. Bedroom accommodation comprises single rooms with en-suite facilities of shower, toilet and hand-wash basin. Communal areas in the East Wing comprise a comfortable sitting room, adjacent dining room, sensory room and window seating with views of the lovely enclosed garden. The main day room and dining room are located downstairs along with the reading room, TV room, visitors' room and hairdressing salon. Upstairs there is a lounge, smoking room, kitchenette and seating areas along corridors for residents to rest. Residents have access to two well-maintained enclosed courtyards with walkways, garden furniture and shrubbery. There are mature gardens around the building which can be viewed and enjoyed form many aspects of the centre. Beaumont Residential Care provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, respite and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	72

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 18 February 2026	08:50hrs to 17:30hrs	Louise O'Hare	Lead
Wednesday 18 February 2026	09:00hrs to 17:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

From what resident's told us and what inspectors observed, residents living in this centre were supported to have a good quality of life and received a good standard of care. The inspectors spoke with 16 residents on the day of inspection to gain an understanding of their experience living in the centre. Residents were generally positive in their feedback, particularly in regards to staff describing them as "lovely", "wonderful" and quick to give assistance. Inspectors also spoke with six sets of visitors, who spoke highly of the care in the centre.

On arrival to the centre, inspectors conducted a walk around with the person in charge followed by an introductory meeting. Beaumont Residential Care is a two-storey premises located in a Cork city suburb, which is registered to accommodate 73 residents. To the left of the entrance lies the reception area and large dining room, while to the right there is a visiting room, reading room, large day room and television room. Communal areas were seen to be bright, welcoming and well decorated and were furnished with comfortable seating, bookshelves, and other furniture such as a piano. Inspectors noted that some communal rooms had a built in sound system, making it easier for residents to access their favorite radio station. Residents' artwork, which had been made during Bealtaine (an annual celebration of arts and ageing) in 2025, had been framed and displayed in the centre. Corridors in the centre were well-lit and clear of clutter, and residents were observed walking around the centre throughout the day of inspection.

The centre is divided into four units; Woodvale, Silverdale, Rosegreen and Firmount. Firmount is a ten bed unit dedicated to those with a diagnosis of dementia. The unit has it's own lounge, dining room and garden access. The inspectors saw a beautiful mural, painted by the activities coordinator in conjunction with the residents, in a bathroom in Firmount. However, inspectors noted that some areas of the centre were not decorated and this, and other issues, are discussed further under Regulation 17: Premises. The inspectors were told and observed, that a number of pieces of artwork had been purchased and were in the centre waiting to be displayed.

Bedroom accommodation was arranged over both floors and all bedrooms were single rooms with en-suite facilities. Bedrooms were well-appointed with a double wardrobe, shelving, bedside locker, call bell access and television. Residents' bedrooms were decorated with family photographs and personal items.

Residents had access to two internal courtyards. These could be accessed from multiple doors which were unlocked throughout the inspection. Outdoor furniture was seen to require cleaning and repair, and work was required on the garden areas to make them suitable for residents use.There was also a garden located to the front of the centre, inspectors were told that there was a plan to source an alternative lock for the gate to this garden to ensure resident accessibility. An

external smoking area was observed in one courtyard. This was furnished with a fire extinguisher; however, it did not have an emergency call bell for residents. The smoking room room upstairs was furnished with a fire blanket, emergency call bell and fire apron. The inspectors noted from the previous report that the provider had stated this room had been relocated; however, this had not been done.

Inspectors saw that on the morning of the inspection no residents had their breakfast in the dining room. The dining experience during the lunchtime meal was observed, and inspectors saw that it was a relaxed and sociable experience for most residents. Lunch was served at 12:40pm and daily menus were displayed in pictorial format to make it easier for residents to make a choice. However, a small number of residents who required the use of comfort chairs could not sit at tables with other residents, and therefore did not have the same experience. Inspectors were told that a specialised table, designed to accommodate residents who used comfort chairs, had been ordered to remedy this issue. There were sufficient staff to assist residents throughout in an unhurried manner. Feedback from residents regarding the quality of food was mixed. While some residents described the food as good, others told the inspector that there was limited choice and at times it was not appetising. This is discussed further under Regulation 18: Food and nutrition.

Residents spoke highly of the staff working in the centre, and told inspectors they had choice about how they spent their day. Inspectors observed a number of kind and warm interactions between staff and residents. Feedback from relatives was generally very positive with relatives saying staff were very kind and treated residents like family. One set of visitors said that their family member was always clean and very well cared for whenever they visited. Another family member said they could bring issues to the staff if they had any concerns and were assured that they would be addressed.

Both the weekly and daily activities programme were clearly displayed in the centre, and included activities such as music, exercise programmes and arts and crafts. On the day of inspection residents attended Ash Wednesday services, and in the afternoon took part in a residents meeting.

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

Capacity and capability

Overall, inspectors found this to be a good centre, with a clearly defined management structure in place. However, further action was required with regards to staffing, contracts of care and oversight of management systems.

This was an unannounced inspection, carried out by two inspectors of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the compliance plan received from the provider following the previous inspection in June 2025.

Beaumont Residential Care Limited is the registered provider for Beaumont Residential Care. The centre is part of the CareChoice group who operate fourteen centres nationally. Since the previous inspection a new person in charge had been appointed and they had been working full-time in the centre since November 2025. They had a good knowledge of the regulations, and had the required experience and qualifications for the role. They had support from the senior management team, including the regional manager, as well as from a team that included an assistant director of nursing (ADON), clinical nurse manager, registered nurses, healthcare assistants, housekeeping, catering, activities coordinators and administrative staff. Furthermore the person in charge took part in meetings with other directors of nursing in the larger group every two months.The centre also benefited from access to a number of departments in the group such as quality, human resources and facilities. Inspectors were told that a recruitment process was underway for a second ADON.

Clinical governance meetings took place regularly and addressed areas of concern including care planning, wound management and hand hygiene. A schedule of audits was in place and key indicators of quality of care were collected, trended and actioned. Resident and family surveys had been used to develop a quality improvement programme, and a number of items on it had been completed. The person in charge had met with family members to give direct feedback on audits and quality improvement plans, and to address concerns. However, further action was required to ensure consistent and effective management systems were in place, as detailed in Regulation 23: Governance and management.

Arrangements were in place to facilitate staff to raise concerns. Inspectors saw from speaking to staff, and from minutes of staff meetings, that they were comfortable raising issues with management. Training was provided on mandatory and other key areas. Further training was scheduled for March and April to ensure staff remained up-to-date on topics including fire safety and responsive behaviour. While staffing had improved, it required further action regarding night time staffing levels as detailed in Regulation 15: Staffing.

Records set out in Schedule 2, 3 and 4 of the regulations were stored safely, and were made available for inspection when requested. Staff files contained the information specified in the regulations. Inspectors reviewed a sample of incident records which demonstrated that incidents and quarterly reports were submitted appropriately to the office of the chief inspector, within the required timeframes. A review of complaints records showed that complaints were logged appropriately, and that actions taken, lessons learned and outcomes were recorded. However, contracts of care required action as detailed under Regulation 24: Contract for the provision of services.

Regulation 14: Persons in charge

The person in charge had been in post since November 2025, and had the experience and qualifications required by the regulations. They had a good knowledge of the regulations. Deputising arrangements were in place in the event that they were absent from the centre.

Judgment: Compliant

Regulation 15: Staffing

Action was required by the provider to address staffing levels at night time in parts of the centre:

Inspectors noted that there was improvement in staffing rosters in general. There were three nurses and four care staff from 21:00hrs in the centre. However, evening staffing levels on the ground floor were not adequate to meet the assessed needs of residents. There was only one nurse and two care staff after 21:00hrs allocated to the ground floor which had a diverse layout and included a ten-bedded dementia specific unit. One care staff was allocated to the dementia unit and the other staff member was allocated to the 19-bedded unit. The inspector was informed that the nurse was regularly disrupted from medication rounds due to lack of staff to assist residents in the evening time.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training records reviewed by the inspectors indicated that the vast majority of staff were up-to-date with mandatory and other relevant training, with some training booked in the weeks following this inspection. The provider had good procedures in place for the recruitment and retention of suitable staff. There was a good induction process for new staff.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that the records set out in Schedule 2, 3 and 4 were available for inspection as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that management systems in place to ensure oversight of premises issues were not sufficiently robust.

- For example, while some upgrades to the outdoor garden areas had been carried out, they had not yet been completed at the time of this inspection. The provider had committed to completing these by December 2025.
- The compliance plan from the previous inspection in June 2025 stated that the smoking room had been relocated, this had not been completed.
- These, and other issues relating to premises, are actioned under Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were viewed. The contracts of care were not fully clear as to the charges for services the resident may choose to avail of which are not included in the nursing home support scheme. A number of charges were outlined in an additional service charge that the resident should be entitled to under the nursing home support scheme or should be charged for individually if they used them.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. The person in charge had ensure that incidents which required notification had been submitted to the office of the Chief Inspector within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulation. A review of a sample of complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements. The complaints procedure was overseen by the person in charge, who was the named complaints officer. A sample of complaints records indicated that complaints were investigated and concluded within the required timeframes. The outcomes of complaints were recorded and lessons learned.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents in Beaumont Residential Care received a good standard of care and were supported to uphold their rights from a team of staff who knew them well. The registered provider had followed up on a number of items from the previous compliance plan. However, further action was required in regards to premises, care planning and food and nutrition.

The centre was attended regularly by a number of general practitioners (GPs). A referral system was in place for health and social care professionals, and inspectors saw that their recommendations had been incorporated into residents' care plans. Residents were facilitated to attend specialist services such as community palliative services or specialist rehabilitation services as needed.

Inspectors reviewed a sample of six care plans, and found that improvements had been made since the previous inspection. Residents' care plans were stored on a dedicated software system. Care plans were developed within 48 hours of a residents admission to the centre, and reviewed at intervals not exceeding four months. Validated assessment tools were used to assess care needs and inform care. Care plans were generally person-centred and contained enough information to guide staff in providing care. However, some action was required to ensure compliance with the regulations, as detailed in Regulation 5: Individual assessment and care plan.

Restrictive practice was being monitored and addressed in the centre. Inspectors saw that restraint use had reduced since the previous inspection, and that assessments were done in conjunction with multidisciplinary reviews, to ensure the least restrictive option was used. Residents told the inspectors they felt safe living in the centre, and records indicated that all incidents or allegations of abuse were investigated by the person in charge. The provider was a pension agent, and held

petty cash in the safe for residents. Inspectors saw that relevant records were maintained and signed appropriately.

Residents were supported to exercise their religious rights, and on the day of inspection a priest attended the centre, and residents received ashes to mark Ash Wednesday. Activities were scheduled across seven days in the centre. The weekly schedule was displayed on a large board close to reception, and a daily activities programme was also displayed outside the day room. Residents had access to radio, television and other media. On the day of inspection a resident's meeting took place and inspectors observed that open discussion was facilitated and encouraged by the person in charge, and the activities coordinator, who chaired the meeting. Inspectors had received mixed feedback in regards to meals on the day of inspection, as detailed under Regulation 18: Food and nutrition, and these were among the topics discussed at the meeting. Residents raised issues around food and the dining experience and a number of proposed solutions were put forward.

There was ongoing maintenance and refurbishment of the premises. However, a number of areas were still outstanding from the previous inspection. These are detailed further under Regulation 17: Premises. An external smoking area was in place and this also required action as it did not have a call bell for residents.

Regulation 13: End of life

The inspectors found that end of life care plans in place were of a good standard and addressed residents' physical, emotional, social and religious needs. The person in charge had ensured links to local community palliative care services. Where appropriate family members were permitted to be with the resident and facilities were provided for them.

Judgment: Compliant

Regulation 17: Premises

While the provider had undertaken a number of works to upgrade the premises, further action was required as evidenced by:

- Wear and tear was noted on some areas of flooring, bedside tables and some woodwork, so inspectors could not be assured that these areas could be cleaned effectively.
- The ceiling in the dining room was stained and required repair.
- There was inappropriate storage in the hairdressing room and clothes were stored in bags on the floor, these were removed during the inspection.

- A clinical handwashing sink had not yet been installed in a sluice room. Inspectors were informed this had been delivered and was awaiting installation.
- Some areas of the centre required decoration to ensure a homely environment for residents.
- The external smoking area had a fire extinguisher, but did not have an emergency call bell for residents to use if needed.
- Upgrading of the outdoor garden areas had not yet been completed.
- The compliance plan from the previous inspection in June 2025 stated that the smoking room had been relocated, this had not been completed

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Action was required to ensure the food met the requirements of the residents and residents had choice.

- Feedback from residents regarding the quality of food was mixed. While some residents described the food as good, others told the inspector that there was limited choice and at times it was not appetising.
- At the time of the inspection there was no option for residents to have their breakfast in the dining room. Inspectors were informed that this was being addressed through consultation with residents.
- The dining experience for a number of residents that required assistance was not optimal, they were seen to sit and have their meals from bedtables instead of dining at a dining table as other residents did and this did not ensure they had a social dining experience. The inspectors were informed that able tables had been ordered to address this.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management systems were in place. Medicine administration was observed by the inspectors to be in line with best practice guidelines. Medicines that required administrating in an altered format such as crushing were all individually prescribed by the GP and maximum doses were prescribed for "as required" medications. Out of date medicines and medicines which were no longer in use were returned to pharmacy. Controlled drugs were carefully managed in accordance with professional guidance for nurses. Nurses administration practices were observed and met the requirements of best practice guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors noted that while care plans had improved since the previous inspection, some action was required to ensure compliance with the regulations:

- Records of the referral and recommendations of the dietitian, speech and language therapy and tissue viability nurse were not easily accessibly to the nursing staff and on the day of the inspection this information was not available to inform the care plan for a resident who had a MUST(a tool used to assess the risk of malnutrition in adults) score of 4. There was no evidence that the resident had been reviewed by the dietitian and that their plan of care had been updated or not following the big increase in their risk of malnutrition. This lack of access to information could lead to errors.
- One care plan contained conflicting information in regards to a residents risk of falls, which could lead to errors in care.
- One restrictive care plan had not been completed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to assessment and review by general practitioners (GPs). Residents were referred to health and social care professionals including physiotherapy and dietetics. Residents were also facilitated to access or attend specialist services such as community palliative care or community rehabilitation supports.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors saw that the registered provider was working to reduce the use of restrictive practice in the centre. For example, the use of bedrails had reduced by approximately 10% since the previous inspection. Inspectors saw that appropriate assessments were done in regards to restrictive practice, and multidisciplinary reviews were being held to ensure the least restrictive option was in use in line with national policy. A sample of care plans for responsive behaviour were reviewed and found to be person-centred and sufficiently detailed to guide staff in providing care.

Judgment: Compliant

Regulation 8: Protection

The provider had taken all reasonable measures to protect residents from abuse. Records seen indicated that the person in charge investigated all incidents or allegations of abuse. Staff that spoke with inspectors were aware of their roles and responsibilities with regards to safeguarding. The provider was a pension agent and robust systems were in place for managing residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights were supported in the centre. Activities were scheduled across seven days a week, and residents were facilitated to access radio, television and other media. Residents were consulted about the organisation of the centre, and supported to exercise their religious rights. Information on independent advocacy services was displayed in the centre.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beaumont Residential Care OSV-0000198

Inspection ID: MON-0049155

Date of inspection: 18/02/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A review of evening staffing arrangements is underway, taking into account resident dependency, unit layout, and operational demands. Any required adjustments will be implemented following completion of this review to ensure staffing levels are appropriate to meet residents' assessed needs and support safe care delivery. • Staffing levels and skill mix continue to be monitored by the Person in Charge through regular roster reviews and governance processes to ensure safe staffing arrangements remain responsive to residents assessed needs.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Significant progress has been made in relation to premises upgrades, including refurbishment of resident bedrooms and communal areas and enhancement of outdoor garden spaces, with works ongoing to further improve accessibility and resident enjoyment. • While an external smoking area had been developed in line with previous commitments, the internal smoking room has remained following consultation with residents and families. During the consultation process, one resident expressed a clear preference to continue using the internal smoking room. This decision was supported by a comprehensive risk assessment and documentation. Also, as the existing smoking room currently meets all fire safety requirements and regulatory standards, this preference	

was respected in line with rights-based approach to care.
• The Statement of Purpose and associated floor plans have now been reviewed and updated accurately to reflect the current layout and designated smoking areas within the centre.
• The issues flagged in relation to Premises detailed under Regulation 17: Premises.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

• A full review of contracts of care will be undertaken to ensure that the most current version is in use and that the services included under the Nursing Home Support Scheme are clearly distinguished from any additional optional services.
• Contract of care will be updated, where required, to ensure transparency regarding applicable charges.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Ongoing and rolling maintenance plan will be established to ensure that all the identified works will be continuously monitored, reviewed and updated as necessary as per the regulations. This will address the wear and tear on some areas of flooring, bedside tables and woodwork flagged in the report. The ceiling in the dining room that was stained and required repair will be completed as part of this plan.
• Since the previous inspection, a programme of refurbishment and environmental works has been substantially progressed. This has included the redecoration of 25 resident bedrooms, installation of new curtains throughout resident bedrooms and communal areas and the replacement of flooring within all ground floor communal spaces.
• Communal areas have been enhanced with new furnishings and soft décor to support a more homely environment.
• Outdoor areas have also been upgraded, including the extension of a patio area, installation of railings and provision of secured gated access to improve resident safety and accessibility.
• A quality improvement project for our dementia specific garden is in progress.
• Inappropriate storage practices identified in the hairdressing room were addressed on

the day of inspection and management oversight arrangements are in place to ensure ongoing compliance.
• Installation of the clinical hand hygiene sink in the sluice room is scheduled for completion in the coming weeks.
• Arrangements are in place to install an emergency call bell in the external smoking area.
• While an external smoking area had been developed in line with previous commitments, the internal smoking room has remained in use following an individual resident request. This decision was supported by a comprehensive risk assessment and documentation, with due consideration given to residents' rights and safety. The provider is satisfied that significant progress has been made in implementing the previous compliance plan and will continue to monitor the premises through ongoing maintenance schedules and governance oversight to ensure regulatory requirements are fully met.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• Systems are in place to regularly review residents' preferences, likes and dislikes, and to enhance menu planning to promote a varied, appetising and enjoyable dining experience. Residents are offered a choice of two meal options at each mealtime, and alternative meals can be prepared outside of the menus where required to meet individual needs and preferences.
• The dining room is prepared daily for breakfast service and is made accessible to all residents. While current uptake is limited due to resident preferences, the option remains available to all residents who wish to dine communally in the morning.
• A full review of the dining experience was conducted prior to the inspection to enhance a more social and dignified mealtime experience for all residents. As part of this review, new dining tables and appropriate seating were ordered in advance
of the inspection and are currently pending delivery. This will support residents who require assistance to dine at communal tables, with staff support as needed, thereby promoting social engagement and overall enhancing the overall dining experience.
• Ongoing monitoring of the dining experience will continue through resident feedback, audits and governance oversight.

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: • A full review of residents' assessments and care plans will be completed by the clinical management team to ensure that care plans are current, consistent and reflective of residents' assessed needs, including risks associated with nutrition, falls and restrictive practices. • The referral and documentation process for the multidisciplinary team (MDT) services has been reviewed and revised to ensure that consultation records and recommendations are readily accessible to nursing staff to inform care planning and delivery. • Targeted education and supervision will be provided to nursing staff to strengthen care planning practices. Ongoing monitoring will be undertaken through audit and governance oversight to ensure sustained compliance.	

Section 2:

Regulations to be complied with

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

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

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

	and drink which are wholesome and nutritious.			
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	30/07/2026
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	30/10/2026
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	Substantially Compliant	Yellow	30/08/2026

	the resident concerned and where appropriate that resident's family.			