



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

Issued by the Chief Inspector

Name of designated centre:	Beechwood Nursing Home
Name of provider:	Maisonbeech Limited
Address of centre:	Rathvindon, Leighlinbridge, Carlow
Type of inspection:	Unannounced
Date of inspection:	14 January 2026
Centre ID:	OSV-0000199
Fieldwork ID:	MON-0049338

About the designated centre

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

Beechwood Nursing Home is a purpose-built, single-storey residential service for male and female persons over 18 years of age and is located within close proximity to the town of Leighlinbridge and across the road from a busy arboretum. The designated centre provides accommodation for 57 residents in 57 single bedrooms. Full ensuite facilities were provided in 30 single bedrooms. Sufficient toilet and shower facilities were conveniently located throughout the centre to meet residents' needs. Accommodation for residents is provided at ground floor level throughout. The centre has a number of communal facilities, including two dining rooms and three sitting rooms, one of which could be subdivided to meet residents' activity needs. The centre provides long-term, respite, and convalescence care for residents with chronic illness, dementia and palliative care needs. The provider employs a staff team in the centre to meet residents' needs consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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 14 January 2026	08:30hrs to 16:30hrs	Niamh Moore	Lead
Wednesday 14 January 2026	08:30hrs to 16:30hrs	Sharon Boyle	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day by two inspectors. Inspectors found throughout this inspection that residents of Beechwood Nursing Home were supported to enjoy a good quality of life. There was a calm atmosphere throughout the day, and the overall feedback on the service from several residents who spoke with the inspectors was positive. Residents explained that they were very happy living in the centre, with comments such as " I am very pleased with the staff here", "all the staff are happy and content to work here" and "staff listen to you". A visitor also told inspectors the care their loved one received was "exceptional".

On arrival at the centre, the inspectors were met by the assistant director of nursing, and completed an introductory meeting. Inspectors then completed a walk around of the premises and during this time, the person in charge arrived to the centre.

The designated centre is registered for 57 residents with 53 residents living in the centre on the day of the inspection. The premises is located on a ground floor level, and was observed to have appropriate lighting, heating and ventilation. There was ample communal space for residents to spend time together, and also some smaller areas to receive visitors. Communal space included several sitting rooms, a tea room, dining rooms, a library, and an activity room. Residents also had free access to four courtyard areas, and one of these areas contained the designated smoking area. While there were no residents who smoked on the day of the inspection, the call-bell in this area required maintenance as it was not working. Additionally, not all fire doors closed fully when closed manually; an immediate action was given to the person in charge and both these issues were reviewed by the maintenance staff. The centre was clean on the day of the inspection, however there was noticeable wear and tear to many areas of paint work, flooring and some fire doors which required further review.

Residents' accommodation was in single bedrooms, with access to en-suites or shared bathrooms. Residents' bedrooms were observed to be clean and tidy and were personalised with residents' own belongings which gave them a homely feel. Housekeeping staff were observed throughout the day assisting residents to clean their bedrooms. Residents confirmed they were happy with their bedrooms.

There were information boards and leaflets available, containing useful information for residents such as the provider's information guide for the centre, recent inspection reports, services available through advocacy and the Irish Hospice Foundation, and the weekly timetable for activities. On the day of the inspection, activities included sound therapy and a musician played live music in the afternoon. Residents appeared to enjoy the music, with some of them singing along. Mass was

also available on the television, and a resident told the inspectors that they had received a visit from their chaplain.

Inspectors observed the lunchtime meal. Tables were well laid out with drinks, cutlery and condiments to support residents' independence. Menus were displayed on each table, outlining the meals available for the day, with leek and potato soup to start, and a choice of roast loin of pork or beef and mushroom stroganoff. Dessert options included bread and butter pudding or rice pudding with ice-cream. Residents told the inspectors that staff asked for their meal choices the day prior, and that they were facilitated to change their selection on the day if they wished. Inspectors saw there were enough staff on duty to support residents at meal times. Most residents were observed enjoying the company of other residents in the dining rooms, and inspectors also saw that tray service was available for residents who wished to take their meals in their bedrooms. Residents were very complimentary regarding the meal times in the centre with comments such as "the food is beautiful", and "the food is very good".

Overall, on the day of inspection the atmosphere in the centre was calm and relaxed. Inspectors observed staff and residents' interactions, which were found to be person-centred, kind and respectful. The staff who the inspectors spoke with were knowledgeable about residents' individual needs and preferences, and it was evident they knew them well. Residents spoken with said they were satisfied with staffing levels, and that they received assistance in a timely manner and their call bells were answered promptly. Overall residents were complimentary of the care they received. Two residents also told inspectors that where concerns or complaints were raised, they were happy with how these issues were resolved.

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

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). This inspection also followed up on the compliance plan from the last inspection, reviewed solicited and unsolicited information, and to inform the upcoming renewal of registration for the designated centre.

Overall, inspectors found this was a well-managed centre, with systems in place to support the provision of a quality service for residents. Inspectors found that the good levels of compliance demonstrated by the provider at the last inspection in February 2025 were sustained. Notwithstanding this, some improvements were required in the areas of contracts for services, oversight of the premises and fire

precautions, and documentation to renew the centre's registration which are discussed in this section of the report.

Maisonbeech Limited is the registered provider for Beechwood Nursing Home. There are two company directors who are both involved within the management of the designated centre, one of these directors was present during this inspection and was whom the person in charge reported to. At the time of the inspection, there was also a person participating in management within the designated centre, who provided additional support to the person in charge.

Within the centre, the person in charge was further supported with the supervision and clinical aspects of care by an assistant director of nursing. The team of staff included nurses, healthcare assistants, activity staff, household, catering, and administration and maintenance staff. Inspectors were told of 2.5 whole time equivalent (WTE) healthcare assistant staff vacancies, with active recruitment ongoing for these posts. These vacancies were being covered by staff taking extra shifts or agency staff. On the day of the inspection, inspectors found that there was sufficient staff available to attend to residents' needs.

The registered provider applied to the Chief Inspector of Social Services to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. The registered provider had updated the statement of purpose and floor plans during this application. However, both documents required further review to ensure that they accurately reflected the facilities, services and management structure provided within the designated centre.

Requested records were made available to the inspectors and were seen to be well-maintained. A review of staff records confirmed that staff had a valid vetting disclosure in place prior to commencing work in the designated centre.

There were effective governance arrangements in the centre. There were sufficient resources in place on the day of the inspection to ensure effective delivery of appropriate care and support to residents. Monthly data was collated in relation to a number of key indicators including falls, safeguarding incidents, restrictive practices, wounds and infections. The annual review of the service for 2025 had been completed and there was an action plan in place for 2026. Inspectors found that where issues were identified and action required on the day of the inspection, the management team were responsive and acted on them promptly. However, further enhanced oversight of the premises and fire precautions was required to ensure that issues were identified by the provider's own internal monitoring systems and actioned in a timely manner. This is further discussed under Regulation 23: Governance and Management.

A sample of contracts for the provision of care was reviewed by the inspectors. The registered provider had recently updated the contract template. Contracts viewed were signed by the resident or their representative and clearly identified the fees to be charged for the services provided, however they required further review as they did not include all terms of the residents' admission.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider's application to renew registration was under review at the time of the inspection. The information included in the application required amendments. For example:

- The statement of purpose required review to ensure that it reflected the services provided, the organisational structure for the designated centre and that it contained all areas outlined on the floor plans. For example, the external areas and two communal areas.
- The floor plans required review to ensure it outlined all areas of the designated centre. In addition, a storage area was incorrectly outlined within a bedroom and some rooms did not record measurements.

Judgment: Substantially compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider had failed to inform the Chief Inspector of a change of person participating in management (PPIM) within 28 days of the change. It is acknowledged the required notification was submitted following this inspection.

Judgment: Not compliant

Regulation 15: Staffing

Inspectors found that the number and skill-mix of staff available on the day of the inspection were sufficient to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of four staff records set out under Schedule 2 of the regulations. All staff were seen to have the required information available including two written references, one of which was a reference from the person's most recent employer.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the management systems in place generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, however, further action was required to be fully compliant with the regulations. This was evidenced by the following:

- Environmental audits completed had not identified all the issues observed by inspectors, as further detailed under Regulation 17: Premises.
- Oversight systems had not trialled the safe and timely evacuation of all residents with high dependency needs, in the event of a fire emergency.
- Tighter systems of oversight are required to ensure that the provider complies with the requirements of registration regulations, including ensuring that the Chief Inspector is appropriately and timely notified of any changes to the governance structure, such as changes to people participating in management.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Contracts reviewed required updating to ensure they outlined the terms on which the resident shall reside in the centre. For example, two out of five contracts reviewed did not outline the occupancy of the residents' room, and one of these contracts outlined an incorrect bedroom number.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents were receiving care that supported and encouraged them to actively enjoy a good quality of life within Beechwood Nursing Home. Inspectors observed that staff treated residents with respect and kindness throughout the day. There was a schedule of maintenance in place for some areas of wear and tear however, some further action was required by the provider under

Regulation 17: Premises and Regulation 28: Fire Precautions to fully meet the criteria of these regulations.

The centre had an electronic care system in place. Inspectors reviewed care planning arrangements for restraints and end-of-life care. Records showed that residents had their wishes clearly documented for when they were approaching end of life, which outlined their wishes and identified their physical, emotional, psychological and spiritual needs. A number of staff had taken part in training to enhance the end-of-life care that they delivered.

Staff had training in managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was evidence that residents who presented with responsive behaviours were responded to in an individualised and dignified manner. Inspectors saw evidence that restraint was used in line with national policy.

Inspectors were assured that residents' health care needs were being met to a good standard. A general practitioner (GP) attended the centre weekly and as required. Residents had access to a wide range of health and social care professionals such as physiotherapy services in the centre weekly. Referrals were made as required to services such as dietetics, speech and language therapy, chiropody, opticians and dental services.

Policies on safeguarding were in place and up-to-date. While speaking with inspectors, staff from different departments displayed a good knowledge of their role in keeping residents safe and how to report safeguarding concerns. Inspectors reviewed a sample of safeguarding incidents that had occurred in the centre, and these were seen to have been appropriately investigated.

While the centre was designed and laid out to meet the needs of residents, some areas of the centre required maintenance and decorative upgrades to improve the decor of the centre. The registered provider was awaiting a date to complete some repair works to flooring, to include a store room and some communal areas.

The registered provider had arrangements in place in relation to fire safety, however the inspection found some further opportunities for improvement in this area. For example, fire safety equipment was provided and maintained, staff attended training and were knowledgeable on what to do if a fire occurred. However, not all fire doors closed fully when released, which created a containment risk, this is further discussed under Regulation 28: Fire Precautions.

Regulation 13: End of life

Inspectors reviewed records for one resident who had recently received end-of-life care and found that the appropriate arrangements for the resident's death had been established and documented prior to their passing and were followed as per the

resident's wishes. In a sample review, inspectors saw other residents' records had their individual end-of-life wishes and preferences recorded.

Judgment: Compliant

Regulation 17: Premises

The premises did not fully meet the requirements of Schedule 6 of the regulations. For example:

- The call-bell at the designated smoking area was not working on the day of the inspection.
- Some parts of the interior of the centre were not well-maintained, this included:
 - flooring in some areas was worn and stained
 - chipped paintwork along the handrails located on corridors, in the dining room and on skirting boards and architraves around residents' bedrooms
 - a wall panel was removed and a tap was leaking in a staff changing room.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide in respect of the designated centre which contained all of the required information in line with regulatory requirements. This guide was available in communal areas. It included a summary of the services available, terms and conditions, the complaints procedure, advocacy services and visiting arrangements for the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

While there were adequate arrangements in place for detecting and containing fires, they were not fully effective at all times. For example, there were a number of fire doors that when tested did not close fully, which had not been identified by the provider. This created a pathway for the potential spread of fire and smoke to the

escape route. Inspectors acknowledge that this was immediately rectified during the inspection.

The registered provider did not ensure, by means of fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example, a resident's personal emergency evacuation plan (PEEP) was not accurate on the day of the inspection. While this plan was amended immediately, inspectors sought assurances that fire drills reflected the scenarios as outlined in individual residents' PEEPs. Following the inspection, the registered provider confirmed that the correct equipment had been ordered, and in the interim an alternative plan to ensure the safe evacuation was in place.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services with GPs attending the centre on a regular basis. Residents had access to allied health professionals such as tissue viability nursing, chiropody, psychiatry and the integrated care programme for older persons.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint was monitored on a monthly basis by the management team. There was evidence of appropriate assessments and care plans in place for the use of restraint in the centre, including evidence that alternatives to restraint were trialed to support the best outcomes for residents. Staff were knowledgeable on how to manage residents with behaviours that is challenging.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. The majority of staff had completed safeguarding training. The registered provider was not a pension-agent for any resident on the day of the inspection. Residents spoken with reported they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that residents' rights were upheld. Observations of staff interactions with residents were respectful and kind throughout this inspection. There was an activities calendar on display which detailed numerous activities available from Monday to Sunday in line with residents' interests and capacities.

There were arrangements in place for residents to access independent advocacy services if required.

Residents had access to wireless internet, television, radio and telephone. Records reviewed showed that residents were consulted with in the running of the centre through a recent residents' survey. There were also opportunities to participate in activities.

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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	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 Beechwood Nursing Home OSV-0000199

Inspection ID: MON-0049338

Date of inspection: 14/01/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:</p> <ul style="list-style-type: none"> • The Statement of Purpose will be fully reviewed and updated to ensure that it accurately reflects: • The organisational management structure within the centre • All services provided • All areas within the designated centre, including external areas and communal rooms. • The floor plans have been reviewed and amended to ensure that: • All areas of the designated centre are clearly identified • Room measurements are accurately recorded • The storage area incorrectly identified within a bedroom is corrected. • Revised documents will be verified by the Person in Charge and Registered Provider prior to submission to the Chief Inspector. 	
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes:</p> <p>The registered provider acknowledges that the Chief Inspector was not notified within the required 28-day timeframe regarding the change to the person participating in management (PPIM). The required notification has now been submitted following the inspection.</p>	

To ensure ongoing compliance with this regulation, the following measures have been implemented:

- A governance and regulatory notification checklist has been introduced to ensure that all required notifications to the Chief Inspector are identified and submitted within statutory timeframes.
- The Person in Charge and Registered Provider Representative will jointly review regulatory notifications as a standing agenda item at monthly meetings.
- A compliance tracker has been implemented to record any changes in management structure and ensure that notifications are submitted promptly.
- The management team have been reminded of their obligations under the Health Act 2007 Regulations regarding timely notifications.

The above measures will ensure that all future changes to persons participating in management are notified to the Chief Inspector within the required timeframe.

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Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The resident smoking area is now included in weekly environmental checks to ensure appropriate use and ongoing safety. The nurse call bell system was fully serviced by the external provider two days after inspection and confirmed to be functioning correctly. A structured monthly call bell audit system is now in place to test all call bells, including those rarely used, with results reviewed regularly to maintain full system reliability
- The Group Maintenance Manager has reviewed all flooring throughout the centre, and an external contractor has been contacted to provide a quotation for repair or replacement. The contractor's assessment is awaited, after which a confirmed schedule of works will be agreed and implemented. Flooring works are expected to be completed by 31/07/2026, with the management team actively monitoring progress to ensure timely delivery and full compliance with safety and environmental standards
- A structured repainting programme is in place to address ongoing wear and tear on walls and skirting caused by regular use of wheelchairs, hoists, and equipment. Dedicated weekly maintenance time has been allocated to ensure repainting and repairs are completed in a planned, systematic manner. The current painting cycle is scheduled for completion by 31/07/2026, with progress monitored by management to ensure timely delivery and a consistently well maintained environment.
- The panel in the staff changing room had been removed due to works completed prior to the inspection, and it was replaced at the time of inspection. The tap in the female changing room has since been repaired. All areas, including the changing rooms, will now be checked for any signs of water leaks and any areas requiring maintenance to ensure there are no health and safety risks, with risk control measures implemented as needed through daily walkarounds conducted by the DON/ADON. Staff have also been instructed to report any issues immediately through the designated maintenance logging system to

support timely action and ongoing compliance.

- All PEEPs have been reviewed, updated, and an appropriate evacuation method is in place for each resident, with monthly audits completed by the ADON to ensure accuracy. Specialised evacuation equipment for one high needs resident has been purchased, is now fully in place, and all staff are trained in its safe and effective use. All other emergency evacuation methods have been trialled and risk assessed, and simulated fire evacuation drills focusing on the safe and timely evacuation of high dependency residents have commenced, with monthly drill learnings reviewed by DON at governance meetings to support continuous improvement.
- The provider has implemented systems to ensure timely notification of any changes to the governance structure, with the Group Quality and Care Manager acting as the first point of contact for all management updates. This person ensures prompt and accurate submission of notifications, which are then reviewed by the Registered Provider. Ongoing monitoring of this process ensures timely communication, accountability, and full compliance.

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:

The registered provider will review and update the contract for the provision of services to ensure that all required terms relating to residents' accommodation are clearly outlined.

- The contract template will be revised to ensure that it clearly specifies:
 - o the bedroom allocated to the resident
 - o the occupancy status of the bedroom
 - o any relevant terms relating to accommodation and services provided.
- All current resident contracts will be reviewed to ensure the correct bedroom number and occupancy details are accurately recorded.
- Where required, updated contracts will be issued to residents or their representatives for review and signature.
- Admission procedures will be updated to ensure that all future contracts contain complete and accurate information prior to admission.

The Person in Charge will oversee the review process to ensure compliance with the regulation.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider will ensure that the premises are maintained in good repair and in accordance with Schedule 6 of the regulations.</p> <ul style="list-style-type: none"> • The call bell in the designated smoking area has been repaired to ensure residents can access assistance if required. • A programme of maintenance and refurbishment works has been scheduled to address: <ul style="list-style-type: none"> o worn and stained flooring in identified areas o chipped paintwork on handrails, skirting boards and architraves o maintenance issues in the staff changing room including repair of the leaking tap and reinstatement of the wall panel. • The provider is progressing with previously planned works to replace flooring in a storeroom and communal areas. • The maintenance team along with the Group Maintenance and Operations Manager will implement an enhanced preventative maintenance schedule, with routine checks of the premises to ensure that wear and tear is promptly addressed. • Findings from environmental audits will be escalated to management and incorporated into the centre's maintenance plan. <p>These actions will ensure the premises remain safe, well maintained and appropriate to residents' needs.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider will strengthen fire safety management systems to ensure effective fire containment and evacuation procedures.</p> <ul style="list-style-type: none"> • Fire doors identified during the inspection as not closing fully were repaired immediately on the day of inspection by maintenance staff. • A programme of routine fire door checks has been implemented to ensure all fire doors function correctly. • Residents' Personal Emergency Evacuation Plans (PEEPs) have been reviewed and updated to accurately reflect their evacuation requirements. • Fire drills will be conducted at regular intervals, including simulated scenarios involving residents with high dependency needs to ensure staff are competent in evacuation procedures. • Additional evacuation equipment was ordered and received on 26/02/2026, and in the interim an alternative evacuation plan has been implemented to ensure residents can be evacuated safely if required. • Fire safety systems and evacuation procedures will be reviewed at health and safety meetings to ensure ongoing oversight. <p>These measures will ensure staff are aware of fire procedures and that adequate arrangements are in place for detecting, containing and extinguishing fires.</p>	

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	16/01/2026
Registration Regulation 6 (3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the	Not Compliant	Orange	16/01/2026

	<p>person in charge of the centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person participating in the management of the designated centre.</p>			
Regulation 17(2)	<p>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.</p>	Substantially Compliant	Yellow	28/02/2026
Regulation 23(1)(d)	<p>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</p>	Substantially Compliant	Yellow	31/03/2026
Regulation 24(1)	<p>The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms</p>	Substantially Compliant	Yellow	31/03/2026

	relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/02/2026
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	28/02/2026