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:	Croft Nursing Home
Name of provider:	Croft Nursing Home Limited
Address of centre:	2 Goldenbridge Walk, Inchicore, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	18 June 2025
Centre ID:	OSV-0000028
Fieldwork ID:	MON-0042179

About the designated centre

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

The Croft Nursing Home is located just a few miles from Dublin city centre and within walking distance of Inchicore village. The home is a single-storey building providing accommodation for 36 long stay beds. Accommodation is configured to address the needs of all potential residents and includes superior single, companion and shared accommodation with assisted bath and shower rooms. There are a number of lounges and reading areas located throughout the building. The centre also has access to a secure garden area for residents to use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	33

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 June 2025	07:50hrs to 15:35hrs	Aoife Byrne	Lead
Wednesday 18 June 2025	07:50hrs to 15:35hrs	Sarah Armstrong	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this centre were well cared for and well supported to live a good quality of life by a dedicated team of staff that knew them well. There was a relaxed and friendly atmosphere in the centre with a resident informing inspectors that staff took their time and they never felt rushed.

This unannounced inspection was carried out over one day. There were 33 residents living in the centre on the day of the inspection. On arrival inspectors spent time walking through the centre, which provided an opportunity for inspectors to introduce themselves to residents and staff. Some residents were observed to be up and about while others were having their morning care needs attended to by staff.

Croft Nursing Home is a single storey premises located in Inchicore, Dublin 8 and is registered to provide care for 36 residents. Bedroom accommodation comprises of 11 twin bedrooms and 11 single bedrooms and one triple bedroom. Residents had access to a garden and patio area at the rear of the premises and a secure area at the front of the premises. In the rear garden and patio seating was provided which allowed residents to sit and enjoy the outdoors.

As inspectors walked through the centre, they noted that many residents were relaxing in communal areas where activities were taking place. Inspectors found that the premises was generally clean and there was a programme of reconfiguration of bedrooms underway, however there were other areas of the premises that required attention.

The lunchtime meal was observed by inspectors. Residents were very happy with the timing of their meals and the variety of food, snacks and drinks on offer. Residents said they could choose whether to come to the dining room, or have their meals in the privacy of their bedrooms. One resident told inspectors that the "food is terrific. They had a party for my birthday last week and the chef baked a delicious cake".

Residents living in this centre were generally supported to enjoy a good quality of life. Inspectors spoke with several residents over the course of the day and all residents spoken with said that they were happy living in the centre. One resident said that "the staff are fabulous and I love it here. It was a great move", while another resident who plays guitar and sings for the other residents told inspectors that they never knew they could sing until they started living in the centre. The resident felt that they have been supported and encouraged by staff to find talents they never knew they had before.

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

Capacity and capability

Overall, the registered provider and management team displayed a commitment to the promotion of continuous quality improvement, with the aim of ensuring that the centre was providing a safe and effective service for residents. Where areas requiring improvement were identified by inspectors, the management team acknowledged the findings and expressed a commitment to improving compliance, in particular with regard to the oversight of infection control and maintenance of the premises.

The registered provider has a history of non-compliance with regulation 17: premises regarding the layout of multi-occupancy rooms not supporting residents rights to privacy and dignity. The seriousness of these issues, and the failure of the provider to address them within an appropriate timescale had led to a condition being applied to the registration of the designated centre, to reconfigure the multi-occupancy bedrooms by no later than 31 March 2024. Since the last inspection in November 2024 seven twin bedrooms were seen to have been reconfigured, however three twin bedrooms and the triple room remained outstanding. Therefore, the registered provider was in breach of condition 4 of the centre's registration. Following the inspection, the registered provider was requested to submit an application to vary Condition 4 of the registration to propose to extend the time frame of the condition to 31 October 2025 to allow for unforeseen delays.

Croft Nursing Home is operated by Croft Nursing Home Limited and is the registered provider of this designated centre, which is part of the wider Silver Stream Health Care Group who operates a number of other designated centres nationally. The person in charge is supported in their role by a clinical nurse manager. There is a senior management team in place to provide management support at group level. A local team of staff nurses, health care assistants, activities, administrative, catering and domestic personnel complete the complement of staff supporting residents in the centre.

The inspectors reviewed minutes of meetings such as clinical governance meetings and staff meetings. The quality and safety of care was being monitored through a system of regular monitoring and auditing of the service, audits included care plans, infection prevention and control and hand hygiene. However these audits did not coincide with the findings on the day of inspection.

A comprehensive annual review of the quality and safety of care provided to residents in 2024 had been completed by the person in charge, with targeted action plans for quality improvements for 2025.

While there were various staff vacancies which will be discussed under Regulation 5: Individual assessments and care plans these deficits were not seen to impact the care and support provided to residents and existing staff. Staff had completed the mandatory training in safeguarding vulnerable adults, fire safety and manual

handling. Gaps in relation to staff training were also identified on this inspection in relation to the management and support of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).This was completed by 67% of staff. The inspector was provided with evidence that this training was booked for July '25.

Regulation 15: Staffing

Notwithstanding the large number of staff vacancies, the inspectors observed on the day of inspection and through review of staff rosters that there was adequate staffing levels to meet the needs of the residents. However, management vacancies such as one assistant director of nursing (ADON) and one clinical nurse manager (CNM) were observed to have an impact on the management systems which is further discussed under Regulation 23: Governance and Management.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Staff training records confirmed that all staff were up-to-date with mandatory training modules, such as fire safety and safeguarding of vulnerable adults and manual handling.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had in place a contract of insurance against injury to residents, which was in date.

Judgment: Compliant

Regulation 23: Governance and management

While there were good systems in place to oversee the clinical and social care of the residents, these systems did not fully extend to the oversight of aspects of the premises and the maintenance of the residents environment.For example;

- Environmental Audits were not completed and therefore deficits in relation to the spread of infection or the risk or fire in some areas of the premises were not identified. Findings in this regard are detailed under Regulation 17: Premises, Regulation 27: Infection control and Regulation 28: Fire precautions.
- Monthly care planning audits showed a compliance level of 96% across three months and had not identified that some care plans were not guiding the care required for residents. This is further discussed under Regulation 5: Individual assessments and care plans.

There were insufficient staffing resources specifically in relation to supernumerary senior management to ensure the effective delivery of care in accordance with the statement of purpose. For example:

- The clinical nurse manager (CNM) did not have allocated time to oversee care plans and ensure they were updated as per the compliance plan, as they were required to carry out the role of the registered nurse
- In the absence of an ADON and CNM to support the PIC, it was evident that there was a lack of oversight particularly in relation to audits.

The oversight systems had not ensured that the reconfiguration of the multi-occupancy bedrooms had taken place to provide a safe and comfortable living environment for all residents and to ensure compliance under Regulation 17: Premises.

Judgment: Not compliant

Quality and safety

Overall, inspectors found that residents living in Croft Nursing Home were receiving a good standard of care that supported and encouraged them to actively enjoy a good quality of life. Residents and their families spoken with on the day of inspection told inspectors that they were very happy with the service being provided. Residents and staff appeared to know each other well and interactions observed on the day were kind and respectful towards residents.The inspector found that the provider had addressed areas for improvement identified on the last inspection in November 2024, however , further improvements were identified to meet the requirements of the regulations such as Regulation 17: Premises,

Regulation 27: Infection control and Regulation 28; Fire precautions and Regulation 5: Individual assessments and care planning. This is discussed further in the report.

Although some areas of the centre were suitably decorated and laid out to meet the needs of the residents, some parts of the centre were found to require repair or maintenance input in order to ensure that all matters set out in Schedule 6 of the regulations were met. In addition, inspectors found that there was insufficient storage space in the centre to ensure that residents' care supplies were stored appropriately. For example, inspectors observed residents' incontinence wear supplies stored in an outside shed which was not insulated and therefore may be exposed to moisture. There was a programme of refurbishment works ongoing in the centre to enhance the twin bedroom spaces for residents. Inspectors reviewed the bedrooms which have had their works completed and provided a suitable layout and adequate space for residents to carry out personal activities in private.

On the day of inspection, inspectors found some areas of the centre required deep cleaning. This was evidenced by cobwebs and insects in a number of areas within the centre. In addition, some surfaces including sinks, walls, doors, floors, architraves and skirting boards were seen to be damaged and therefore could not be effectively cleaned and posed a risk of infection to residents. These findings are discussed further under Regulation 27: Infection prevention and control.

There was evidence that a comprehensive assessment was carried out for residents before, or on their admission to the centre, and that a care plan for residents within 48 hours of admission. However, inspectors found that of the sample of 12 care plans reviewed, almost all were written in a generic format which lacked sufficient detail in respect of residents' care needs. Therefore, residents care plans required further improvement to ensure that they contained accurate and up to date personalised information to guide staff in providing good quality care tailored to residents' individual needs and preferences. This is a repeat finding from the previous inspection and findings are discussed further under Regulation 5: Individual assessment and care planning.

There were measures in place to ensure residents were protected from risk of fire. However, inspectors found that not all measures ensured that in the event of a fire, smoke and fire would be contained. This is discussed further under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

The registered provider had ensured that residents who had communication difficulties were facilitated to communicate freely in accordance with their needs and ability. However, inspectors reviewed a sample of communication care plans for residents and found that these did not always reflect the residents' current needs or

preferences. These findings are set out under Regulation 5: Individual assessment and care plan.

Judgment: Compliant

Regulation 17: Premises

Action were required to ensure compliance with regulation 17 and the matters set out in Schedule 6 to ensure that the premises promoted a safe and comfortable environment for all residents. For example:

Some areas were not kept in a good state of repair, for example;

- Paintwork was seen to be chipped on bedroom doors, skirting boards and architraves
- Wear and tear to architraves throughout the corridors and bedrooms.
- Walls in a bathroom had holes in the plasterboard
- Gab rails for toilet were not secure to the wall in two bathrooms
- A sink surround was hanging off the wall in a shower room

Following the last inspection in November 2024, the registered provider had committed to reconfiguring the triple occupancy room. The layout of this bedroom did not meet the criteria outlined in the regulations, the three residents were not afforded adequate floor space of 7.4sqm each.

The 10 twin occupancy bedrooms identified as requiring review to ensure residents were provided with sufficient personal space and storage remained outstanding. While it is acknowledged that seven of these rooms were reconfigured on the day of inspection the expected date of completion as set out in the registered providers condition 4 of registration was 31 March 2024. The registered provider told inspectors that the new expected time frame for completion was August 2025.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

There was evidence that when residents were transferred out of the centre to another service that all relevant information accompanied them to the other service. Transfer letters were maintained in the residents' files.

Judgment: Compliant

Regulation 27: Infection control

The provider did not ensure that infection prevention and control procedures were consistent with the national standards for infection prevention and control in community services published by the authority.

The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- Staff hand washing sinks situated on the corridors in the centre did not meet the specifications of clinical wash-hand basins and therefore did not minimise the risk of cross-contamination.
- The hand washing sink nearest the reception area had a visible build up of dirt present. The wall around this sink had holes from a previous wall fixing and the skirting board below this sink was badly damaged with large holes which meant these areas could not be effectively cleaned.
- A hand washing sink in the sluice room was mounted in a chip board surround which could not be effectively cleaned.
- Some areas of the centre required deep cleaning to remove dust, debris and cobwebs. Inspectors observed cobwebs present in areas including the lounge and conservatory, on ceilings, curtains, radiators and equipment.
- A shower room had a significant build up of cobwebs present around the ceiling which contained a build up of insects and a radiator cover had dead insects on it along with insect faeces suggesting these areas had not been properly cleaned for some time. Both of these areas were not captured on the daily cleaning procedure.
- There was no cleaning schedule available such as how often rooms are deep cleaned.
- Monthly audits were completed by the facilities company and indicated 88% compliant, however this does not coincide with the findings on the day of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Although the provider had put measures in place to protect residents from risk of fire, further actions were necessary to ensure residents' safety and compliance with Regulation 28: Fire precautions;

- Inspectors observed damage to two fire doors. This did not ensure that smoke and fire would be effectively contained in the event of a fire.
- Records of a fire drill conducted during March and May 2025 were not fully completed. For example, they did not include details of the scenario for the fire, nor did they document the times taken to evacuate or the leanings from the drill to inform future evacuations.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Inspectors followed up on the compliance plan from the last inspection in relation to Regulation 29; Medicines and pharmaceutical services and found that medicinal products were stored safely and in line with the product advice. Daily temperature checks were occuring for both medication rooms and medication and specimen fridges.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required in respect of residents care plans to ensure that care plans were person-centred, reflected the current needs of residents, and included information which was sufficiently detailed to guide staff in providing good quality care. This was a finding on the last inspection during November 2024 and inspectors found that limited progress had been made since the previous inspection to address this finding. For example;

- Inspectors reviewed the personal hygiene and self-image care plans for four residents. These care plans followed a short template which did not include sufficient information to guide staff in providing person-centred care which promoted the residents' preferences for their own self-image.
- One residents' communication care plan required updating as it set out that staff communicate with the resident using a communication aid. However, on the day of inspection, this practice was found to have been ceased as per the residents' wishes and preferences for alternative communication methods.
- Residents' rights based care plans provided limited information in respect of residents' preferences for activities and social care and signposted staff to the residents' 'social interaction and recreation care plan'. However, of the three samples reviewed, inspectors found that this document was not in place. This is a repeat finding from the previous inspection.
- Inspectors reviewed the mood and behaviours care plan for two residents who present with behaviours that challenge. In respect of one resident,

inspectors found the care plan did not clearly describe the types of behaviours that this resident presented with, however it did detail behavioural triggers and de-escalation techniques. This posed a risk that staff could not identify a change in a residents behaviour and guide staff to the de-escalation techniques required.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

Compliance Plan for Croft Nursing Home OSV-0000028

Inspection ID: MON-0042179

Date of inspection: 18/06/2025

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The management vacancies such as one assistant director of nursing (ADON), currently on boarding and this will reduce the pressure on the management systems within the home. The Clinical Governance team have been providing weekly support to the home until vacancies filled.The ADON is due to commence on 20th August and CNM is now in place.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • An environmental audit has now been completed and all deficits noted in relation to the spread of infection or the risk or fire in some areas of the premises have been identified. A QIP has been agreed and has commenced to ensure the centre comes into full compliance. • All fire doors have undergone thorough inspection by Silver Stream Fire Door Engineer, with repairs carried out as required . • The Clinical Governace team will contunie to review care plans on a weekly basis to ensure that the care plan guide and support staff to meet the identifed care needs of our residents. • Dedicated supernumerary time will be allocated to the senior management team in the centre to ensure consistent oversight and quality assurance of care planning and care delivered. • When the ADON is in their role, an ongoing QIP plan and schedule will ensure oversight of audits. Note CNM has commenced.• The works to upgrade the multi-occupancy bedrooms will be completed by the end of August 2025. An application to vary was submitted.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

To ensure compliance the Registered Provider will have the following implemented and actioned as required and set out in Schedule 6 to ensure that the premises promoted a safe and comfortable environment for all residents:
• The areas that were noted not to be kept in a good state of repair such as the paint work that was seen to be chipped on bedroom doors, skirting boards and architraves are currently being painted with doors & arcitraves prioritised and skirting boards to follow. A painting contractor is in the home working full time on this in order to achieve the earliest possible completion date. The date for completion of the bedroom doors is 29th October 2025. The date for completion of the skirting is the 31st October 2025
• All architraves that are showing signs of wear and tear will be repaired or replaced and painted as required A painting contractor is in the home working full time on this in order to achieve the earliest possible completion date of the 30th October 2025.
• Walls in a bathroom that had holes in the plasterboard has been repaired and painted.
• Grab rails for toilet are now secured to the wall in the identified two bathrooms
• The sink surround that was hanging off the wall in the shower room has been repaired.
The works to upgrade the multi-occupancy bedrooms will be completed by the end of August 2025. An application to vary was submitted .The new layout of this bedroom will meet the criteria outlined in the regulations of 7.4sqm each.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

To ensure compliance the Registered Provider will have the following implemented and actioned as required that will ensure that infection prevention and control procedures are consistent with the national standards for infection prevention and control in community services published by the authority :To ensure that the environment is managed in a way that minimises the risk of transmitting a health care-associated infection the following
• Clinical WHB in corridors at The Croft NH appear to be compliant with HIQA guidance which refers to HBN 00-10 Part C Clinical Sinks Section 2.22
• A full review of the cleaning and the cleaning audits is under way both with our external company and by the RPR team. This will ensure that any build up of dirt is actioned immediately. This includes the hand washing sink nearest the reception area that had a visible build up of dirt present.
• The wall around this sink that had holes from a previous wall fixing and the skirting board below this sink was badly damaged with large holes which meant these areas could not be effectively cleaned has been repaired and now can be cleaned correctly.

• The hand washing sink in the sluice room is now mounted on a surround which can be effectively cleaned.
• A full audit has taken place with our external cleaning company to ensure all areas identifed during the inspection are actioned and do not occur again. This includes the removal of all bulit up dust, debris and cobwebs. A revised cleaning schedule is being drawn up and together with a more robost cleaning audit and audit schedule will identify and action issues quickly.
• The daily cleaning schudule has been reviewed and updated with our external cleaning company to ensure all areas are identified such as shower rooms and cleaned as required daily.
• The cleaning schedule and records are now available to show how rooms are to be cleaned and maintained.
• The monthly audit system is currently under review and will ensure going forward that the audit correctly reflects the findings on the day of audit with a QIP plan activated there after.

Regulation 28: Fire precautions	Substantially Compliant

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

• The damage to the two fire doors as found on the day of inspection has been addressed by the Silver Stream Fire Doors Engineer.
• All fire drills conducted from now on will be reviewed with the PIC by the PPIM DCGQR to ensure that they include details of the scenario for the fire, and that they document the times taken to evacuate or the leanings from the drill to inform future evacuations. This will happen on a monthly basis.

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:

• The care plans are now under review to ensure that they guide an support staff to deliver person centred care, particularly in relation to self image and personal hygiene. Care plans will reflect each resident's personal preferences and needs.
• Updated guidance documents have been disseminated to the PIC and nursing team, supporting the development of more comprehensive and holistic care plans.
• All residents that have communication needs have had their care plan reviewed and they now correctly identify how care needs are met. Weekly oversight and support is being provided by the Clinical Governance Support Team.
• All the residents' rights based care plans are under review to ensure they clearly outline residents' preferences for activities, social engagement, and quality of life. The Clinical

Governace Team members will support and review weekly with the PIC.
• The mood and behaviours care plan for the two residents who present with behaviours that challenge have been fully reviewed and now clearly outline the types of behaviours, triggers, and appropriate de-escalation techniques. Further training also took place on the 17th July 2025 to ensure staff are confident and consistent in their approach, and further guidance provided on de-escalation techniques.

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	20/08/2025
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.	Not Compliant	Orange	31/10/2025
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	31/10/2025

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(1)(b)	The registered 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.	Substantially Compliant	Yellow	31/10/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/10/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/10/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2025

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	31/10/2025