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:	Hillcrest House Nursing Home
Name of provider:	Hillcrest Nursing Home Limited
Address of centre:	Long Lane, Letterkenny, Donegal
Type of inspection:	Unannounced
Date of inspection:	12 August 2025
Centre ID:	OSV-0000346
Fieldwork ID:	MON-0042895

About the designated centre

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

Hillcrest House Nursing Home is a designated centre registered to provide 24-hour health and social care to 58 male and female residents. It provides long-term, respite and end-of-life care, including care to people with dementia. The philosophy of care as described in the statement of purpose ensures that residents can enhance their quality of life in a safe, comfortable environment, with support and stimulation to help them maximise their potential physical, intellectual, social and emotional capacity. The centre is located in a residential area of Letterkenny, a short drive from the shops and Letterkenny University Hospital. Accommodation for residents is provided in single and double rooms. There is a range of communal areas where residents can spend their day, and an outdoor courtyard garden is easily accessible and safe for residents to use independently.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 12 August 2025	16:55hrs to 21:10hrs	Helena Budzicz	Lead
Wednesday 13 August 2025	08:10hrs to 13:00hrs	Helena Budzicz	Lead
Tuesday 12 August 2025	16:55hrs to 21:10hrs	Manuela Cristea	Support
Wednesday 13 August 2025	08:10hrs to 13:00hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

Residents living in Hillcrest Nursing Home were supported to have a good quality of life, which respected and upheld their rights. During this inspection, inspectors spent time observing the care provided to residents, talking to residents and staff and observing the care environment. The inspectors met with the majority of the residents and spoke with nine residents in more detail to gain an insight into their experience of living in the centre. Feedback received from residents was very positive, specifically about the kindness and caring nature of the staff. Visitors who spoke with the inspectors also provided positive feedback, praising the team of staff working in the centre, stating that they were always available to them and that their loved one received great care.

The inspectors arrived at the centre in the evening of the first day of the inspection. Inspectors noted that the atmosphere in the centre was calm and homely, and it was evident that staff knew the residents well and that the residents were familiar with all staff working during this inspection. The inspectors noted that staff interacted with residents in a respectful and kind manner. Residents who were unable to communicate their needs appeared comfortable and content. One resident in the House said that they were living in the centre for a few years and 'nothing could be better, very happy here'.

Accommodation is provided in two units, providing accommodation for 31 residents in the House and 27 residents in the Lodge. Inspectors based themselves in both units to observe residents' mealtimes and care practices. The Lodge is a newer build with premises spread over two floors, and the inspector was informed that the evening meal snack was usually served at 7.30 pm on the ground floor and 8.15 pm on the first floor. Staff confirmed this was the routine of the residents; however, the inspector observed that the residents on the ground floor were not offered any evening snacks, with the exception of one resident who was offered toasties on their request. The inspector spoke with the staff, and they confirmed that they serve tea only, with no other beverages such as biscuits or sandwiches, on that floor. In contrast, the staff on the first floor of the Lodge served residents biscuits and scones, which the residents were seen to enjoy. However, there was no suitable food option available for residents who required modified diets. There was a hand-written menu displayed on board, which did not support residents with cognitive impairments.

In the House, from 7.30 pm, residents were offered tea and biscuits. The inspector observed that there were no saucers served with the hot mug of tea, and residents were not asked about their preferences in respect of the biscuits provided. Not all residents had a tray table in front of them, and the inspector saw that some residents were struggling to hold the mug of tea in one hand and the biscuits in another. Water and cranberry juice were also available, and the inspector saw that there was food available in the kitchen if residents wanted to get something to eat

at night. Some further improvements to the serving of food were required as further detailed under Regulation 18: Food and nutrition.

In the morning, inspectors observed the breakfast experience in both units. The food was served in the dining rooms or in the residents' bedrooms. The residents' feedback was positive, and there was an appropriate level of supervision and help for residents who required it. Staff providing assistance to residents sat down at eye level with the resident and were seen to be patient and encouraging while the resident ate breakfast.

Overall, the premises were well-maintained. While the Lodge was bright and airy, some improvements in maintenance and upkeep were required in the House, as further outlined under Regulation 17: Premises. In particular, the inspectors noted that the sluice room was locked in the House, and healthcare staff did not have access to the key at all times to open this facility.

Residents' accommodation consisted of a mixture of single and multi-occupancy rooms. Residents' bedrooms were observed to be bright, spacious and comfortable. Many residents had personalised their rooms with photographs and personal possessions.

The layout of the multi-occupancy rooms was designed to ensure that residents' privacy and dignity were maintained at all times. However, while most bedrooms had spacious storage, in one of the twin-occupancy bedrooms in the Lodge, each resident had a small half-sized wardrobe that did not provide adequate space for storing each resident's personal possessions. In addition, there were no clear labels or identifiers for each individual's storage space to ensure the security and privacy of personal possessions.

Residents could receive visitors within communal areas or in the privacy of their bedrooms. Families and friends were observed visiting with their loved ones during the inspection day. However, the Oratory facility in the House was observed to be blocked throughout the two days of inspection with large residents' wheelchairs that were not in use.

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

Capacity and capability

Overall, the management and staff focused on ongoing improvement to enhance the quality and safety of care for residents living in the centre, and improvements in compliance were evident since the previous inspection in September 2024.

This was an unannounced inspection carried out over two days, by two inspectors, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013 (as amended) and to follow up on the provider's compliance plan from the previous inspection of the centre. Findings of this inspection were that the provider had maintained improvements in the centre to ensure residents received a safe and quality service, and there were improvements in the levels of compliance. Some further action was required pertaining to the food and nutrition, governance and management, infection control and premises, complaints procedure and personal possessions. These findings will be detailed under the relevant regulations.

Hillcrest Nursing Home Limited is the registered provider of Hillcrest Nursing Home. The Chief Inspector of Social Services was notified of two company directors, one of whom is engaged in the day-to-day oversight of the service. Inspectors found that a third company director was also involved in the governance oversight of the designated centre; however, the registered provider had failed to appropriately notify the Chief Inspector of this post. This was discussed with the provider on the day of inspection, and the provider was requested to regularise the notification of all directors of the company in line with regulatory requirements. At the operational level, the person in charge was supported by a team consisting of a director of nursing, a clinical nurse manager, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. There were clear reporting structures, and staff were aware of their roles and responsibilities. There was a stable management team in the centre.

The numbers and skill-mix of staff across all departments, such as management, nursing and healthcare assistants, were in line with the provider's statement of purpose and the restrictive conditions on the centre's registration certificate in respect of staffing levels.

Staff had access to appropriate training for their roles. Mandatory and refresher training were available to ensure staff maintained their training requirements.

The provider had management systems to monitor the quality and safety of service provision. These systems included an audit schedule examining key areas, including medication management, skin integrity, nutritional status, care planning and infection control. However, the audit system was not fully effective and had not identified some key areas for improvement in the premises and infection control, as further outlined under Regulation 23: Governance and management.

An annual review of the quality and safety of the services had been completed for 2024, and included a quality improvement plan for 2025.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible. The inspectors reviewed a sample of the staff files, and the registered provider had ensured that the necessary information, as required by Schedule 2 of the regulations, including An Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications, required references and current registration details, was available for these staff members.

There were systems in place to identify, document and learn from incidents involving residents. Notifiable incidents were submitted to the office of the Chief Inspector in line with regulatory requirements.

A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated, and the outcome communicated to the complainant. However, the complaints procedure required an update in respect of the complaints officer.

Registration Regulation 6: Changes to information supplied for registration purposes

While the registered provider had notified the Chief Inspector of Social services of changes to the directorship of the company, the provider did not supply full and satisfactory information in regard to the matters set out in Schedule 2.

Judgment: Substantially compliant

Regulation 15: Staffing

From an examination of the staff duty rota, daily staff allocation and communication with residents and staff, it was found that the levels and skill-mix of staff at the time of inspection were sufficient to meet the needs of the residents living in the centre and in line with the conditions of registration.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix evidenced full compliance with the mandatory training required by the regulations. Staff had received mandatory training in fire safety, people moving and handling, safeguarding residents and infection prevention and control. In addition, staff received training according to their roles and responsibilities, such as wound care, human rights, dignity at work, and medication management.

Judgment: Compliant

Regulation 21: Records

All records as set out in Schedules 2, 3 and 4 were available to the inspector. From a review of a sample of staff files, it was evident that records were maintained in line with Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider's own oversight mechanisms did not fully ensure that the service provided was appropriate, consistent and effectively monitored and required strengthening in some areas. For example:

- The infection control audit related to residents' equipment demonstrated good compliance. However, it did not identify the findings noted during the inspection under Regulation 27: Infection Control and as a result, was not fully effective at identifying areas for improvement.
- Availability of storage space, storage practices, and maintenance of the premises required review, as evidenced under Regulation 17: Premises.
- Medication management practices, including ordering, storage, and returning medications to the pharmacy, as evidenced under Regulation 29: Medicines and pharmaceutical services.
- The meal experience for residents in respect of their choice and serving required review as discussed under Regulation 18: Food and nutrition.
- The food menu format available at the centre was not accessible to all residents. It was hand-written by staff and lacked a pictorial format to support residents with cognitive impairments and dementia in making informed choices about what they wanted to eat.
- Communication of residents' changing dietary needs required review as the systems in place to communicate the dietary needs of residents did not include information about two residents admitted in the previous month who required. In the House, kitchen staff informed inspectors that they followed a list that included residents' specific dietary requirements to guide them in serving the correct type of food in line with residents' assessed needs. Inspectors reviewed this list and found it had not been updated to reflect the residents' current needs. Two residents admitted in the previous month who had modified diets were not included on this list, nor was the dietary book updated.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure displayed in the centre was not correctly updated with the current complaint officer.

Judgment: Substantially compliant

Quality and safety

Overall, residents appeared happy living in the centre and their health, social care and spiritual needs were well-catered for. Residents were well-supported by staff and were able to choose how they spent their day. However, further assurances were required in relation to premises, personal possessions, food and nutrition and infection prevention and control, which will be further discussed under their respective regulations.

A sample of care plans and assessments for residents was reviewed. Validated assessment tools were used to guide the development of care plans. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48-hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care plans relating to wound care, end-of-life care, and social care needs was good.

In addition, communication care plans clearly demonstrated appropriate individualised means of communication for these residents. Some residents with communication needs were seen to be facilitated to communicate through technology devices, and this was reflected in their relevant communication care plan.

The food served appeared nutritious, and residents were provided with a choice of two options at meal times. There was access to fresh drinking water and a selection of refreshments at all times. An adequate number of staff were available to assist residents with their meals and refreshments. However, improvement was required in respect of the serving of the evening snack to ensure that all residents had an adequate choice of meals available.

The inspectors identified some areas of good practice in the prevention and control of infection. For example, a review of cleaning records showed consistent daily cleaning, and staff demonstrated good use of personal protective equipment (PPE) and hand hygiene. However, during the inspection, it was noted that some of the storage practices required improvement, and some of the equipment and chairs required deep cleaning. This is further discussed under Regulation 27: Infection control.

The premises were found to be overall clean, and inspectors observed efforts to create a homely environment. Further review and oversight of the storage facilities and premises were required, as outlined under Regulation 17: Premises.

Furthermore, inspectors observed that there was limited storage available in one of the twin-occupancy bedrooms, which is addressed under Regulation 12: Personal Possessions.

There were appropriate policies and procedures in place for medication management, including the handling and disposal of unused and outdated medicines. While significant improvements had been made since the last inspection, some further improvements were required as outlined under Regulation 29.

Improvements had been made regarding residents' rights, with staff members designated to facilitate social activities within the centre. Residents were provided with recreational opportunities, including games, music, exercise, bingo and art. There were established arrangements for consulting with residents about the daily operations of the centre. Records showed that items raised at residents' meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre.

Regulation 10: Communication difficulties

Communication needs for residents requiring assistance were documented in person-centred care plans. Specific devices were available for those who needed them, and there was clear information provided for staff to facilitate effective communication for the residents. Staff members demonstrated patience and a thorough understanding of the communication needs of the residents.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors noted that residents in one of the twin-occupancy bedrooms in the Lodge each had a small half-sized single wardrobe that did not provide adequate space for storing each resident's personal possessions. The two small wardrobes were

attached and there were no clear labels or identifiers for each individual's storage space to ensure the security and privacy of personal possessions. Additionally, the wardrobe space designated for two residents was comparable in size to that available for residents in some of the single-occupancy bedrooms. Staff confirmed that in the absence of sufficient storage space, the family was bringing seasonal clothing as needed and taking other clothes home.

Judgment: Substantially compliant

Regulation 13: End of life

Inspectors reviewed a sample of care records for residents at the end-of-life stage and found that they clearly documented the personal beliefs and wishes of each resident. Family and friends who wanted to be with the resident, with their consent, were supported in doing so. The centre had access to relevant medical services to ensure that residents received the necessary palliative care support.

Judgment: Compliant

Regulation 17: Premises

Action was required to come into full compliance with the regulation as per Schedule 6 requirements in the following areas:

- There was limited storage space available, especially in the House. For example, throughout the two days of inspection, the oratory was being used to store mobility equipment, which meant that the communal space registered for use by residents was not available. In addition, assistive equipment such as hoists and wheelchairs was stored in the assisted shower, blocking access to this facility.
- Several areas of the House unit require upgrading, including painting and repair. Inspectors noted issues such as chipped paint on walls, damaged wooden skirting and handrails, as well as cracked or missing tiles, which impacted the effective cleaning of these areas. Additionally, some flooring needs to be replaced or repaired.
- The sluice room in the House lacked sufficient ventilation, as there was a pungent odour present.
- The sluice facility in the House was locked and not easily accessible to staff on the first day of inspection. While the key was located after 15 minutes and the sluice was opened at the request of inspectors, a full review was required to ensure staff had access at all times to the sluice facility in a manner that did not compromise the safety of the residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspectors observed that the mealtime experience for residents required review to come into compliance with the regulations with regard to the following:

Not all residents were offered a choice at the evening:

- Inspectors noted that the evening tea served to residents on the ground floor of the Lodge unit did not include any biscuits, toasties, or sandwiches as displayed in the centre's menu. In contrast, residents on the first floor received biscuits and scones;
- There were no suitable options available for residents requiring modified diets on either the first or ground floor of the Lodge in the evening or at night.
- Residents in the House were not offered choices in respect of the biscuits or food they preferred in the evening. The person in charge advised that staff knew residents' preferences and served them what they liked; however, this did not ensure that residents' rights to choose what they preferred at that moment were upheld at all times.

Serving of evening mealtimes required improvement in the House to ensure residents enjoyed a dignified and safe mealtime experience. For example:

- Inspectors observed several instances where hot tea was served to residents without saucers and without a tray or a nearby table. Residents were seen struggling to hold the mug of tea in one hand and a plate of biscuits in the other hand or on their lap.

Judgment: Not compliant

Regulation 27: Infection control

The following required action with regard to infection control practices for the centre to ensure practices aligned with National Standards for infection prevention and control in community services (2018). For example:

- Not all equipment was fit for purpose to support effective infection prevention and control. Some armchairs, seating and pressure-relieving cushions were worn and damaged, and could not be effectively cleaned.
- While there were systems of ensuring each resident had their own individual sling for hoists, staff were not familiar with this system.
- The inspector observed numerous instances in the House where unlabelled slings were left on hoists or in the assisted shower, and staff could not state

who those slings belonged to. This practice increased the risk of cross-infection.
- Not all the equipment was clean. Some fabric chairs and cushions required deep-cleaning as there was a strong malodour, and some of them were stained and visibly unclean. Inspectors also observed unclean equipment in the sluice room in the House.
- Storage practices in the centre required full review; for example, residents' wheelchairs were stored in communal showers, posing a cross-contamination risk.
- A number of single-use dressings were found to be open and not discarded after use. This posed a risk of infection.
- Disposal of clinical waste required some improvements. The inspectors observed that the sharp boxes in both Lodge and the House were not appropriately labelled for contact-tracing purposes.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Notwithstanding the improvements made since the last inspection, some further action was required to ensure safe medication practices as follows:

- Timely ordering of medication recommended by professionals. For example, a resident at the end-of-life had been reviewed by the palliative team on 11 August 2025, yet the medication for symptom management was not available to the resident until 13 August 2025.
- There were gaps in ensuring that all medication products belonging to residents that had been discharged were returned to the pharmacy in a timely manner.
- While most medication items were individually labelled and stored appropriately, the inspector observed insulin pens in use that did not have a label with the opening date in line with best practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans was reviewed during the inspection. The wound care plans clearly outlined the treatment for residents and included specific considerations for their repositioning needs. Care plans for residents receiving end-of-life care were appropriate and individualised. The care

plans were person-centered, reflecting the wishes and preferences of the residents to ensure their rights were upheld.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents had access to appropriate medical, health, and social care professional support. Residents had access to general practitioners (GPs) who attended the centre on a weekly basis.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld at the centre, and all observed interactions during the inspection day were person-centered and courteous. Residents had access to various activities, and the activity schedule on the inspection day accurately reflected those observed by the inspectors. They also had access to a range of media, including newspapers, telephones, Wi-Fi, and television. Advocacy services were available, with contact information displayed prominently in the centre. Additionally, residents participated in meetings to discuss important issues related to the services provided.

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 6: Changes to information supplied for registration purposes	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hillcrest House Nursing Home OSV-0000346

Inspection ID: MON-0042895

Date of inspection: 13/08/2025

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**
Registration Regulation 6: Changes to information supplied for registration purposes	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: • The Registered Provider has submitted NF33A on the Provider Portal. Status: Complete	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Following the inspection, a full review of governance, management, and oversight mechanisms has been undertaken to ensure that the service provided is appropriate, consistent, and effectively monitored. • Audit and Monitoring Systems: All internal audits, including infection control, medication management, premises, and mealtime audits, have been reviewed to ensure they identify areas for improvement. A revised audit schedule with clear action plans and follow-up timelines will be implemented from the 1st of January 2026. • Infection Control Audits: Infection control audits now include a detailed checklist for all resident equipment, communal areas, and sluice facilities to ensure issues such as unclean or damaged equipment are identified and addressed promptly. Completed 31st October 2025. • Premises Oversight: Daily and weekly inspections of the House and Lodge units are now carried out by the Person in Charge to ensure storage practices, equipment	

accessibility, and maintenance needs are addressed promptly. Implementation date 17th November 2025.
• Medication Oversight: New systems have been introduced to ensure timely ordering, storage, and return of all medications. Staff were informed of this system at last Nurses meeting. A monthly audit of medication management is now conducted by the Person in Charge. Completed 31 October 2025.
• Meal and Nutrition Oversight: A weekly review of meal choice, service and adherence to dietary requirements will be carried out by the CNM. Resident feedback is incorporated into menu planning and service improvements. Implementation date 01ST December 2025.
• Staff Awareness and Communication: Communication systems between nursing, care, and kitchen staff will be strengthened to ensure changes in resident needs are promptly communicated and acted upon. Implementation date 17th November 2025.
• Ongoing Monitoring: Monthly governance meetings review audit results, incidents, complaints, and resident feedback to identify trends and improvements.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• The Registered Provider has corrected this copy of the complaint's procedure and will ensure that, in future, when policies and procedures are amended, all publicly displayed copies are reviewed and updated accordingly.

Status: Complete

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
• The Registered Provider has engaged a furniture manufacturer to design and install new wardrobes in this twin occupancy room.
• The new wardrobes will provide each resident with adequate and individual storage space, clearly designated and identifiable, therefore ensuring the security and privacy of personal possessions.
• The current wardrobes have been labelled with each resident's name.

Status: Completion date 31/01/2026

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Following the inspection, a full review of the premises has been undertaken to ensure the environment is maintained to a high standard and that storage and access arrangements meet residents' needs.

• The oratory has been cleared of stored equipment and will remain designated solely for resident use. Complete
• An upgrade plan for The House, with a completion time of May 2026, is currently underway. The issues identified have been incorporated into this plan and will be fully addressed.
• Flooring in the identified areas will be replaced by 31 January 2026.
• The ventilation settings in the sluice room will be adjusted to ensure a more continuous airflow and to address odour concerns. This will be completed by 31 December 2025.
• A coded lock has been installed on sluice room doors to ensure staff always have secure but ready access, without compromising resident safety. Completed.
• The Person in Charge will complete daily and weekly environmental walkabouts to ensure the premises remain in good condition and that storage areas are used appropriately.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
Following the inspection, a full review of mealtime practices and residents' dining experiences has been undertaken to ensure that all residents are provided with choice, dignity, and appropriate nutritional support at every meal.
• Resident Choice at Mealtimes: The menu has been reviewed to ensure that all residents are consistently offered a choice at every meal, including snacks and nighttime. All residents are now offered their choice verbally at the time of serving, regardless of staff familiarity with preferences. Staff were reminded of residents' right to choice at every meal, including evening tea and snacks
• Modified Diet Options: The dietary requirements of all residents were reviewed to ensure those on modified diets always have suitable options. A new process for communicating dietary needs to kitchen staff has been implemented and verified against each resident's care plan. Implementation date 01st December 2025
• Menu Accessibility: The handwritten menu has been replaced with a printed, pictorial version to support residents with cognitive impairment or dementia in making informed choices. This new format will be on 1st December 2025.
• Serving Practices and Dignity: Side tables have been made available in the House for all residents receiving tea or snacks to support a safe and dignified experience.
• Communication of Dietary Changes: A new handover system has been introduced between nursing and kitchen staff to ensure any change in dietary needs (e.g. texture

modification or nutritional supplements) is communicated immediately. Implementation date 01st December 2025.
• Ongoing Monitoring: Observations and spot audits will be carried out to confirm that residents are actively offered options at all mealtimes, including evenings.
Resident feedback on meals will be sought monthly through resident meetings and individual consultation.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• All armchairs, seating, and pressure-relieving cushions were inspected for wear and damage. Items that were not fit for purpose have been removed and replaced.
• Items that require reupholstering have been referred on to an upholsterer. Completion date April 2026.
• Remaining fabric chairs and cushions have undergone deep cleaning, and a new cleaning schedule for all upholstered furniture has been implemented and logged. Complete
• All slings have been labelled with the residents name that is easier to read, and staff have been re-educated on this system. Complete.
• The Registered Provider has reviewed storage practices, will develop a plan and implement changes by May 2026.
• Nurses have been re-educated on the correct disposal of single-use dressings and other consumables immediately after use.
• All sharps' containers have been replaced with appropriately labelled boxes including date, location, and responsible staff member to ensure traceability. This is included in the treatment room audit. Complete, ongoing.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: • All nursing staff have been re-educated on the timely ordering and receipt of all prescribed medications with emphasis on End-of-Life medications. Complete. • A treatment room audit is now in place and covers all medication returns. Complete, ongoing. • All nursing staff have been reeducated regarding best practices for labelling insulin pens, including clear recording of the opening date. This is included in medication audits. Complete, ongoing.	

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 6 (4)	The registered provider shall give not less than 8 weeks notice in writing to the chief inspector if it is proposed to change any of the details previously supplied under paragraph 3 of Schedule 1 and shall supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person proposed to be registered as a person carrying on the business of the designated centre for older people.	Substantially Compliant	Yellow	04/11/2025
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and	Substantially Compliant	Yellow	31/01/2026

	retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.			
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	31/05/2026
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	04/11/2025
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	04/11/2025
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Not Compliant	Orange	01/01/2026

	appropriate, consistent and effectively monitored.			
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.	Not Compliant	Orange	31/05/2026
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	04/11/2025
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal	Substantially Compliant	Yellow	04/11/2025

	products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	04/11/2025