



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

Issued by the Chief Inspector

Name of designated centre:	Kilcolgan Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Killeely More, Kilcolgan, Galway
Type of inspection:	Unannounced
Date of inspection:	06 February 2025
Centre ID:	OSV-0000351
Fieldwork ID:	MON-0044714

About the designated centre

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

Kilcolgan Nursing Home is a purpose built facility located near Kilcolgan, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is constructed on ground level. The centre is divided into two units. One unit has capacity for up to 30 residents. The dementia specific unit can accommodate up to 18 residents. All resident bedrooms are single occupancy and have ensuite, handwash basin, toilet and wheelchair accessible showering facilities. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Thursday 6 February 2025	09:00hrs to 17:45hrs	Rachel Seoighthe	Lead
Thursday 6 February 2025	09:00hrs to 17:45hrs	Leanne Crowe	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. Inspectors spent time speaking with residents and observing the resident living environment. Overall, feedback from residents was positive regarding the kindness of staff, and inspectors heard comments such as "the staff are very good to me". The majority of residents reported satisfaction with the service provided. However, some residents expressed that they would like a more varied choice of menu at meal-times, and several residents expressed that staff were "run off their feet".

Inspectors were greeted by the assistant director of nursing upon arrival to the centre. Following an introductory meeting, inspectors walked through the centre, giving an opportunity to meet with residents and staff, and to observe the residents living environment.

Kilcolgan Nursing Home is registered to provide care for both male and female adults with a range of dependencies and needs. The centre consisted of a main unit, which provided accommodation for 30 residents, and a dementia specific unit which accommodated a maximum of 18 residents. On the day of inspection, there were 47 residents living in the centre.

The entrance to the centre led to a spacious reception area which contained an open nurses station. Resident living and bedroom accommodation was located along several corridors which extended from either side of the reception area. Inspectors noted that many bedrooms were personalised, with items such as photographs, ornaments and soft furnishings. Call bells and televisions were provided in all resident bedrooms. There were a variety of communal spaces for residents to use in the main centre, including a sitting room, a dining room and an oratory.

As inspectors walked through the centre, they observed that some residents were up and about in the reception area, and other residents were being assisted with their personal care needs in their bedrooms. The atmosphere in the main centre was bustling and inspectors noted that there was a constant staff presence in the communal areas. Residents who spoke with inspectors were complimentary about the premises, and some described it as "homely". A number of visitors described the centre as "lovely and bright", particularly the reception. Inspectors observed that many residents spent their time in this area, which was arranged with various seating and television points. Residents were seen reading, colouring and partaking in group activities. An enclosed courtyard was accessible from the reception, which contained furnishings for resident use.

Care for residents with dementia was provided in a secure area, accessible from the main reception, known as the memory care unit. Inspectors observed that this unit was designed with decor which was intended to be stimulating for residents living there. Residents' bedroom doors were painted in a variety of colours to replicate front doors. Corridor walls were decorated with feature wallpaper, which depicted

familiar images, to encourage resident interest. Circulating corridors were wide and had handrails on both sides, to support residents safe mobility. Residents had access to an enclosed garden area which was decorated with colourful seating. Inspectors noted that the provider had taken action to ensure that residents had unrestricted access to the garden since the previous inspection.

A schedule of current activities was displayed prominently in both areas of the centre. The programme of activities included games and live music. Residents in the main centre were observed participating in ball games and one-to-one activities with staff in the morning, while a live music concert was held in the reception area in the afternoon. Residents were observed to thoroughly enjoy the live music in particular, with many clapping and singing along. Staff ensured that residents attending these activities were supported to engage in line with their capabilities.

Residents were offered a variety of meals, snacks and refreshments each day. Meals were freshly prepared in the centre's kitchen, with menu choices displayed in the dining rooms. Residents who spoke with the inspectors provided mixed feedback in relation to the quality of the food. While some residents said that the food "nice" or that they "couldn't fault it", others expressed that they would like a greater variety of foods, particularly meats and vegetables, to choose from.

While residents told inspectors that staff were kind to them, a number of residents had concerns about staffing levels in the centre, and how this impacted on their choice and personal routines. Residents described some occasions where they had to wait extended periods of time for staff to assist them with their care needs, particularly at night-time. One resident told inspectors that delays in staff responding to their requests for assistance resulted in them attempting to attend to their own needs, which increased their own risk of falling. When asked, residents stated they had raised these concerns with management.

Inspectors noted that the provider had taken action to improve the standard of environmental and equipment hygiene since the previous inspection. With the exception of the kitchenette in the memory care unit, utility rooms were observed to be clean. There was a dedicated housekeeping room for the storage and preparation of cleaning trolleys and equipment. This room was observed to be clean and the toilet cubicle contained within this room had been removed since the previous inspection. Sluice rooms in both units and the laundry room were also seen to be clean and organised. There were appropriate, accessible hand washing facilities available in all utility rooms. Inspectors noted that assisted bathrooms were uncluttered, and for the most part, resident equipment appeared to be clean. The clinical room located in the main centre was tidy, medication trolleys were clean and there were appropriate arrangements for the safe disposal of sharps devices.

Information regarding advocacy services was displayed in the reception area of the centre and records demonstrated that residents were supported to access this service, if required.

The registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished.

The following sections of the report detail the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

This was an unannounced risk inspection conducted by inspectors of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). Inspectors reviewed the actions taken by the provider to address issues of non-compliance identified during the previous inspection in June 2024, and while some action had been taken, individual assessment and care planning, complaints, governance and management, and notification of incidents did not meet the requirements of the regulations. In addition, this inspection found that, while there were improvements to many aspects of the care environment, the oversight of some management systems was not sufficiently robust to ensure fire precautions and premises achieved full compliance with the regulations.

Mowlam Healthcare Services Unlimited Company are the registered provider of Kilcolgan Nursing Home. The person in charge worked full-time in the centre and they were supported in their role by a full-time assistant director of nursing and a clinical nurse manager. Senior clinical support was provided by a director of care services and a regional healthcare manager. A team of nurses, health care assistants, social care practitioners, household, activity, catering, administration and maintenance staff made up the staffing compliment. At the time of inspection, the person in charge and clinical nurse manager were on an extended leave of absence. The inspection was facilitated by the assistant director of nursing and regional healthcare manager.

On the day of inspection, there were 47 residents living in the centre. There were two registered nurses on duty at all times, supported by seven health care staff in the morning, six in the afternoon and two at night. An additional senior nurse was rostered five days per week, to provide clinical supervision, in the absence of the clinical nurse manager. There was a vacancy for one full-time staff nurse, and agency staff were rostered to supplement nurse staffing levels on the day of inspection. There was also a vacancy for two full-time social care practitioners. The provider had addressed an action from the previous inspection and ensured that there were sufficient numbers of housekeeping staff to meet the infection prevention and control needs of the centre.

There was a training programme in place for staff, which included mandatory training and training in other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. The schedule of audits included infection control, nutrition and care planning documentation. Quality improvement plans had been developed in line with the audit findings. There was evidence of regular clinical governance meetings to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the attendees, the agenda items discussed, and the actions that were agreed. Items discussed included infection control, restrictive practices, medication management, audits and incident management.

The provider had arrangements for recording accidents and incidents involving residents in the centre and an analysis of incidents and accidents was completed on a monthly basis. The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, a potential safeguarding incident had not been notified to the Chief Inspector in the required time-frame.

There was an up-to-date policy in place for the management of complaints. Records demonstrated that complaints documented within the centres complaint log were managed in line with the requirements of Regulation 34: Complaints procedure. However, a review of nursing records found that some incidents of concern that had been brought to the attention of the care team were not recorded as complaints, or addressed as such. Furthermore, residents' meeting records indicated that residents' dissatisfaction with staffing levels and the quality of food had been raised at a meeting in December 2024. Although residents concerns had been documented as complaints, and the provider had taken some action to address these issues, the concerns were raised again at a resident meeting in February 2025, and on the day of inspection. Therefore, these complaints had not been comprehensively managed by the management team, in line with the centre's own policy.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were in place for all staff.

Regulation 15: Staffing

On the day of inspection, the number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices, and the safeguarding of residents. Records viewed indicated that the majority staff were up-to-date with the centre's mandatory training requirements.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

A review of the staff available to work in the centre found that staffing resources were not in line with the centre's statement of purpose.

- The centre was registered to have three full-time social care practitioners. At the time of inspection there was a shortage of two full-time social care practitioners. This impacted on the quality of the social care delivered to residents.

Some of the management systems in place to ensure that the service was safe and effectively monitored was not fully effective as evidenced by:

- Inadequate management oversight of complaints and notification management.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider did not notify the Chief Inspector of a potential safeguarding concern within the required time-frame, as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

Daily nursing records demonstrated that several complaints had been made, however, there was no record of the investigation of the complaint, the action taken to address any issues, or the satisfaction of the complainants. Furthermore, a written response was not issued to complainants, as required under Regulation 34(2)(c).

Judgment: Substantially compliant

Quality and safety

The findings on the day of inspection were that, for the most part, residents were receiving a satisfactory standard of care, in line with their assessed needs. Inspectors observed staff engaging with residents in a kind manner. A restrictive practice, relating to resident independent access to an outdoor garden space, had been removed in the secure dementia unit, which helped to ensure that residents choice and freedom of movement was respected. While the provider had taken action to address issues identified on the last inspection with regard to the care environment, a review of the of the premises and fire precautions, found that they did not fully meet regulatory compliance. In addition, individual assessment and care planning did not align with the requirements of the regulations.

Residents' health and social care needs were assessed on admission to the centre. These assessments were used to inform the development of care plans that provided guidance to staff in supporting residents' individual care needs. However, inspectors found that a number of assessments reviewed, did not reflect the residents' current condition. Care plans reviewed by inspectors were person-centred and for the most part, detailed evidence-based guidance on the residents' current care needs. However, some care plans contained information that did not reflect the residents' current needs and therefore could not guide care effectively.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Resident's accommodation was individually personalised. However, inspectors observed that some areas of the premises were not in a satisfactory state of repair. These observations included scuff marks and chipped paint on doors, wall and skirting board surfaces. This is discussed further under Regulation 17: Premises.

Action had been taken to address issues of non-compliance in relation to infection prevention and control found on a previous inspection. Inspectors observed that the general environment, including residents' bedrooms, communal areas and toilets appeared visibly clean. Hand hygiene sinks in the sluice rooms and treatment room

complied with current recommended specifications for clinical hand hygiene sinks. The laundry room was clean and tidy and access to the hand hygiene sink was not impeded. Medication trolleys were seen to be clean, and a specimen fridge was provided for the storage of clinical samples awaiting transport to the laboratory.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed, and checks to ensure that equipment was accessible and functioning. Staff had received fire safety training, records demonstrated that fire drills occurred weekly, and evacuation aids were available in each resident bedroom. However, the maintenance of some fire doors did not ensure that appropriate systems of fire and smoke containment were in place. This is detailed further under Regulation 28: Fire precautions.

A sample of residents' records were reviewed, which evidenced that there was regular communication with residents' general practitioners (GPs) regarding their health care needs. There were arrangements in place for residents to be referred to health and social care professionals, such as speech and language therapy and physiotherapy.

A restraint-free environment was promoted in the centre, and restrictive practices were appropriately risk-assessed and monitored. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received evidence-based care and support from staff that was kind and respectful.

The provider had measures in place to safeguard residents from abuse. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. The provider acted as pension agent for two residents and there were appropriate arrangements in place. Staff had completed up-to-date training in the prevention, detection and response to abuse.

Residents had access to local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

There was a schedule of activities which included ball games, arts and crafts, live music, bingo and exercise classes. Residents were observed participating in activities on the day of the inspection, in line with their capacities and capabilities.

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Inspectors saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area.

Judgment: Compliant

Regulation 17: Premises

A review of the premise found that some areas were not maintained in line with the requirements of Regulation 17:

- Paintwork on the wall surfaces and skirting boards in some resident bedrooms was chipped and scuffed, and some floor surfaces were worn.
- Adequate storage for some residents' assistive equipment and was not available and inspectors observed the storage of hoists along circulating corridors. This impacted on residents being able to mobilise safely and independently. Furthermore, residents' personal belongings, which were no longer in use, were seen stored in a communal sitting room
- There were not a sufficient number of tables available for use by residents in the communal areas, particularly while meals and refreshments were being served in these areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire precautions in place to protect residents and others from the risk of fire were inadequate. For example;

- There were visible gaps under several bedroom doors in the memory care unit, which could impact the effectiveness of the door to contain fire and smoke in the event of a fire emergency. This is a repeated finding which the provider had committed to addressing in the compliance submitted following the previous inspection of the centre.
- Personal emergency evacuations plans (PEEPs) displayed in several resident bedrooms were not up-to-date, which may delay the direction of residents and staff in the event of a fire.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to general practitioner services, as necessary. Residents also had access to allied health care professionals, including a tissue viability nurse and dietitian.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were policies and procedures in place to support the management of responsive behaviours. There were appropriate and detailed care plans in place which detailed residents' individual needs.

A restraint-free environment was promoted in the centre, in line with local and national policy. Appropriate risk assessments were completed prior to the implementation of restrictive practices, and these were reviewed regularly.

Judgment: Compliant

Regulation 9: Residents' rights

There were facilities for residents to participate in activities in accordance with their interests and capacities.

Residents were facilitated to provide feedback in relation to the service.

Residents were provided with access to religious services in the centre. Residents were provided with information about services available to support them, such as independent advocacy services.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the residents assessments and care plans found that care plans had not been reviewed as required under Regulation 5. This was evidenced by:

- Three clinical assessments completed did not reflect the residents current condition. For example, a residents moving and handling assessment did not reflect their mobility needs.
- Care plans were not reviewed and updated when the assessed needs for residents changed. For example a resident social care plan and mobility care plan was not reviewed to ensure that it contained the most up-to-date information in relation to residents' care needs and that out-dated information which was no longer relevant had been removed. This posed a risk that this information would not be communicated to all staff.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the building was found to be clean. Infection prevention and control measures were in place. Staff had access to appropriate infection control training.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 27: Infection control	Compliant

Compliance Plan for Kilcolgan Nursing Home OSV-0000351

Inspection ID: MON-0044714

Date of inspection: 06/02/2025

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • There is a robust recruitment plan in place to address identified staffing deficits. The PIC will continue to recruit staff into current vacant positions. • The PIC, with the support of the Healthcare Manager (HCM) will undertake a weekly review of all complaints to ensure they are recorded, investigated, addressed and resolved in accordance with the Complaints Policy. • The PIC will complete a review of incidents to ensure they are recorded and investigated. The PIC will ensure that each incident is screened to determine whether there are any safeguarding concerns, and will notify the necessary authorities in line guidelines. • The PIC will ensure that recommendations and quality improvements are implemented. • The PIC will ensure that all incidents and complaints will be discussed at management team meetings and monthly as part of the management team meeting within the centre. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • The PIC will ensure that all safeguarding concerns are notified to the chief inspector within the specified timeframe. • The PIC will ensure that any safeguarding concerns will be notified to the appropriate authorities in line with guidelines. • The PIC will ensure that all incidents are discussed as part of the weekly management meeting and quality improvements are implemented 	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The PIC will review resident progress reports to ensure that any complaints are identified and documented appropriately, in line with the centre’s Complaints Procedure. • The PIC will ensure that any complaints identified will be recorded and managed in line with complaints procedure, ensuring acknowledgement letters and outcomes are notified to the complainant within the specified time frame, as required under Regulation 34(2)(c). • The PIC will ensure that complaints, the nature of complaints and quality improvements will be discussed regularly with staff as part of the safety pause or at staff meetings to heighten staff awareness and ensure that quality improvements can be maintained. • Complaints training will be provided to all nurses to ensure that they have a clear understanding of how to respond to complainants and that they record and escalate complaints to management in a timely manner. • The PIC will ensure that complaints are discussed weekly as part of the management meeting and monthly as part of the management meeting with staff. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The PIC and Facilities Manager will conduct a review of all rooms within the home and the repair and renewal of wall surfaces, flooring and skirting boards will be addressed as required. • The PIC will ensure that a review of the storage of equipment is carried out. An allocated storage area will be identified to ensure that equipment is stored safely and appropriately. • Since the inspection, tables have been ordered to ensure that residents have access to sufficient tables for mealtimes and activities. • The PIC will ensure that resident personal items are not stored in communal areas. 	
Regulation 28: Fire precautions	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Since the inspection the gaps in the fire doors have been addressed and resolved. • The PIC, with support of the Facilities team will complete a review of all fire doors within the home and will ensure any gaps identified will be repaired. • The maintenance personnel will ensure that all fire doors are reviewed as part of weekly fire door checks. 	
<p>Regulation 5: Individual assessment and care plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The PIC will complete a weekly audit of clinical documentation to ensure that each resident's required care needs are addressed, that the care plan guides the delivery of care, and that the care delivered is reviewed and evaluated appropriately. • The PIC will ensure that residents' careplans contain the most up-to-date information based on residents' assessed care needs. • The PIC will ensure that residents' historic information is archived when care plans are evaluated and updated. 	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/05/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/05/2025

	consistent and effectively monitored.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	30/04/2025
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	30/04/2025
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a	Substantially Compliant	Yellow	30/04/2025

	resident immediately before or on the person's admission to a designated centre.			
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	30/04/2025