



**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:	Sligo Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballytivnan, Sligo
Type of inspection:	Unannounced
Date of inspection:	16 April 2025
Centre ID:	OSV-0000363
Fieldwork ID:	MON-0046840

About the designated centre

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

Sligo Nursing Home is a purpose-built facility located within a short walking distance of Sligo town. The centre can accommodate a maximum of 62 residents. Residents are accommodated in single and twin bedrooms. The centre is a mixed-gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. Resident accommodation is over two floors with a lift facility. There are four corridors. Rosses Corridor and Garavogue corridor are on one level, and Yeats corridor and Ben Bulben corridor are on the lower level. A variety of communal rooms are provided on both floors for residents' use, including sitting, dining and recreational facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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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
Thursday 17 April 2025	08:30hrs to 16:45hrs	Celine Neary	Lead
Thursday 17 April 2025	08:30hrs to 16:45hrs	Frank Barrett	Lead
Wednesday 16 April 2025	18:30hrs to 21:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspectors observed that residents were supported to enjoy a good quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were happy living in the centre and that staff were kind and caring. Inspectors spent time observing the interactions between staff and found that staff were kind and considerate of resident needs.

The inspectors observed that the registered provider had made many significant changes in response to the previous inspection with some further improvement required in relation to fire safety.

This inspection was unannounced and carried out over two days to assess compliance with the regulations and to follow up on findings from the last inspection. On day one of the inspection, the inspector attended the centre in the evening time to observe the care and support provided to residents at this time. Following an introductory meeting with the senior nurse in charge the inspector did a walk around of the centre. The inspector observed that many residents had retired to bed and some were in the day room watching television. Staff told the inspector that this was their preferred routine and that many residents requested to go to bed after supper. This was reflected in some of the care plans reviewed by the inspector on the day.

The inspector found that residents were supported and that there was a sufficient number of staff on duty to provide care and support. Call-bells were answered in a timely manner and there was staff readily available throughout the centre to provide support to residents who called for assistance.

Sligo Nursing Home is a two-storey premises which can accommodate a maximum of 62 male and female residents with varying medical needs. Residents' accommodation was arranged in twin and single bedrooms on lower and upper ground floor levels. The premises were arranged into four wings; Rosses Point and Garavogue on the ground floor and Ben Bulben and Yeats Country on the lower ground floor. Access between these floors was facilitated by a passenger lift and stairs. Each floor had a communal dining room and sitting room for residents' use. There was a large reception area which was located at the entrance to the centre.

The centre was seen to be bright, clean and homely throughout, with the entrance hall and communal areas decorated for the upcoming Easter festivities. It was warm and odour free. This inspection found significant improvements in the cleanliness of the centre. The provider had invested resources and employed an external cleaning company to manage and maintain the housekeeping duties in the centre. This appeared to be working well and inspectors observed vast improvements. Carpets had been replaced with linoleum flooring and additional hand washing sinks had

been installed in the corridors throughout the centre. Storage facilities and the smoking area in the centre had been improved.

Some residents told the inspectors that "They treat me very good", "I cant fault anything" and "I am happy here".

There was sufficient private and communal space for residents to relax in. These rooms were comfortably furnished with an adequate amount of seating.

The design and layout of the home promoted free movement and relaxation. Throughout the day of inspection, residents were seen mobilising independently around the centre. Residents had access to an enclosed outdoor garden on the lower ground floor. The garden area was in need of some maintenance and repair, such as garden furniture, shrubbery and flower planters. New garden fencing had been installed which added to the atmosphere and security of this garden area.

Inspectors viewed the twin rooms, as findings from previous inspections indicated that due to the limited space in these rooms, they would not be suitable for residents who needed to use assistive equipment such as specialist chairs or hoists. Following the last inspection, the provider had committed to ensuring that only those residents who did not require assistive equipment would be accommodated in these rooms. It was evident on this inspection that the residents who were being accommodated in these rooms did not require assistive equipment. However, it was noted that despite the additional measures in place, the configuration of these rooms may still negatively impact on the privacy and dignity of residents when occupied by two people, due to the lack of space between one bed and the en-suite doors.

A review of residents in shared twin occupancy bedrooms had taken place, and residents with cognitive impairment were appropriately accommodated in other rooms to ensure the behavioural needs of residents' did not negatively impact on one another and their privacy. This created a more relaxed and comfortable atmosphere for residents with these additional behavioural needs in shared accommodation and overall had a positive impact.

Laundry facilities were now provided off-site. Residents told the inspectors that they were happy with the laundry service.

Storage arrangements in the centre had been improved by relocating the smoking room to the courtyard garden area. The provider was awaiting a final copy of the new floor plans and was going to submit an application to vary their conditions of registration.

Residents were well-dressed and wearing appropriate footwear. Most residents' rooms were nicely decorated with residents' belongings and photographs.

On day two of the inspection inspectors found that staff were assisting residents with their care needs, as well as supporting them to mobilise to the communal areas within the building. Some residents required greater time and support to start their day and staff provided this support. The inspectors observed residents taking part in

various activities throughout the day, such as Sonas therapy, newspaper reading and a music concert in the afternoon. Other activities on offer included bingo, baking, quizzes, arts and crafts, pet therapy, garden walks and exercise classes.

All of the residents who spoke with the inspectors had positive feedback about the food, stating that "the food is nice" and "couldn't find better".

Visitors were observed coming and going on the day of the inspection. There were no restrictions on visiting and residents were observed meeting their visitors both in private and in the communal areas of the centre.

The next two sections of the report, capacity and capability and quality and safety, will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The inspectors found that there were effective governance and management arrangements to ensure that the service was well-resourced, consistent, effectively monitored and safe for residents. The management team was proactive in responding to issues as they arose and used regular audits of practice to improve services. Significant improvements had been found on this inspection with some further improvements still required in relation to the fire safety management within the centre.

This was an unannounced risk inspection by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Mowlam Healthcare Services Unlimited Company is the registered provider for Sligo Nursing Home. The Chief Executive Officer (CEO) of the company represents the provider entity. The person in charge is supported in their role by a Regional Healthcare Manager and a Director of Care Services in the senior management team. Within the designated centre, the person in charge is supported by an assistant director of nursing (ADON) and a team of senior nurses and nurses, health care assistants, activity, administration, maintenance, housekeeping and catering staff. There were clear lines of accountability, and staff were knowledgeable about their roles and responsibilities.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. They included a regular monitoring of quality care indicators (KPIs) and a planned schedule of audits, which included weights and falls analysis, restrictive practices, call-bell audit and an infection prevention and control and environmental audit, which were discussed at both management and staff meetings. The provider had also completed a fire safety risk assessment by a

competent fire person and had addressed many of the recommendations in the assessment.

Quality improvement plans had been developed in response to areas where issues were identified to address these. Inspectors noted that there had been a significant reduction in the number of falls within the centre, and measures in place were effective. There was also a low incidence of restraints in place. Where they were in use, they had been implemented in consultation with a resident, or their nominated representative or the multidisciplinary team and had been risk assessed.

There were sufficient resources in place on the day of the inspection to meet the assessed needs of residents. Training records demonstrated that staff were appropriately trained to perform their roles. Senior staff supported and supervised the clinical care delivery and maintained good oversight of the day-to-day care needs of all residents.

Inspectors observed that there were staff throughout the centre supporting residents to undertake personal care or social activities or waiting to be guided by residents in their preferred activity. Residents said they were well-supported, and inspectors observed that there was a relaxed communication style, with residents and staff laughing and joking with each other. Staff knew residents' needs in a very detailed way and knew how to deliver care and support in a way that ensured a relaxed experience for residents, including those with complex needs.

Written policies and procedures to inform practice were available, and there was a system in place to ensure that policies, procedures and practices were regularly reviewed.

Regulation 15: Staffing

Sufficient numbers of staff with appropriate skills were available to meet the assessed individual and collective needs of residents in the centre. The staff roster for the last month was available and reviewed by inspectors. The roster reflected the staff on-duty on the days of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and completed all necessary training appropriate to their role. Staff were appropriately supervised according to their roles and responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The management team were aware of their individual lines of authority and accountability. The management systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored. The person in charge completed an annual review of the quality and safety of care.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information set out in Schedule 1, which included the conditions of registration. Information regarding the services and facilities was also provided.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures required by Schedule 5 of the regulations were available and were reviewed every three years at a minimum. There was evidence that these policies and procedures were accessible to staff.

Judgment: Compliant

Quality and safety

Overall, residents' rights were supported and protected by kind and caring staff who ensured residents had a good quality of life in the centre. Residents' needs were being met through comprehensive care planning, good access to healthcare services and opportunities for social engagement. Residents told the inspectors they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. However, some actions were

required to ensure safe and effective care delivery concerning the upkeep of the premises, fire precautions and residents' rights.

The centre was warm and well-maintained. It was nicely decorated, homely and comfortably furnished. There were a number of communal areas available, which met the needs of residents, and residents were using the communal areas throughout the day of the inspection. However, this inspection found that the provider had failed to adequately address recurrent non-compliances in relation to the twin-occupancy bedrooms in the centre. While the provider had made some effort to improve the layout of a number of twin bedrooms more focus and resources were now required to ensure that these bedrooms conform with Schedule 6 of the regulations and that they meet residents' needs in terms of privacy and dignity.

Infection prevention and control measures were in place in the centre, and there was evidence of good practices, such as the use of appropriate hand hygiene techniques. Significant resources had been invested in the housekeeping and cleaning services provided in the centre. The centre was exceptionally clean throughout and equipment was appropriately cleaned and decontaminated between use. There was an up-to-date infection prevention and control policy in place, which included clear guidance for staff in the event of an outbreak. The provider had effective measures in place to protect from the risk of infection, including staff training. Cleaning schedule were in place for all parts of the premises and were consistently completed. Arrangements were in place to ensure there was effective oversight of cleaning procedures and staff practices.

Residents had an assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. The centre had an electronic resident care record system. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual health and social care needs. A sample of 10 residents' records were reviewed and inspectors found that care plans reflected person-centred guidance on the current care needs of residents. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Nursing and care staff were knowledgeable regarding the care needs of the residents.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The provider promoted a restraint-free environment in the centre, in line with local and national policy. There were a small number of residents who requested the use of bed rails, and the records reviewed showed that appropriate risk assessments had been carried out.

Residents expressing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well-supported by staff. Staff who spoke with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours. The staff were familiar with the residents and were

knowledgeable about the triggers that may cause distress or anxiety. Referrals were made to specialist services that included a geriatrician and psychiatry of later life.

Residents' meetings were regularly convened and their views on the service were welcomed. Issues raised or suggestions made by residents regarding areas they felt needed improvement in the service were addressed. Residents had access to an independent advocacy service. Information about this service was displayed in the reception area of the centre.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents had access to local and national newspapers and radios. Regular outings took place and staff told the inspector they had recently gone to a local art gallery in Sligo town.

Fire safety at the centre was reviewed during this inspection. There were regular fire drills to inform and improve the overall reaction times of staff to possible fire events. There was a fire detection and alarm system in place in the centre; however, inspectors could not be assured that it covered all areas and was being maintained to ensure full detection was available at all times. Some issues were identified which were required to be addressed to ensure appropriate means of escape were in place, and the measures in place to contain fire were effective. These are discussed further under regulation 28: Fire Precautions.

Regulation 17: Premises

Overall, improvement was required by the provider to ensure that the premises were appropriate to the number and needs of the residents of the designated centre and in accordance with the statement of purpose prepared under Regulation 3. For example;

- A room designated as a resident smoking room had been changed to a storage area.
- The laundry area had been re-arranged to separate the clean laundry area from the dirty laundry area.

Improvements were required of the registered provider to ensure that, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Some twin rooms in the centre did not provide sufficient space for residents personal belongings as required under the regulations. Resident space in some rooms did not include space for a chair, and lockable storage, within the space permitted within the privacy curtains.
- Storage practice required review at the centre as some equipment for the use of residents, such as wheelchairs and hoists and chairs, were noted as being stored in some shared en-suites. As many of the rooms within the centre are

multi-occupancy rooms, this practice could impact on other residents within these rooms.

- An exit door was fitted with a magnetic lock that kept the door locked during normal operations and would automatically open in the event of a fire. This device was relied upon to ensure residents were protected within the centre. However, this device was found to be faulty on inspection, which could result in a resident inadvertently exiting the centre, or another person could gain entry.
- The centre was equipped with a passenger lift; however, maintenance of this lift had failed to repair a hole within the floor of the lift.
- The garden space available to the residents required review to ensure its suitability. Some planting boxes, placed for use by residents, were in a poor state of repair.
- The garden had little area's of interest and was uninviting.
- Some garden furniture was in a poor state of repair.
- There was no call bell placed within the smoking area. This area was newly designated for use by residents, and management undertook to install a call bell within the area after the inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

The provider ensured that the requirements of Regulation 27: Infection control and National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from the risk of infection. The centre's environment and equipment were managed in a way that minimised the risk of transmitting a healthcare-associated infection. Staff completed hand hygiene procedures as appropriate. Residents who required the use of moving and handling equipment had their own individual hoist slings which were appropriately stored and labelled in their own bedrooms. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines, and cleaning schedules were in place and were completed by staff.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, it was noted that the provider had made significant progress in addressing known fire safety issues at the centre, including improvements to the containment

measures. However, this inspection found that further work was required to protect residents from the risk of fire.

Improvement was required from the registered provider to ensure adequate means of escape, including emergency lighting for example:

- The exit door from the Yeats Country wing on the lower ground floor required repair. The closing mechanism was damaged, and this may result in the door failing to work effectively in the case of an emergency.
- There was no emergency lighting fitted to any of the bedrooms at the centre. As many of the rooms were multi-occupancy rooms, a lack of lighting in a fire emergency may impact evacuation as rooms may be evacuated simultaneously.
- Assurances that all emergency lighting was operational and certified were required, as some failures were noted during the inspection. Details submitted by the provider did not indicate that annual testing had been completed and passed on all emergency light fittings.

Improvement was required by the registered provider to make adequate arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes, location of fire alarm call points, first aid fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. For example:

- Floor plans posted on the walls throughout the centre for the purpose of providing assistance to emergency evacuation, did not indicate critical information. The plans did not indicate the compartment lines which would indicate a place of relative safety in the event of a fire. The plans did not indicate the location of fire alarm call points, or other fire fighting equipment. The plans did not indicate the location of the assembly points.
- The fire assembly point in the carpark was not easily identifiable from the signage on the day of inspection. The signage was obscured, and there did not appear to be sufficient space to gather residents at the assembly point in the event of a fire.

Improvements were required from The registered provider to make adequate arrangements for detecting and containing fires. For example:

- The fire detection and alarm system at the centre was an L2/L3 system, which meant that inspectors could not be assured that detection was present in all spaces, including attic spaces, cupboards and rooms within the centre. The available annual certification for the system had been completed in May 2023. The provider was requested to submit an annual cert following the inspection. However, the documentation received was not a certificate of annual testing, but rather a certificate of quarterly testing, which did not indicate the status of the system, the system type or that any and all issues had been resolved. This required review by the provider.

- Detection of smoke and fire was restricted in some areas, such as storage spaces, as materials were being piled up close to the detector head. This would impact on the ability of the detector to raise an alarm in the event of a fire.
- Fire doors at the centre required review. A sample of fire doors reviewed on this inspection noted some doors that had their smoke seals painted over, some door closers that were not operating effectively, and doors that did not close fully on release. This would impact the containment of smoke and fire in the event of a fire.
- A room that opened onto the corridor on entry to the garavogue wing, was indicated as being a linen and electrical room. There was an electrical cupboard in this room which was not adequately separated from the linen storage space. The doors were not sealed around the perimeter of the frames to contain fire, smoke and fumes within the room in the event of a fire, and to protect the escape route.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. The care plans reviewed were person-centered and guided care. Comprehensive assessments were completed and informed the care plans.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A positive and supportive approach was taken by staff in their care of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to be attentive to residents' individual needs for support and residents responded well to the care and supports provided to them by staff. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to effectively care for residents with responsive behaviours.

The person in charge and staff were committed to minimal restraint use in the centre and their practices reflected the national restraint policy guidelines. There was minimal use of restrictive equipment and alternatives to this restrictive equipment were risk assessed and were appropriately used in consultation with individual residents and their representatives.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had opportunities to participate in meaningful activities that were in line with their interests and capacities. Residents were supported to access advocacy services if they so wished. However, not all residents were afforded full privacy and dignity especially those accommodated in a number of twin-occupancy bedrooms.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sligo Nursing Home OSV-0000363

Inspection ID: MON-0046840

Date of inspection: 17/04/2025

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 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 smoking area is now located to an external area in the grounds of the nursing home. We will submit an application to vary form to reflect the change of a resident smoking room to a storage area and the rearrangement of the laundry area to separate dirty laundry from clean laundry.• A comprehensive review of twin bedrooms and the space availability will be undertaken.• The PIC, supported by the Facilities Manager, will reconfigure the layout of the identified twin bedrooms to ensure that the available living space for each resident allows the placement of a bed, chair, and bedside locker within the bed space of each resident.• We will ensure that the shared rooms are occupied by residents who are happy to share accommodation and that the space in the room is divided equitably for each of them to enjoy their living space without encroachment.• Residents accommodated in the twin rooms identified have their needs assessed to ensure that they can be comfortably accommodated.• The PIC will review the storage use of residents equipment to in these spaces to ensure that they do not infringe into the space of the other resident.• The PIC will ensure that corridors are kept free of obstacles such as hoists, to enable residents to mobilise on corridors using the handrails without restriction. We will identify appropriate safe storage facilities on both floors for the storage of clinical equipment such as hoists.• Since the inspection the faulty magnetic lock has been repaired on the exiting fire door.• Since the inspection, the repair works to the lift ceiling have been completed.• The PIC, with the support of Facilities will complete a review of the garden space. Any furnishings past repair will be disposed of and suitable furniture will be purchased. Additionally, the maintenance personnel will ensure that the planting pots will be refreshed and replaced where required to facilitate residents with planting of shrubbery and to ensure the garden area is a vibrant space for the residents to utilise.• Since the inspection, a call bell has been installed in the external smoking area.	

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"> • The PIC, with support of the Facilities team will complete a review of the emergency lighting requirements for bedrooms and we will install emergency lighting where it is required. • We will ensure that there are adequate means of escape, that emergency lighting requirements are suitable and will not adversely impact evacuation in the event of an emergency. • The Facilities team will ensure certification of all emergency lighting servicing is available and that annual testing is completed and passed on all emergency light fittings. • Since the inspection the closing mechanism of the exit door from Yeats Country has been repaired. • We will provide and display floor plans that will provide assistance to emergency evacuation and will indicate compartment lines, the location of fire alarm call points, firefighting equipment and the location of assembly points. • We will ensure that all staff in the centre receive fire safety training and annual refresher updates that includes fire prevention and emergency procedures, including evacuation procedures, building layout, escape routes, location of fire alarm points, first aid and firefighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire. • The signage for the assembly point in both carparks has been replaced. The PIC will ensure that the checking of the assembly point signage is completed as part of the maintenance personnel monitoring checks. Any deficits identified will be addressed promptly. • We will submit an updated annual fire detection and alarm certificate which will indicate the status of the system, the system type and the resolution of any and all issues. • The PIC has completed a review of the storage and has identified alternative locations for storage. In addition, the PIC has reiterated to all staff the importance of ensuring the storage and location of the items does not impact the fire alarm detection system. The PIC will continue to monitor the storage within the centre to ensure compliance with expected standards of storage. • Since the inspection, the PIC, with support of the Facilities team has completed a review of the fire doors and the maintenance person has addressed the deficits identified that would impact on the containment of smoke in the event of a fire. The Maintenance person will ensure that all fire doors are monitored as part of the weekly fire checks and will escalate without delay any works identified that require repair. • We will review the storage of linen to separate it and store it safely away from the electrical cupboard. The Facilities team will ensure that the doors are sealed around the perimeter of the frames to contain fire, smoke and fumes within the room in the event of a fire and to protect the escape route. 	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The PIC will complete a review of all twin occupancy rooms. We will ensure that residents in twin rooms are afforded privacy and dignity in their daily routines and activities, and that care is undertaken in a professional manner with respect to screening residents from being viewed during caregiving. 	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/09/2025
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.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including	Substantially Compliant	Yellow	30/09/2025

	emergency lighting.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/09/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/09/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2025