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:	Nazareth House Nursing Home Sligo
Name of provider:	Nazareth Care Ireland
Address of centre:	Church Hill, Sligo Town, Sligo
Type of inspection:	Unannounced
Date of inspection:	29 May 2025
Centre ID:	OSV-0000369
Fieldwork ID:	MON-0047243

About the designated centre

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

Nazareth House Nursing Home, Sligo, is a modern, purpose-built centre that opened in 2007. It replaced an older nursing home building on the site that had been operational since 1910. Residential care is provided for 70 male and female residents who require long-term care or who require care for short periods due to respite, convalescence, dementia or palliative care needs. Care is provided for people with a range of needs: low, medium, high and maximum dependency. The centre is located in Sligo town and is a short walk from bus services and the train station.
The building is divided into two residential units- Holy Family and Larmenier. Both units are organised over two floors and accommodate 35 residents. Each unit provides an accessible and suitable environment for residents. Bedroom accommodation consists of 30 single and 20 double rooms, all of which have ensuite facilities that include toilets, showers and wash hand-basins. There are additional accessible toilets located at intervals around the units and close to communal rooms. Sitting/dining areas are located on each floor. A range of other communal areas are accessible to the units and include an oratory, a coffee dock, a gallery area, a library, gardens and a shop that provide additional spaces for residents' use. In the statement of purpose, the provider describes the service as aiming to provide a high standard of compassionate, dignified, person-centred care in accordance with evidence-based best practices. The staff seek to develop, maintain and maximise the full potential of each resident.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65

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 29 May 2025	09:00hrs to 17:00hrs	Michael Dunne	Lead
Thursday 29 May 2025	09:00hrs to 17:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring, and responsive to their assessed needs. The overall feedback from residents was that they were content with the care they received; one of the residents who expressed a view told the inspectors that " staff looked after them very well". Notwithstanding the positive feedback, the inspectors found that there were actions required to ensure the service provided met the assessed needs of the residents. These areas are discussed in more detail under the relevant regulations in this report.

Upon arrival, the inspectors completed the sign-in process and proceeded to meet with the assistant director of nursing. A short time later, they met with a person participating in management to discuss the format of the inspection. A director of the company also attended the centre later in the day. Following the introductory meeting, the inspectors commenced a walkabout of the designated centre, where they had the opportunity to meet residents and staff as they began preparations for the day. There were 65 residents living in the centre on the day of the inspection.

Residents said that they felt safe living in the centre and that if they had any concerns that they could talk with any member of staff. The inspector observed that residents appeared comfortable and relaxed in the presence of staff. This was validated by the resident feedback on the day in which staff were described as polite and respectful. Residents who spoke with the inspector confirmed their attendance at activities, while others confirmed that they were supported to attend events in the local community.

The designated centre comprises of two houses called Holy Family and Larmenier, with each providing accommodation to 35 residents in units located on the ground and on the first floor. Accommodation is provided in a mixture of 30 en-suite single bedrooms and 20 twin-bed en-suite bedrooms, with each unit identical to the other in terms of layout. There are a number of outside spaces available for residents to use; however, access to one of these areas was difficult due to the lack of guidance on how to operate the blinds that covered the door to the outside area.

Inspectors found that the centre was generally clean and tidy, with some improvements identified in the ancillary facilities, which are detailed later in the report. Communal areas were tastefully decorated, with residents' paintings on display along the corridors. There is a hairdressing facility which is available for residents three days a week. A cafe-style coffee dock located on the ground floor was observed to be well-attended by residents and their relatives throughout the day. There is a dedicated visitors room available on the ground floor should residents wish to meet their relatives in a quiet space.

The programme for the replacement of carpets throughout the designated centre

was ongoing, with many areas of the designated centre upgraded with new flooring installed. Storage facilities were well-maintained, and suitable for their intended use, however a sink was required to be installed in a cleaners facility. Inspectors found that there were adequate numbers of housekeeping staff available to maintain the environment.

Resident rooms were tastefully decorated with personal items, pictures, and flowers. Observations found that resident rooms were spacious and provided sufficient storage space for residents to be able to store and retrieve their personal belongings. All rooms were also observed to contain Televisions, chairs, and lockable storage units.

An activity room located on the ground floor was furnished with items from times past, such as transistor radios, a range for cooking, a spinning wheel, and an old fire place. These items were a focal point for residents to reminisce about items they were familiar with when they were growing up and helped to facilitate discussion and memories from their childhood.

On the day of the inspection, there was a range of activities available for residents to participate in. Throw and catch ball games, along with live music, were the main activities provided. The music entertainment was located in the coffee dock area, which was enjoyed by residents and their visitors. The atmosphere was jovial and happy, and there were sufficient numbers of staff to support residents from both of the centres' units. Mass was celebrated on-site twice weekly to cater for residents' religious needs.

The inspectors observed a lunch time meal and found that there were enough staff on duty to support residents at meal times. Menus offered choices of main courses at each meal. Options available on the day included burgers or a fish meal. Specialist diets were catered for, and residents who needed textured meals were offered choices at each meal time.

Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of the inspection, and visitors were seen coming and going throughout the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

Overall, the inspection found that the designated centre was well-managed for the benefit of the residents who lived there. There were systems in place to ensure that care and services were safe and were provided in line with the designated centre's

statement of purpose. This helped to ensure that residents were able to enjoy a good quality of life in which their preferences for care and support were respected and promoted. There were, however, some inconsistencies regarding the effectiveness of these systems, particularly in relation to the oversight of the auditing process and the use of information accessed from these systems. This is discussed in more detail under Regulation: 23 Governance and management.

This unannounced inspection was carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspectors also reviewed the actions from the compliance plans of the last inspection held in October 2024 and found that although commitments made had mostly been fully implemented, they had not always resulted in an overall improvement in the quality of the service provided. The provider was aware of these inconsistencies and was in the process of implementing a new information management system to manage information more effectively and use it to improve the quality of the services provided.

Nazareth Care Ireland is the registered provider for Nazareth House Nursing Home, which was developed by the Sisters of Nazareth in 2007. The registered provider is involved in the operation of several other designated centres in Ireland and maintains regular contact with this centre. There is a well-established clinical team in place, with the person in charge supported in their role by an assistant director of nursing, clinical nurse managers, and a team of nurses. The team also included a part-time respite co-ordinator, health care assistants, activity staff, maintenance, and a part-time physiotherapist. Since the last inspection, the management structure within the designated centre has been strengthened with the addition to the management team of a compliance and quality manager.

There was a well-established audit schedule in place to monitor the standards of care provided. On the whole results of audits confirmed high levels of compliance, and where improvements were identified there were action plans in place address the issues identified. The centre had a schedule for conducting infection prevention and control (IPC) audits carried out by the management team. The audits covered various areas such as hand hygiene, linen management, equipment, environmental cleanliness, laundry and waste management. Audit scores were generally reflected in what the inspectors observed on the day of inspection. However, the inspectors found that other audits did not always identify areas of practice that required improvement. In instances where improvements were identified, action plans were not always implemented. In addition, there were gaps in the oversight of this process, which meant that the information collected was not always being used to drive continuous improvement.

The provider had completed the majority of the work to address fire safety issues identified in the last inspection. At the time of this inspection, the provider was awaiting the delivery of fire detection equipment to fully address all the previously identified fire safety concerns.

The registered provider maintained sufficient staffing levels and an appropriate skill mix across all departments to meet the assessed needs of the residents. The

supervision of both the household and laundry activities, which had previously been outsourced, had now reverted to the provider. Observations of staff and residents' interactions confirmed that staff were aware of residents' needs and were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed both clinical and care staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. However, there were amendments required to the statement of purpose to ensure that it accurately reflected the full staffing cohort and management structure in the designated centre.

Inspectors' observations and discussions with staff confirmed that staff had completed mandatory training in fire safety, moving and handling, and safeguarding residents from abuse. This was validated in the staff training records that were reviewed by the inspectors. The director of nursing had overall responsibility for IPC (Infection prevention control) and antimicrobial stewardship (AMS). The provider had also nominated the assistant director to the role of IPC link nurse and had completed the IPC link practitioner course.

An annual review of the quality and safety of the service in 2024 had been completed. This included an overview of key areas of the service and included details of planned quality improvement initiatives for 2025. This review had been carried out in consultation with residents and included their feedback.

The provider maintained a policy and procedure for complaints. Records confirmed that the provider investigated complaints in line with this policy. The complaints policy and procedure were located in prominent locations throughout the designated centre.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required experience, and qualifications as specified in the regulations. They are full-time in post, and are actively involved in the governance and management of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to meet the assessed needs of the residents. A review of worked and planned rosters confirmed that there were always two nurses on duty in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were maintained to assist the person in charge with the monitoring and completion of mandatory and supplementary training undertaken by staff. A review of these records confirmed that training was ongoing, with additional training planned throughout the current year. The management team had identified that more face-to-face training was required in infection prevention and control and wound care, and they had put a plan in place to address this. Staff were observed to be appropriately supervised on the day of the inspection.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in designated centers for Older People) Regulations 2013 were not effective. This was evidenced by the following findings;

- The quality assurance systems that were in place did not ensure the quality and safety of the service were effectively monitored. This was impacting on clinical effectiveness and residents' quality of life. For example, while there was evidence of the auditing of key areas of the service, there were gaps identified in the follow-up and oversight of areas of the service that required improvement as identified under care planning and healthcare.
- The inspectors were not assured that water safety was managed effectively within the centre to prevent the risk of Legionella bacteria developing. For example, there were no checklists to flush infrequently used water taps, and no routine monitoring for Legionella in the water systems was undertaken.
- Infection control risks arising from the management of residents' continence needs were not identified, and therefore did not have an action plan in place

to manage and mitigate these risks.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Although there was a statement of purpose in place this document required updating to accurately describe the following:

- The current organisation structure did not reflect the changes to personnel that were now in position.
- Changes to the arrangements in place for the supervision of laundry and housekeeping staff had not been updated.
- The position of the respite co-ordinator was not clearly identified in the statement of purpose.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Records showed that where a notifiable incident occurred, these were notified to the Chief Inspector within the required time frames. All quarterly reports were submitted within the required time period. In instances where additional information was requested by the regulator, the person in charge submitted the required information in accordance with the stated time scale.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a comprehensive complaints policy in place that addressed the requirements as set out under Regulation 34: Complaints. There were two formal complaints which were open on the registered provider's complaints register. One referenced a complaint in relation to the location of personal clothing going missing, while the other referenced concerns in the delivery of personal care. Records showed that these complaints had been followed up, and managed in line with the time frames set out in the providers complaints policy.

Judgment: Compliant

Quality and safety

Overall, this is a good service that is striving to deliver good care to the residents. The inspectors found that residents were supported and encouraged to live a good quality of life. However, additional focus is required to ensure that residents' health and social care needs are fully met by an effective assessment and responsive care planning process. In addition, timely interventions in respect of resident clinical needs are required to ensure that resident healthcare needs are effectively met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' needs were assessed using validated assessment tools at regular intervals, and mostly when changes were noted to a resident's condition. However, inspectors found that one pressure ulcer assessment was not accurately completed and resulted in a delay in the referral to a dietitian, which had the potential to impede the recovery of the resident. This is discussed further under Regulation 6: Healthcare.

A number of findings in respect of care planning are discussed under Regulation 5: Individual assessment and care plan, and reflect recurring issues identified in previous inspections. However, the inspectors acknowledge that the provider is making additional resources available to improve the standard of care planning in the designated centre.

Staff and resident interactions that were observed by the inspector were found to be supportive and positive. The provider had maintained good levels of communication with residents, ensuring that they were kept up-to-date regarding key events in the home. Resident meetings were informative and covered topics such as resident care, food and catering, resident activities and infection prevention and control issues.

Residents' right to privacy and dignity were respected, and staff were observed to knock on residents' doors prior to entry and explain the purpose of their visit. There were opportunities for residents to engage in the activity programme in-line with their interests and capabilities. Residents were seen to engage in planned activities throughout the day while other residents pursued their own individual interests either in communal areas or in their own rooms.

There was a safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The process included completing a preliminary screening to decide if there was a need for further information or to proceed to a full investigation, or whether there was no evidence that abuse had occurred. The management team were clear on the steps to be taken when an allegation was reported. The staff team had all completed relevant training and were clear on what may be indicators of abuse and

what to do if they were informed of or suspected abuse had occurred.

The provider maintained a restraint register. The inspector found that the provider was working towards a restraint-free environment, and when restrictive practices were introduced, they were well-managed and kept under review. However, access to a residents' outside space was over-complicated and had the potential to restrict residents from accessing this area.

Residents who required support with responsive behaviours were provided with appropriate levels of intervention that respected their autonomy and individuality.

The design and layout of the premises provided residents with sufficient communal and personal space to be able to enjoy their lived environment. The centre was well-maintained, and there were arrangements in place for on-going maintenance. Communal rooms were tastefully decorated and were set out to promote social engagement.

While there were actions required to ensure the effective implementation of infection prevention and control measures as discussed under Regulation 27: Infection control, there were some examples of good practice identified in the prevention and control of infection. For example, staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Used laundry was observed to be segregated in line with best practice guidelines. Appropriate use of personal protective equipment (PPE) was observed during the course of the inspection.

Clinical hand wash basins were available along the corridor on each unit that were clean and in good repair. However, some barriers to effective hand hygiene practice were observed during the course of this inspection. For example, alcohol gel was not available at the point of care for each resident. Risks associated with the spread of legionella required more focus on behalf of the provider, although inspectors acknowledge that the provider submitted information post-inspection to indicate that measures were being put in place to manage this potential risk.

The provider had taken precautions against the risk of fire in order to protect residents in the event of a fire emergency. A number of records relating to fire safety were found to be well-maintained, and these records included maintenance of the fire alarm system and certificates of servicing. Records also confirmed quarterly checks on emergency lighting and fire extinguishers. The provider maintained and updated residents' personal emergency evacuation plans (peeps), which were updated at least every four months or as and when residents' mobility needs changed. The provider submitted documentation post-inspection to confirm PAT (Portable appliance testing) had been completed.

Simulated evacuations were being conducted by the provider on a monthly basis, and staff were familiar with their roles and responsibilities in carrying out an effective evacuation.

Regulation 11: Visits

There were no visiting restrictions in place, and visitors were observed coming and going to the centre on the day of the inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or communal spaces located throughout the centre.

Judgment: Compliant

Regulation 17: Premises

The premises were bright, clean, tidy, and generally conformed with matters set out in Schedule 6 of the regulations. The overall environment was designed and well-laid out to meet the assessed needs of the residents. The provider allocated suitable facilities for the storage of residents' mobility equipment. However, there was a lack of facilities available in the housekeeping room, which is described in more detail under Regulation 27: Infection Control.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and procedure in place, which contained details regarding the identification of risk, the assessment of risk, and the measures and controls in place to mitigate against known risks. The policy met all the requirements as set out under Regulation 26: Risk management.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018); however, further action is required to be fully compliant. The environment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by:

- The centre did not have a cleaning schedule in place for the floors of the treatment rooms. On the day of the inspection, the floors of these rooms

were visibly dirty.
- Urinals were used to empty catheter bags when necessary. Some of the urinals found in the bathrooms were visibly unclean and not reprocessed in the bedpan washer. This increased the risk of a catheter-associated infection.
- Alcohol gel was not available at the point of care for each resident.
- The housekeeping room did not have a designated sink to access water for the dilution and discarding of cleaning chemicals, this meant that housekeepers used the hand hygiene sinks that were accessible on the corridor.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were arrangements in place to protect residents in the event of a fire, which included the maintenance of fire systems and regular review of fire precautions. The provider has implemented almost all of their compliance plan commitments following the last inspection held in October 2024, although, at the time of this inspection, the provider was awaiting the delivery of parts to ensure fire detection was made available in a number of toilets and en-suites.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning required improvement to ensure each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following:

- Residents' assessments were not consistently completed to effectively guide and direct the care of residents with pressure ulcers. One resident' waterlow assessment (a risk assessment tool used to determine a person's risk of developing pressure ulcers) was found to be inaccurately completed.
- Care plans were not updated appropriately when new interventions were introduced in the care plan.
- Not all care plans were reviewed at intervals not exceeding four months. Consultation with family members to review care plans was inconsistent.
- One resident with an identified sensory impairment did not have a care plan in place to address this need.

Judgment: Not compliant

Regulation 6: Health care

The centre had identified some residents with pressure ulcers, some of which had developed within the centre. Three residents had a delayed referral to a dietitian, which had the potential to impact on the wound healing process. The provider had identified this in an internal audit review and had implemented appropriate systems to address this.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a restrictive practice policy in place to guide staff on the management 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). Records show that when restrictive practices were implemented, a risk assessment was completed, and there was a plan in place to guide staff. Alternatives to restrictive practices were trialled. There was a restrictive practice register in place, which was kept under review by the clinical team.

The inspectors noted that referrals were made to specialist services for advice and for additional resources as and when required.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training and were confident that they would be able to use this training to ensure that residents were protected from abuse.

A review of records relating to two safeguarding incidents found that the registered provider ensured that these incidents were investigated promptly in line with their safeguarding policy and that appropriate measures were identified and implemented to protect the residents involved.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had restricted access to an enclosed courtyard area on the ground floor of one of the two units. Access to this outside space was restricted due to the operation of an electrical blind system that was required to be opened to allow access to the doors leading to the outside space. This system had the potential to limit the resident's choice to go outside independently. A review of this system was required to facilitate residents' choice and independence.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Nazareth House Nursing Home Sligo OSV-0000369

Inspection ID: MON-0047243

Date of inspection: 29/05/2025

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The centre has introduced a robust electronic auditing system, providing the provider with comprehensive oversight of all audits, associated action plans, and their closure. This system supports adherence to the quality assurance framework that underpins the delivery of care within the centre. • A checklist is in place to ensure that all taps within the centre are flushed regularly by housekeeping staff. Water testing for Legionella was completed on 24th June and is now scheduled to occur twice yearly. • Infection control risks associated with the management of residents' continence needs are now clearly identified and have been added to the centre's risk register. Ongoing actions are being implemented to manage and mitigate these risks effectively.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated to reflect the following changes: 1. The current organizational structure now accurately represents all personnel currently in position. 2. The role of the Respite Coordinator has been clearly defined. 3. The arrangements for the supervision of laundry and housekeeping services have been clearly stated.	

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• A comprehensive cleaning schedule is now in place to cover all areas within the centre.
• Daily governance checks by the CNMs and ADON will ensure that all resident equipment is kept clean and that urinals used for emptying catheters are thoroughly cleaned after each use.
• All staff will be provided with alcohol gel for use at the point of care.
• In housekeeping, a designated sink will be installed for accessing water used in the dilution and disposal of cleaning chemicals.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The installation of detection systems in all areas within the home will be completed by 31st of July.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• The mandatory assessments on the electronic system have been reviewed and updated.
• An audit of all assessments has been completed.
• An audit of all care plans has commenced.
• A clinical tracker has been established to ensure that care plans accurately reflect the assessments.
• A care plan review tracker is in place to ensure all care plans are reviewed within the required four-month timeframe—or sooner if necessary—with the involvement of the resident, their nominated representative, or both.

Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: The Provider identified this issue during an internal audit review and has since implemented an appropriate electronic auditing system to address it and ensure it does not recur.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Signs have now been installed on the switches used to raise the blinds on the exit doors leading to the enclosed gardens, clearly indicating how to operate them.	

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 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2025
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/08/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2025

Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	09/07/2025
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 resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	31/08/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/08/2025
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make	Substantially Compliant	Yellow	31/08/2025

	available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	09/07/2025