



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

Issued by the Chief Inspector

Name of designated centre:	Glebe House Nursing Home
Name of provider:	Cowper Care Centre DAC
Address of centre:	Kiltiernan Care Centre, Glebe Road, Kiltiernan, Dublin 18
Type of inspection:	Unannounced
Date of inspection:	12 November 2025
Centre ID:	OSV-0000039
Fieldwork ID:	MON-0048812

About the designated centre

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

The centre is located on the outskirts of Dublin and is close to local amenities such as bus routes, local shops and close proximity to the M50. It is a purpose built single storey building that opened for business in 1994. The service provides general nursing and dementia care as long term care, respite or convalescence for residents with maximum, high, medium, and low needs. They are registered to offer 54 beds to male and female residents primarily over the age of 65. There is a mixture of single and twin en-suite bedrooms provided over four units. There is a hub in the middle of the centre with a seating area and dining space, and this is well used by the residents and their visitors. There are also other communal areas on each of the units, and one unit has been designed to provide accommodation for residents living with dementia. There is access to the gardens and internal courtyards from each unit.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	50
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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
Wednesday 12 November 2025	07:45hrs to 16:30hrs	Yvonne O'Loughlin	Lead
Wednesday 12 November 2025	07:45hrs to 16:30hrs	Frank Barrett	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out over one day by two inspectors. The inspectors arrived early to the centre and spoke to residents who were sitting in the dining room having tea and reading the newspapers whilst waiting for their breakfast.

Throughout the inspection, inspectors observed that the staff knew the residents very well and were aware of their individual care needs. The dining room was in the middle of the centre and was bright spacious and clean. Residents enjoyed the dining experience as many were laughing and talking with staff, the atmosphere was jovial and friendly. There were enough staff to assist residents during mealtimes. Near the centre were units of sheltered housing, some of the people who lived there came into the centre for their mid-day meal also.

Inspectors observed that visiting was facilitated throughout the day of inspection. The inspectors spoke with seven visitors, there were mixed responses. Some visitors spoke positively about the great efforts that were made by staff to ensure the residents had everything they needed. One relative expressed their satisfaction with the quality of care provided to their relative and praised the communication between staff and families. Notwithstanding the positive feedback, some relatives expressed concern relating to 'unsatisfactory care'. One visitor recounted an incident where they had to insist that their relative was reviewed by a medical practitioner. They described the negative effect this had on the care while waiting to be attended to. One visitor said that their relative had not had a shower in a long time despite repeated requests for one. This is discussed further in the report under Regulation 5: Individual assessment and care plan.

The centre is laid out over one floor, with four wings that centred around a large communal dining and seating area. One of the wings was a dementia specific unit, this wing had an accessible internal courtyard and its own dining and sitting room facilities that were warm and well maintained. The central hub was the main sitting and dining area that was lively and nicely decorated. Aside from the central area each wing had a sitting room for residents who wished to have a quieter area to relax. The premises overall was well maintained, clean and odour free.

Ancillary facilities provided in the centre generally supported effective infection prevention and control (IPC). Staff had access to dedicated housekeeping rooms for the storage and preparation of cleaning trolleys and equipment. There were sluice rooms available on each unit for the reprocessing of bedpans, urinals and commodes, the size of some of these rooms were very small to enable good IPC practices but the smaller ones were not required for residents use on the day of the inspection. All equipment was clean and in good working order. The infrastructure of

the on-site laundry that was situated in an external building which supported the functional separation of the clean and dirty phases of the laundering process.

The bedroom accommodation consisted of 49 bedrooms, 39 are single en-suite, five are single with shared facilities and five twin rooms with shared facilities rooms. Bedroom accommodation throughout the centre had a television, call bell, wardrobe, seating, and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, and ornaments. The size and layout of the bedroom accommodation were appropriate for resident needs. Residents informed the inspectors that they were satisfied with their bedroom accommodation.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

Overall, the registered provider was striving to provide a service compliant with the regulations. Some opportunities for improvements were identified in the area of quality and safety which is further discussed within this report.

This was an unannounced risk inspection conducted by two inspectors of social services over one day to assess compliance with the regulations in relation to fire safety and Infection control and review the registered provider's compliance plan from the previous inspection. Inspectors also reviewed the information submitted by the public.

Cowper Care Centre DAC is the registered provider for Glebe Nursing Home and the provider manages two other designated centres for older people in the Leinster region.

The director of nursing had overall responsibility for infection prevention and control (IPC) and antimicrobial stewardship. The provider had nominated an IPC link practitioner who was on the waiting list to attend the next national IPC course. The centre had not experienced an outbreak of infection in 2025. The vaccination team had recently visited the centre and there was a good up-take in residents vaccinations to help protect against respiratory viruses.

Inspectors found that the centre had an adequate number of housekeeping staff to fulfill its IPC needs. This observation was supported by reviewing staff rosters and through conversations with the housekeeping staff. These staff members were knowledgeable in cleaning practices and processes with regards to good environmental hygiene and the impact of this was a clean, tidy and odour free

centre. Housekeeping carts were organised with a locked compartment for the chemicals used for cleaning.

The provider had an audit schedule covering areas such as pressure ulcers and IPC, carried out by the management team. The IPC audit covered various areas such as hand hygiene, spillage management, equipment, environmental cleanliness, laundry, waste management and antimicrobial stewardship. The audit scores were high which reflected what the inspectors observed on the day.

Inspectors reviewed the management arrangements in place to protect residents from the risk of fire. There was a dedicated facilities manager within the provider group, with responsibility for management of fire safety. There were regular fire safety checks completed by in-house staff which provided information to management on the ongoing functionality of fire safety systems. A fire safety risk assessment (FSRA) had been completed at the centre in October 2024. This assessment was carried out by an external consultant with expertise in fire safety, and was a robust assessment of fire safety at the centre. A number of concerning findings were identified on that FSRA, and while many of the issues had been reviewed and eliminated, there were some items that remained outstanding. The FSRA outlined the level of risk associated with each issue, and attributed a timeline for remedial action. On reviewing these timelines, it was clear to inspectors that on the date of this inspection, many of the items identified on the FSRA were not resolved within these timelines, and some were still outstanding. These items varied from issues related to compartmentation, to assurances required relating to the fire detection and alarm system. This was contrary to fire safety policy at the centre which committed to resolving fire safety issues within given timeframes. Fire safety is discussed in further detail in Regulation 28: Fire Precautions, while the management of fire safety is discussed in Regulation 23: Governance and Management.

Regulation 15: Staffing

Inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre. There was a low turn over of staff in the past year.

Judgment: Compliant

Regulation 16: Training and staff development

A review of training records indicated that all staff were up to date with mandatory infection prevention and control training and fire safety training.

Judgment: Compliant

Regulation 23: Governance and management

Management systems generally ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(d). However, further action was required to be fully compliant. This was evidenced by the following:

- The inspectors were not assured that there was oversight for resident's assessments and development of associated care plans. This is further detailed under Regulation 5: Individual assessment and care plan.
- Further resources were required to ensure residents are protected from the risk of fire. While the management team had put together an action plan to resolve issues identified in a fire safety risk assessment, many of the items were not completed within the advised time line or within the providers own action plan time line. This was contrary to the management policy which identified the completion of remedial works within agreed time lines.
- While audit checks were being completed on fire safety management equipment such as the fire detection and alarm system, these checks were not identifying failings in the system including a display on the fire alarm panel that was flickering and difficult to read. Inspectors were assured that the system was operational, however, if the screen was not readable in the event of a fire, this could cause delays to reaction times as the procedure at the centre relied heavily on the information displayed on the fire panel in the early stages of reaction to an alarm activation
- The floor plans were not an accurate reflection of all areas of the centre and did not include all spaces used, this is outlined under Regulation 17 premises.
- Issues identified in the fire safety risk assessment had not been rectified in line with the timelines given in that document. The provider committed to implementing a plan to resolve these and other issues in a time bound action plan.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life that was respectful of their wishes and preferences. Residents' rights and choices were respected, and residents were actively involved in the organisation of the service. However, some improvements were required in relation to fire safety, infection control, care planning and healthcare.

The inspector viewed a sample of residents electronic nursing notes and care plans. There was evidence that residents' were comprehensively assessed prior to admission, to ensure the centre could meet residents' needs. However, a small number of care plans viewed by the inspectors were not sufficiently detailed to direct care in relation to some residents hygiene needs. Action was also required to ensure that care plans were reviewed and updated at regular intervals when there was a change in the resident's condition and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to a resident. Details of issues identified are set out under Regulation 5: Individual assessment and care planning.

The overall premises were designed and laid out to meet the needs of the residents. However, some rooms shared a bathroom in a "pod" arrangement, where the bathroom was accessible from two separate rooms, but solely for the use of the residents in those rooms. There was not sufficient storage space for residents personal items in these bathrooms. Bedrooms were personalised and residents had ample space for their belongings. The centre was well ventilated and spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean.

Inspectors reviewed the premises available to residents at the centre. It was clear from the inspection, that there was a focus on upkeep of the premises and maintenance staff were available on-site to ensure that the building was well maintained. The external areas were provided with furniture and planters, however, some of the timber railings enclosing the garden were in poor condition. Internally, the floor plans for the centre required review to ensure that they accurately reflected the layout and function of each area. Factors affecting the premises are discussed under Regulation 17: Premises.

Fire safety was reviewed during this inspection. The entire centre was laid out over a ground floor area, with adequate exit routes available from all wings. There were systems in place to assist staff in the event of a fire. These systems included fire detection and alarm system, emergency lighting, fire extinguishers placed throughout the centre, and staff that were provided with training on the action to take in the event of a fire. However, some issues were noted within these systems which would affect the speed at which residents could be evacuated in the event of

a fire. Issues were noted with the compartmentation boundaries in each of the bedroom wings. Compartmentation of the building was designed to allow movement of residents from an area where a fire has started, to a nearby area of relative safety before moving onwards or evacuating. This system of progressive horizontal evacuation, is dependant on compartment boundaries (Walls, ceilings, floors and doors) being effective in preventing fire spread to the adjoining areas. While the doors and walls were in place, in several areas where the compartment wall met the corridor wall, there was a service riser which was not effectively fire proofed. This would provide a route for smoke fire and fumes to travel between the compartments. Fire safety is discussed further under Regulation 28: Fire Precautions.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of, to reduce the risk of antimicrobial resistance. For example, the volume and indication of antibiotic use was monitored and audits of antimicrobial use was undertaken each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Nursing staff had completed training on the principles of antimicrobial stewardship.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 17: Premises

Improvements were required of the registered provider to ensure that the premises is in line with the Statement of Purpose and the floor plans for which it is registered. For example:

- Some areas used for the running of the centre were not included in the floor plans or statement of purpose including an electrical switch room on the corridor outside the Kitchen, and external storage areas.
- Some rooms were not labelled on floor plans to align with their function, including a room labelled on the plans as a cleaners store, was used as a sluice room, and a room labelled on plans as a store room was actually an electrical distribution room which could not be used for storage.

- There was no hand hygiene sink in dementia unit yet the floor plans indicated that there was one on the corridor.

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

- Some bedrooms were grouped together in "pods" with two bedrooms (In some cases a twin room and a single room) sharing a bathroom. There was not sufficient personal storage space within these bathrooms for the residents personal hygiene products. The plugs had been removed from the sinks in many cases which resulted in the use of removable plastic basins.
- Some external timber railings were in poor condition in the garden areas and required repair or replacement.
In some large bathrooms, fitting had been removed however, the piping and the electrical connections were still in place which caused a trip hazard within the room. Inspectors were assured that the exposed electrical wiring was disconnected.

Judgment: Substantially 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. For example;

- Barriers to effective staff hand hygiene were identified during the course of this inspection. There was a limited number of dedicated clinical hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. There was no risk assessment outlining appropriate controls to support this practice. One area in the dementia unit had no easy access to a hand sanitiser.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, further attention was required from the registered provider to ensure residents are protected from the risk of fire.

Improvement was required by the registered provider to take adequate precautions against the risk of fire for example:

- There was facilities available for residents that wish to smoke, however, this area was not provided with a suitable ash tray to ensure that cigarettes could be disposed of safely.
- Hoist batteries were being charged in an electrical distribution room. This room is a high fire risk room, and the addition of battery charging within this space was adding an additional fire risk.

Improvement was required from the registered provider to ensure, by means of fire safety management and fire drills at suitable intervals, that persons working in the centre and, in so far as is reasonably practicable, residents are aware of the procedure to be followed in the case of a fire. For example:

- While fire drills were being conducted regularly at the centre, the record of the fire drill did not reflect the compartments as set out in the centre. The evacuation drills focused on the removal of residents from individual rooms. Many drills had notes indicating that the remaining rooms within the compartment were not evacuated. This meant that inspectors could not be assured that the staff had trialled evacuation of complete compartments to an adjoining area in line with the procedure. These fire drills were not a reflection of a "worst case scenario" in the event of a fire as detailed in their own fire safety procedure.

Improvement was required of the registered provider to make adequate arrangements for detecting or containing fires. For example:

- The fire detection and alarm system required upgrade. There was an issue with the lcd display on the fire panel which made it difficult to read. There were also some areas which did not have adequate detection devices fitted including some lobby areas, and concealed spaces, atrium's and skylights.
- Compartmentation at the centre required review to ensure that actual compartments were in place, which aligned with compartment lines. Some cross corridor compartment doors were fitted across service risers in the adjoining wall. These service risers were not fitted with appropriate fire protection that would ensure separation between the two compartments. This would allow smoke fire and fumes to travel between compartments in the event of a fire.
- Inspectors could not be assured that all glazing fitted along protected corridors, would provide fire containment of the same rating as the rest of the corridor. This issue had been noted on a 2024 fire safety risk assessment but had not been resolved.
- Fire resisting construction around high risk areas including switch rooms and mechanical risers outside the kitchen area was not sufficient to prevent smoke fire and fumes spreading from these areas in the event of a fire. Services also penetrated compartment lines within these spaces including into the main plant room from the electrical risers

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

While most residents' individual needs were met in line with their established care plans, the inspectors found that the standards of care provided to some residents, at the time of inspection did not ensure their hygiene needs were met. For example;

One residents care plan in relation to hygiene detailed that the resident wished to have a shower twice weekly, this plan was in consultation with the family. There were no records to show that any showers were given and the centre did not have the appropriate equipment available to provide a shower to this resident. Showers were included in other residents' care plans, however, there were no records to support this had happened and residents spoken to confirmed they had not received a shower.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to health and social care professionals. There was an on-site physiotherapist who was available across the group to treat residents. From a review of records, inspectors found that a timely referral was not made to an occupational therapist in response to changes in a residents condition. This delay in a referral meant that one resident could not access the appropriate equipment to have a shower which was their preferred option.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings. Residents had access to radio, newspapers, televisions and advocacy services.

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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glebe House Nursing Home OSV-0000039

Inspection ID: MON-0048812

Date of inspection: 12/11/2025

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> <p>(1)(d) Resident Assessments and Care Plans: The Care Manager and Assistant Care Manager have commenced a comprehensive audit of all residents' assessments and individual care plans to ensure they are current and accurately reflect each resident's assessed needs and preferences.</p> <p>Ongoing oversight of these assessments and care plans is now formally assigned to the Assistant Care Manager, who will conduct quarterly reviews, or more frequently if changes in residents' needs are identified. The Care Manager will provide verification and ensure full compliance with regulatory and internal standards. Updates, audit findings, and action points will be reported at the monthly Operational and Clinical Governance Meetings to ensure continuous quality improvement and oversight.</p> <p>Fire Alarm Panel Display: The defective display on the fire alarm control panel will be replaced to ensure full functionality and visibility. Upon completion, the system will be functionally tested, and written confirmation of operational effectiveness will be obtained from the certified fire alarm service provider. This will ensure prompt detection and response in the event of a fire.</p> <p>The Fire Safety Risk Assessment will be reviewed and updated to incorporate this corrective measure, along with clear action plans, responsible persons, and defined completion timelines.</p> <p>Audit and Monitoring: Audit procedures for fire safety, including detection and alarm systems, will be strengthened to proactively identify and address potential deficiencies before they pose risk. Monthly documented checks will be incorporated into the existing Health and Safety Audit schedule. The Facilities Manager will review audit outcomes each month to verify that any issues are promptly rectified or escalated, ensuring continual compliance and a robust monitoring framework</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1) Accuracy of Floor Plans and Statement of Purpose The floor plans will be revised to accurately reflect all areas currently in use within the designated centre, including the electrical switch room, external storage areas, and all functional rooms. Hand hygiene sinks, bedroom layouts, and all relevant facilities will be clearly and correctly labelled to ensure clarity and accuracy. The updated floor plans, together with the revised Statement of Purpose, will be submitted to HIQA to ensure full compliance and an accurate representation of the premises.</p> <p>2) Bedroom and Bathroom Facilities A storage cabinet will be installed in each bathroom associated with shared bedrooms to ensure residents have adequate space for personal toiletries. Any exposed wiring or missing or removed fittings within bathrooms will be rectified. Progress in implementing these actions will be monitored and overseen by the Care Manager and the Facilities Manager to ensure timely completion and the ongoing provision of a safe environment for residents. Appropriate fixed sink plugs will be installed in 100% of affected sinks to ensure they are fully functional. Completion of works will be verified through a follow-up Premises audit, with 100% compliance required. The Facilities Manager will be responsible for sourcing and installing the plugs, and the Care Manager will oversee and monitor progress to ensure completion by 31 March 2026</p> <p>3) Tember Railing A comprehensive inspection of all external timber railings in the garden areas will be completed by 21 February 2026 to identify any sections that are loose, damaged, or showing signs of deterioration. Any railings deemed unsafe will be repaired or replaced as necessary to ensure they are stable, secure, and fit for purpose. All remedial works will be completed by 31 March 2026. Completion will be verified by the Facilities Manager, with oversight from the Care Manager, ensuring that all of the railings are confirmed as safe.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>(a) Clinical Hand Hygiene Facilities Additional clinical hand-washing sinks will be installed in Wing 2, Wing 3, and Wing 4 to enhance infection prevention and control measures. Progress will be monitored through bi-monthly in-house management meetings to ensure timely completion. A hand sanitiser dispenser was installed in the identified area within the Dementia Unit</p>	

on 12/11/25 to support effective hand hygiene practices.

Regulation 28: Fire precautions

Substantially Compliant

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

1(a) Fire Drill Procedures and Compartment Evacuation

Fire drill procedures will be revised to include full compartment evacuation scenarios, ensuring staff are adequately prepared for worst-case fire emergency situations. Updated fire drill templates will clearly record full compartment evacuations, and staff will receive training on the revised procedures. Implementation and compliance will be monitored through updated fire drill records and training logs, under the oversight of the Care Manager and the Service Manager.

Smoking Area Safety: An appropriate ashtray will be installed in the designated resident smoking area to ensure safe disposal of smoking materials and to reduce fire risk.

Hoist Battery Charging Relocation:

All hoist battery charging equipment will be relocated from the electrical distribution room to a designated low-risk, adequately ventilated area. This action will remove potential fire hazards from a high-risk environment and ensure continued compliance with fire safety requirements. Completion will be confirmed through updated risk assessments and verification by the Facilities Manager and the Care Manager.

Fire Detection and Alarm Systems:

The fire detection and alarm system will be fully audited and upgraded. This will include replacement of the fire alarm control panel and the installation of additional detection devices in all required areas, including concealed spaces, atriums, and skylights. Certification will be obtained on completion to confirm that the system is fully operational and compliant.

Fire Compartmentation and Service Risers:

All service risers and junctions where fire compartment boundaries meet corridor walls will be inspected and upgraded using appropriate fire-stopping materials. These measures will prevent the spread of smoke, fire, and fumes between compartments and support safe horizontal evacuation. Completion will be verified through inspection reports and Facilities Manager sign-off.

Fire-Rated Glazing in Corridors

A survey of all corridor glazing will be undertaken, and glazing will be replaced where necessary to ensure that fire resistance ratings align with corridor fire requirements. This will maintain protected evacuation routes and limit fire spread. Compliance will be verified through certification and post-installation inspection reports, with Facilities Manager sign-off.

Fire-Resistant Construction in High-Risk Areas

High-risk areas, including electrical switch rooms, mechanical risers, and plant rooms, will be upgraded to ensure appropriate fire-resistant construction. All service penetrations will be adequately sealed to prevent the spread of smoke, fire, and fumes. Progress and

completion will be evidenced through inspection reports, photographic records, and Facilities Manager sign-off.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1) Personal Hygiene Care Planning and Oversight

To ensure that all residents' personal hygiene needs are met in accordance with their individual care plans, the Care Manager and Assistant Care Manager will implement the following actions:

- A comprehensive audit of all residents' personal hygiene care plans will be completed to identify residents who require showers, baths, or other personal care interventions, including the required frequency and individual preferences.
- Appropriate showering and bathing equipment will be provided to meet the assessed needs of residents who are unable to use standard facilities, ensuring that all care plans are practical and fully implementable.

Progress will be monitored through weekly audits of personal hygiene care records, with oversight by the Team Leader on a weekly basis and verification by the Care Manager and Assistant Care Manager. This will ensure that residents' preferences are consistently respected and that full compliance is achieved within the specified timeframe.

Regulation 6: Health care

Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

2(c) Review of Individual Care Planning and Equipment Provision

A comprehensive review of the resident's care plans was completed, and referrals were made to the relevant Health and Social Care Professionals. Following assessment, the required seating equipment to support personal care was provided and is now in use.

The resident's individual care plans have been updated to accurately reflect current care needs, preferences, and choices.

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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	10/02/2026
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	31/03/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	10/03/2026

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	10/02/2026
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be	Substantially Compliant	Yellow	10/02/2026

	followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	10/03/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	24/02/2026
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make 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.	Substantially Compliant	Yellow	30/11/2025