

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

Issued by the Chief Inspector

Name of designated centre:	Adare and District Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Adare Road, Croagh, Limerick
Type of inspection:	Unannounced
Date of inspection:	01 May 2025
Centre ID:	OSV-0000404
Fieldwork ID:	MON-0046999

About the designated centre

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

Adare and District Nursing Home is a designated centre which is located in the village of Croagh, a few miles from Adare, Co. Limerick. It is registered to accommodate a maximum of 84 residents. The entrance to the centre is the foyer and this is an expansive place with seating areas for residents and visitors to gather. Most of the building is single storey with a two-storey edifice to the right of the foyer which houses two single occupancy apartments. The centre comprises two units: The Main House (46 bedded) and The Willows (35 bedded) which is the memory care unit. Bedrooms are single and twin occupancy and all have en suite shower, toilet and wash-hand basin facilities. Additional toilet and bath facilities are located throughout the centre. Each unit has their own main dining room, smaller dining room, day room, quiet room and resting areas. Residents have access a sensory room, and to paved enclosed courtyards with seating, parasols, garden furniture and raised flowerbeds. Adare and District Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	80
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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 1 May 2025	10:10hrs to 18:10hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

The consistent feedback from residents was that they were happy with the care they received and their life in the centre. The inspector heard positive comments about the quality of care and the kindness of staff, who were described as 'brilliant'.

The inspector was met by the person in charge upon arrival to the centre. Following an introductory meeting, the inspector walked through the centre where they met with residents and observed their living environment. Residents were observed to be up and about in the various areas of the centre. Some residents were relaxing in the communal rooms, while other residents were having their care needs attended to by staff.

Located on the outskirts of Adare village in Co. Limerick, the designated centre was a purpose built, two-storey building, registered to provide care to a maximum of 84 residents. There were 80 residents living in the centre on the day of inspection. Resident bedroom and communal accommodation was arranged on the ground floor of the designated centre, with the exception of two single occupancy apartments, located in a two-storey edifice to the right of the main reception.

Resident accommodation on the ground floor was provided in two separate units, known as the 'House', and the 'Willows'. The house unit comprised of a large reception area leading to offices, utility rooms, and several large communal rooms. Resident bedroom accommodation was arranged in single and shared bedrooms, with en-suite bathroom facilities. Many resident bedrooms were decorated with resident personal memorabilia, including photographs, ornaments and soft furnishings. Communal rooms included several large sitting rooms and dining rooms. There was sufficient space available for residents to meet with friends and relatives in private. Resident had access to outdoor spaces and a well-maintained enclosed garden was accessible from one communal sitting room in the main centre. The inspector observed colourful flower baskets at the entrance to the designated centre which were planted by the residents.

The inspector observed the residents in the house unit spending their day moving freely through the centre, from their bedrooms to the communal spaces. There was constant activity in the reception area and residents were seen relaxing here, chatting with visitors and engaging with staff. Information for residents was displayed in the reception, including the complaint procedure, activities schedules and details regarding advocacy services.

Care for residents who were living with dementia was provided in the Willows unit, which was located to the right of the main reception. Resident bedroom accommodation was provided in twin and single bedrooms. Each resident bedroom door was painted to replicate a front door and murals which depicted images of interest, such as shop fronts, were visible along corridor walls. The inspector noted that some wall decor was tactile in design, to encourage resident engagement and

activity. There were several communal spaces for resident use, including a large day room, two dining rooms and a sensory room. Residents were observed mobilising freely around the enclosed courtyard in the unit, and one resident told the inspector they really enjoyed spending time outdoors.

The general environment of the centre was visibly clean on the day of inspection. The inspector noted that improvements were also made to the cleanliness of sluice rooms since the previous inspection. The inspector observed that surfaces and finishes including paintwork, wood finishes and flooring in a small number of resident rooms were worn and damaged, and as such did not facilitate effective cleaning. There was an ongoing maintenance programme in place and the inspector noted that the provider had replaced floor covering in multiple resident bedrooms and along areas of circulating corridors throughout the centre, since the previous inspection.

The inspector spent time observing staff and residents' interactions in the various areas of the centre. The majority of residents sat together in the communal sitting rooms. There was a constant staff presence in the communal sitting rooms. A large group of residents were seen engaging in games with staff in the Willows unit. The inspector observed staff and residents having good humoured interactions. Staff were observed offering words of encouragement and many residents were engaged in the activities provided.

A small number of residents remained in their bedrooms in the main unit and they told the inspector that this was their preference. Residents appeared to be relaxed, and residents who were recently admitted to the centre spoke highly of the care they received from staff. Staff were observed to be kind and respectful in their interactions with residents. Residents spoke positively about their experience of living in the centre. Several residents informed the inspector that they were 'very comfortable' and one resident commented that the centre was 'very clean'. Residents said that they could speak freely with staff if they had any concerns or worries. One resident described being checked upon frequently by staff and how this made them feel safe. Several residents told the inspector that call bells were answered in a timely manner.

All residents in the main house whom the inspectors spoke with were generally very complimentary of the meals provided. Residents' said that there was always a choice of meals, and the quality of food was generally very good. Residents commented that the food was 'very good', and one resident said they were 'well very fed'. The only concern raised by several residents was that the tea was 'not strong enough.' The inspector noted that residents were supported to take their meals in communal dining rooms, and one resident was observed enjoying their tea in their bedroom, while watching a favourite television programme. The daily menus were displayed outside the dining rooms in the main house and the inspector noted that one dining room was nicely arranged with table settings and condiments. By contrast, the dining room which was used by residents who required assistance with their meals was sparsely decorated and some decor appeared worn. The inspector observed that several large seating systems were stored in this room and it

appeared uninviting.

Visitors were observed attending the centre on the day of inspection. Visits took place in the residents' bedrooms and communal areas. Visitors whom the inspector spoke with were complimentary of the care and attention received by their loved ones, describing how staff 'really took the time' to get to know the residents.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the provider to support the service and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspector also reviewed the actions taken to address the findings of the previous inspection in May 2024. This inspection found that, while action had been taken to improve the quality of the service and the care environment, the oversight of some management systems was not sufficiently robust to ensure fully compliance with a number of regulations including assessment and care planning, protection, premises and fire precautions.

Mowlam Healthcare Services Limited was the registered provider for Adare and District Nursing Home. There was a clearly defined management structure in place, with identified lines of authority and accountability. A regional healthcare manager provided senior management support to the person in charge. The person in charge was supported locally by two clinical nurse managers and there were deputising arrangements in place. A team of nurses, care assistants, activities, catering, house-keeping and maintenance staff made up the staffing complement. The person in charge was knowledgeable regarding residents' individual care needs.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. There were at least two registered nurses on duty at all times. It was evident from discussion with the person in charge and a review of documentation, that staffing levels and allocations were kept under continuous review. For example, records demonstrated that house-keeping hours were increased since the previous inspection, to ensure a higher standard of cleanliness in the centre, and night-time staffing allocations were under review at the time of inspection.

Staff training records evidenced that staff were facilitated to attend mandatory training relevant to their roles, such as patient moving and handling, fire safety and safeguarding. Additional training was provided in dementia care, infection control and restrictive practices.

There were communication systems in place, and regular meetings took place with

staff and management, in relation to the operation of the service. Meeting records demonstrated that agenda items included the quality and safety of the service, complaints, safeguarding and health and safety. Meeting records detailed the actions agreed and persons responsible. There was a programme of auditing clinical care and environmental safety, to support the management team to measure the quality of care provided to residents. Clinical key performance indicators (KPIs) were tracked and discussed at monthly meetings. A risk and action register was maintained and kept under regular review by the person in charge.

An annual review of the quality and safety of care delivered to residents in the centre was completed for 2024. It set out the improvements completed in 2024 and quality improvement plans for 2025.

A record of all accidents and incidents involving residents that occurred in the centre was maintained. Incidents as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector, within the required timeframes.

There was an up-to-date complaints procedure displayed prominently throughout the centre. The complaints policy in place detailed the complaints management process and clearly outlined who the complaints officer and review officer for the centre were. The complaints records were made available to the inspector, there was one open complaint at the time of inspection. A review of complaints received indicated that the complaints policy was being adhered to and that complaints were being managed and responded to appropriately, within the required timeframe.

Records were seen to be stored securely in the designated centre. Staff personnel files contained the necessary information as required by Schedule 2 of the regulations, including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Regulation 15: Staffing

On the day of inspection there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of residents, taking into account the size and layout of the centre. There were at least two nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

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

<p>mandatory training requirements.</p> <p>Staff also had access to additional training to inform their practice which included infection prevention and control, dementia care and cardiopulmonary resuscitation (CPR) training.</p>
Judgment: Compliant
Regulation 22: Insurance
<p>The provider had an insurance policy in place which covered residents' belongings and injury to residents.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>Some of the management systems in place to ensure that the service was safe and effectively monitored were not fully effective. This was evidenced by:</p> <ul style="list-style-type: none"> the compliance plan committed to following the previous inspection had not been progressed to completion, resulting in repeated non compliance with fire precautions and premises. inadequate oversight of individual assessment and care planning, and protection.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
<p>The person in charge submitted all required notifications to the Chief Inspector within the required time frames, as stipulated in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.</p>
Judgment: Compliant
Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the records found that complaints and concerns were managed and responded to in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents living in the centre were satisfied with their care and they spoke highly of the staff who cared for them. Residents had good access to health care services, including general practitioners (GP), dietitian, speech and language and tissue viability services. Residents reported satisfaction with physiotherapy services provided. Clinical risks such as nutrition, falls and wounds were monitored. However, individual assessment and care planning, protection, premises and fire precautions did not meet the requirements of the regulations.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge, to ensure that the centre could provide appropriate care and services to the person being admitted. The inspector reviewed a sample of resident's care records and found that the residents' needs were being assessed using validated tools that informed the development of care plans. While the care and support needs of the residents were known by the staff, and care plans were person-centred, some care plans were not reviewed and updated in response to residents' changing needs. This is detailed further under Regulation 5: individual assessment and care planning.

There were systems in place to safeguard residents and protect residents from the risk of abuse. Staff were trained to recognise and respond to allegations of abuse. The provider acted as pension agent for ten residents and there were appropriate arrangements in place for the management of resident finances. A safeguarding policy and procedure was in place to safeguard residents from the risk of abuse. However, the inspector found that safeguarding policies and procedures were not consistently implemented, in relation to the documentation of preliminary screening assessments for unexplained injuries, sustained by a small number of residents. This is detailed under Regulation 8: Protection.

The centre was provided with emergency lighting, fire-fighting equipment and a fire detection and alarm system. Fire records were well-maintained and evidenced that equipment was being serviced at appropriate intervals. However, the inspector found that some of the fire doors did not provide assurance of effective containment of smoke and fire, in the event of a fire safety emergency. This is addressed under Regulation 28: Fire precautions.

The centre was found to be well-lit and warm and several residents described their

living accommodation as 'comfortable'. Residents' bedroom accommodation was individually personalised. The provider had addressed a number of issues identified on the previous inspection and floor covering had been replaced in multiple resident bedrooms. However, some resident bedroom floor surfaces remained in a poor state of repair and bed ends were damaged in several resident bedrooms.

Residents had access to medical and health care services. Systems were in place for residents to access the expertise of health and social care professionals, when required. Occupational therapy and physiotherapy services were provided in the centre weekly.

Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices. The centre was actively promoting a restraint free environment. There were no bed rails in use in the centre.

Opportunities to participate in recreational activities in line with residents' choice and ability were provided. The centre employed two staff who were dedicated to the provision of resident activities. The programme of activities included music, exercises, art, gardening and outings in the local community. Residents had access to local television, radio, newspapers and internet. Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings. Advocacy services were available to residents and there was evidence that they were supported to avail of these services, as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

Visitors were welcomed into the centre throughout the day of the inspection. Residents and visitors who spoke with the inspector confirmed that visiting arrangements were flexible.

Regulation 11: Visits

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

Regulation 17: Premises

A review of the premises confirmed that the following areas did not meet the requirement of Schedule 6 of the regulations:

- Floor covering in a small number of resident bedrooms was damaged. This

did not ensure that these surfaces were adequately maintained, and posed a trip hazard to residents.

- Bed ends were damaged in multiple residents' bedrooms.
- Wall paper was torn and a door surface was scuffed in a dining room in the main centre.
- Wall surfaces were scuffed in several resident bedrooms.
- Skirting boards were damaged in small number of resident bedrooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The arrangements in place to ensure that the containment of fire in the event of an emergency was not adequate. For example:

- Intumescent strips were painted over on multiple doors which may impact on the effectiveness of the doors to contain fire, smoke and fumes in the event of a fire.
- There was a large gap under the kitchen and dining room door in the main unit. This may impact on the effectiveness of a door to contain smoke or fire in the event of a fire emergency.

Inadequate fire precautions were observed on this inspection. For example:

- The storeroom on the first floor of the designated centre contained maintenance equipment including a supply of paint. This created a potential risk, as if a fire were to develop in this area, it may be accelerated by the presence of this item.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A review of residents' assessments and care plans found that some residents' care plans were not reviewed and updated at four monthly intervals or in response to their changing needs. This was evidenced by:

- Two residents positive behaviours care plans were not reviewed to ensure they contained the most up-to-date information in relation to residents' care needs and that out-dated information which was no longer relevant had been removed. This posed a risk that this information would not be communicated to all staff.
- A residents holistic care plan did not contain the most up-to-date information

- in relation to the residents' medical needs.
- Some residents had generic infection prevention and control care plans which were not reviewed to ensure that out-dated information which was no longer relevant was removed and when there was no indication for their use.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents had access to a range of allied health and social care professionals such as physiotherapist, speech and language therapy, tissue viability and psychiatry of the older adult.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings and taking part in resident surveys.

Judgment: Compliant

Regulation 8: Protection

The registered provider did not ensure that all appropriate and effective safeguarding measures were in place. For example, the centre's own safeguarding policies and procedures were not consistently implemented in relation to the completion of preliminary screening assessments for unexplained injuries, in a small number of incidents.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Adare and District Nursing Home OSV-0000404

Inspection ID: MON-0046999

Date of inspection: 01/05/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none">• The PIC and senior management team will ensure that all elements of the compliance plan submitted to the authority will be progressed and completed within the timeframe identified. <p>We will continue to monitor assessments and care plans to ensure that they are person-centred and accurately reflect the individual care needs of each resident. The PIC, ADON and CNMs will continue to monitor the quality of documentation through the clinical care audit of assessments, care plan and protection. They will discuss the findings with the named nurse responsible for each resident to ensure that nurses can use their feedback and advice as an opportunity for learning and development</p>	
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 Facilities team has overseen the replacement of flooring in several bedrooms and en-suites as part of the first phase of a planned programme of works to upgrade the centre in 2025. Flooring replacement will continue in order of priority, and we plan to undertake the next phase of flooring replacement based on floors that are showing signs of wear or risk to residents; this will be completed by the end of Q3 2025.• A bed replacement programme is under way in the centre on a phased basis. Twenty beds will be fully replaced with high specification split rail beds by the end of August 2025.	

- Repairs to damaged wallpaper in the dining room have been completed.
- The surfaces of walls and door frames and skirting boards that are marked and scuffed will be re-painted by the on-site Maintenance person as required.

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

- An inspection of intumescent strips and smoke seals to all fire doors will be undertaken and any issues arising will be addressed.
- The type of hold opening devices across doors in the centre have prevented the drop seals being installed. We have completed the replacement of this particular hold opening system on several doors, including the kitchen & dining room doors with free swing closers. Drop seals will be installed on these key doors.
- Paint/Accelerants observed in the first floor store room were removed to an external storage shed on the day of the inspection and they will no longer be stored within the main building.

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

- The PIC ADON & CNMs will conduct a full audit on care plans and ensure the care plan in place will clearly identify each individual resident's care needs and outline a plan to assist with these. They will ensure that care plans reflect the current care requirements and historic information will be archived.

A focused care plan for residents who display responsive behaviours will be in place in line with the centre's policy and in conjunction with the multidisciplinary team, GP and Psychiatry of Later Life. Nursing staff are aware of the guidelines to follow and the appropriate actions to take. The PIC, ADON and CNM will oversee the individual clinical assessment and care plans. Further training on care planning will be provided to assist newly recruited nursing staff.

Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • The PIC will follow the centre's policy for responding to suspicions or allegations of abuse and will complete an investigation report for all future incidents. The PIC will discuss these reports with the Healthcare Manager. • The PIC will routinely monitor and review incidents of unexplained injuries to ensure there are specific measures in place to protect residents from harm and to highlight any specific risks that might predispose residents to unexplained injury. A full review of possible explanations will be established and we will ensure that the care plan is updated. • For residents who have experienced safeguarding incidents we will develop specific safeguarding care plans to guide staff and they will be discussed at handover and safety pauses to ensure all staff are aware of the plan of care to protect the resident. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2025
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 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	30/09/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	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.	Substantially Compliant	Yellow	31/07/2025
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/07/2025