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:	Good Counsel Nursing Home
Name of provider:	Good Counsel Nursing Home Limited
Address of centre:	Kilmallock Road, Limerick City, Limerick
Type of inspection:	Unannounced
Date of inspection:	10 February 2026
Centre ID:	OSV-0000416
Fieldwork ID:	MON-0046943

About the designated centre

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

Good Counsel Nursing Home is a single-storey purpose built centre that provides continuing, convalescent and respite care for up to 28 residents. It is situated on the outskirts of Limerick City and is in close proximity to all local amenities. It is a mixed gender facility and caters for residents of all dependency needs from low to maximum.
It is a family-run centre and one of its stated aims is "to provide a 'homely' environment where residents feel safe, secure and comfortable in the facility during their stay. The staff will treat all residents with dignity, respect, privacy, freedom of choice and kindness". Residents' accommodation is provided in 20 single bedrooms and in four twin bedrooms a small number of which have en-suite facilities. There are two bedroom wings and a main corridor that comprises of day space. There is a large central dining room and two sitting rooms for residents use. Plenty of outdoor space is available including a large enclosed garden with tables and chairs. Care is provided by a team of nursing and care staff covering day and night shifts. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28

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
Tuesday 10 February 2026	21:00hrs to 22:50hrs	Rachel Seoighthe	Lead
Wednesday 11 February 2026	09:50hrs to 18:20hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted over the course of an evening and one day. There were 28 residents accommodated in the centre on the days of inspection.

On the first evening of the inspection, the inspector was welcomed to the centre by the nurse in charge. Following a short introductory meeting, the inspector walked around the centre, giving an opportunity to meet with residents and staff. Two directors of the company returned to the centre, when staff notified them that the inspection was in progress.

Good Counsel Nursing Home is a family owned and operated centre, situated in Kilmallock, on the outskirts of Limerick City. The designated centre was a purpose built, single-storey building, registered to accommodate a maximum of 28 residents.

On the walk around of the centre, some residents were seen up and about, relaxing in the communal sitting room, or mobilising around the centre. The inspector was informed that there was one nurse and a care assistant on duty, to provide care for 28 residents living in the centre. The night-time medication round was in progress, and the nurse on duty was observed assisting some residents who wished to retire to bed, while supporting other residents with their individual care needs.

The inspector observed that the staffing arrangement did not allow for the consistent supervision of the communal areas, as the two staff on duty were required to support residents in other areas of the centre. Two residents with enhanced supervisory needs, were observed unsupervised in the communal smoking room. The inspector noted that one resident was required to wait for ten minutes, for assistance with their personal care needs. The night-time medication round was interrupted on several occasions, as the nurse on duty was required attend to residents care needs.

On the second day of the inspection, the inspector completed a tour of the centre with the general manager. Some residents were observed relaxing in the communal areas, and other residents were getting ready for the day. Resident bedroom accommodation was provided in single and twin bedrooms, some with en-suite facilities. The inspector saw that some bedrooms were personalised, with items such as artwork, family pictures and soft furnishings. The provider had replaced flooring in some resident toilets, and in several resident bedrooms, since the previous inspection. However, the décor, including wood finishes and paintwork was showing signs of wear and tear in some areas of the centre.

There were several communal rooms for residents to use, including a sitting room, a visitors room, a dining room and a designated smoking room. The majority of residents spent their time in the communal sitting room, where activities took place

throughout the day. A schedule of activities was displayed for resident information, which included art, baking, bingo, and exercise. Some residents told the inspector that they enjoyed taking part in the exercise activity. There were a number of residents who preferred to spend time relaxing and watching television in their bedrooms, and they told the inspector that this choice was respected. Seating was provided in the main reception area, and some residents were seen spending time here, observing the comings and goings of others. Outdoor communal areas included a well-maintained enclosed courtyard garden, which was accessible via the main reception.

The inspector spent time chatting with, and observing residents in the various areas of the centre. Residents were seen resting in bed, or spending time in the communal sitting room, where there was a constant staff presence. The inspector spoke with residents who had recently come to live in the centre, and with residents who they had met on previous inspections. Residents who spoke with the inspector were generally positive about the quality of the service. The management team were well known to the residents, and staff were described as being 'very nice' and 'very obliging'. The inspector was informed by one resident that the centre was 'like a palace'. Another resident said they could find 'no faults' in the service, and several residents reported feeling happy with their lives in the centre. Feedback in relation to the quality of food was mixed, with several residents telling the inspector that a greater choice of menu would be welcomed.

Corridors were wide and there were appropriately placed hand rails to support residents to walk independently. Call bells were available in all communal areas, with the exception of the resident communal dining room. There were a number of small storage rooms available, however, the inspector noted that there was storage of residents' assistive equipment in the treatment room and in a resident communal bathroom. Ancillary facilities included a sluice, house-keeping room and a laundry room. The inspector noted that these rooms were clean and tidy, and had been reorganised since the previous inspection.

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

Visiting was facilitated in line with national guidelines, and the inspector observed a number of visitors coming and going throughout the day of the inspection.

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

This was an unannounced inspection, conducted by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on a compliance plan submitted by the registered provider following an inspection of the centre in February 2025, which identified non compliance in relation to assessment and care planning, staffing, training and supervision, contracts for the provision of care services, infection control, fire precautions and governance and management. The inspector also reviewed the detail of statutory notifications submitted to the Chief Inspector in relation to the protection of residents.

This inspection found that there was a well-established management team in place who were working hard to improve the quality of care in the centre. While increased levels of compliance was identified in some areas, the provider had not fully implemented a compliance plan following the last inspection in relation to staffing, contracts for the provision of care services, fire precautions, and governance and management. This inspection found that registered provider did not ensure that there were sufficient staffing resources in place, to ensure the effective delivery of care and the supervision of residents.

Good Counsel Nursing Home Limited was the registered provider of the designated centre. The person in charge was a director of the company. They were supported in their role by two clinical nurse managers. A team of nurses, support assistants, kitchen and house-keeping staff made up the staffing compliment. A general manager, who was also a director of the company, had oversight of catering, maintenance, finances, human resource management and administration.

Prior to this inspection, the Chief Inspector had been notified of a safeguarding incident, which raised concerns regarding the supervision of residents in the centre, particularly in the evening, and at night-time. Following this incident, the provider had committed to increasing night-time staffing levels, to enhance the supervision of residents. Although records viewed by the inspector demonstrated that recruitment was in progress, there were not sufficient staffing resources available to roster an additional staff member at night-time, at the time of inspection.

A review of the centre's staffing roster on the day of inspection found that one staff nurse was rostered to provide care to 28 residents at night-time, with the support of a health care assistant. This staffing structure did not support the interventions required to assist residents with their care needs, supervise healthcare assistants and administer medications in a timely manner. This staffing structure did not ensure that supervisory needs of residents could be adequately met.

There was a training programme in place for staff, which included mandatory training and other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. However, the system in place to supervise staff was not effective. For example, there was inadequate supervision of medicines management.

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. The schedule of audits included infection control, care planning and health and safety. Quality improvement plans had been developed in line with the audit findings. Nonetheless, some of the management systems in place did not ensure that the service provided was safe, appropriate, consistent or effectively monitored. The centre's own risk management system was not fully implemented. Risks, such as the inadequate supervision of residents with complex care needs were not adequately managed.

A review of a sample of the contract for the provision of services in place for residents found that several residents' contracts reviewed did not include the overall accommodation charge or a breakdown of the resident contribution towards their accommodation charge. This was a repeated finding from previous inspections.

A paper-based record of all accidents, incidents and complaints involving residents was maintained. Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

There was a complaints policy in place, and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre, and the inspector observed that these were acknowledged and investigated promptly, and and included a record of the complainants satisfaction.

The registered provider did not maintain records, as required under Schedule 2 and Schedule 4 of the regulations. For example, some records relating to staff were not maintained in line with the requirements of the regulations.

An annual review of the quality and safety of care delivered to residents for 2025 was complete.

Regulation 15: Staffing

There was insufficient staffing levels to meet the needs of residents, with particular regard to the increased levels of staff monitoring required as a result of a safeguarding incident. This was evidenced by periods of time, observed on the first evening of the inspection, when there were inadequate staffing levels to meet residents' needs in a timely manner. This particularly related to the administration of medications, provision of direct care, resident supervision, and the supervision of care delivery.

Judgment: Not compliant

Regulation 16: Training and staff development

Care staff could not be fully supported and supervised by nursing staff in the evening and night- time, due to inadequate levels of staff.

There was inadequate supervision of medicines management, to ensure that medications were administered in a timely manner.

Judgment: Substantially compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- Staff personnel files did not contain all the necessary information required by Schedule 2 of the regulations. For example, three staff records did not have up to date personal identification.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had committed to an increase in the number of staff rostered to work in the centre at night-time. However, at the time of inspection, records demonstrated that there were not sufficient staffing resources in place, to ensure that this shift could be rostered on a daily basis.

Some management systems were not sufficiently robust to ensure the service provided was safe, appropriate and effectively monitored. For example:

- There was insufficient supervision of medicines management to ensure that medications were administered in a timely manner.
- Systems of protection were inadequate.
- There were repeated findings in relation to fire precautions and contracts for the provision of care services.
- Poor oversight of nursing documentation, evidenced by care plans that were not updated to reflect residents current needs.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints records found that residents' complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of a sample of the contract for the provision of services in place for residents found that several residents' contracts reviewed did not include the overall accommodation charge or a breakdown of the resident contribution towards their accommodation charge.

Judgment: Substantially compliant

Quality and safety

Residents who could express a view were satisfied with the quality of the care they received. Residents had access to general practitioners (GPs), allied health professionals, and specialist medical and nursing services. Residents voiced satisfaction with the programme of activities and the majority of residents were satisfied with the choice and quality of food available. However, individual assessments and care planning, and protection, did not fully align with the requirements of the regulations. Furthermore, the care environment, in relation to premises and fire precautions, did not achieve full compliance with the regulations.

The centre had a paper-based 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 resident upon admission. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of files of residents with a range of needs and found that while residents' individual assessments were completed in a timely manner, care

planning documentation did not always contain up-to-date information to guide staff to meet the needs of the residents. For example, care plans developed for several residents who exhibited responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) did not contain up-to-date detail regarding the resident's supervisory needs.

The procedure to safeguard residents was underpinned by a safeguarding policy that provided guidance and support to staff on the appropriate actions and measures to take to protect residents should a safeguarding concern arise. Staff were facilitated to attend safeguarding training. While the provider had taken steps to protect residents from abuse, the inspector found that the majority of staff spoken with, were not familiar with the safeguarding needs of several residents'.

The provider had an ongoing refurbishment plan and new floor coverings had been installed in some areas of the centre. Utility rooms were clean and tidy and the external environment was well-maintained. A generator had been purchased since the previous inspection. While the centre generally provided a homely environment for residents, the inspector observed that floor surfaces in a number of areas were worn.

The designated centre had a fire safety system in place, including fire-fighting equipment and a fire detection and alarm system. However, the inadequate maintenance of some fire doors posed a potential risk to fire and smoke containment, in the event of a fire emergency.

A review of residents' care records confirmed that they had regular access to general practitioners (GPs). Clinical risks, such as infection and weight loss or gain, were monitored by the nursing team. There were no pressure-related wounds in the centre at the time of inspection. There was a system in place to refer residents to allied health services such as occupational therapy, speech and language therapy, dietetics, and psychiatry of later life.

Residents had the opportunity to meet together and discuss management issues in the centre including activities, food, and the quality of care. Residents' satisfaction surveys were carried out. Residents had access to an independent advocacy service. There was a schedule of activities which included bingo, exercise and music. Residents' wishes in relation to their preferred religious practices were recorded and respected. Residents had access to television, wifi, radios, books and newspapers.

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

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not fully conform to the matters set out in Schedule 6 of the regulations in the following areas;

- A call bell was not available in the resident dining room.
- There was inadequate ventillation in two resident toilets, resulting in malodour.
- Floor surfaces in several resident bedrooms was damaged and unsealed at the skirting board. There was visible dirt and debris.
- The décor in some parts of the centre was showing signs of wear and tear. Surfaces and finishes including wall paintwork, floor covering and wood finishes in some resident bedrooms could not be effectively cleaned.

There was insufficient storage space for equipment, resulting in the inappropriate storage of assistive equipment a treatment room, and the storage of several commodes in an assisted shower room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were inadequate arrangements for the containment of fire in the centre. For example:

- A number of resident bedroom doors did not have fire door retainers. Poor practices were observed where doors were being kept open by means other than appropriate hold-open devices. For example, a number of bedrooms doors were held open with chairs. This could negatively impact on the containment of flame and smoke in the event of a fire, as doors would not close automatically.

- Gaps were noted between some cross-corridor fire doors, and some cross corridor fire doors did not close fully when released.

Some inadequate fire precautions were observed on this inspection. For example:

- Personal evacuation plans (PEEPS) were recorded for all residents', however, they did not contain resident photographs, and they were not readily accessible to staff. This arrangement may pose a risk to the timely evacuation of residents in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents' assessments and care plans reviewed by the inspector, found that they were not always in line with the requirements of the regulations. For example:

- A nutritional assessment was completed for a resident which identified that they were at risk of weight loss. However, a care plan was not developed to guide staff on the most appropriate interventions to support the residents nutritional needs.
- A resident who was transferred using assistive equipment did not have mobility care plan in place to guide staff.
- A safeguarding plan had not been developed for one resident in response to a peer-to-peer incident in the centre.

Some care plans were not reviewed to ensure that they contained the most up-to-date information in relation to residents' care needs, and that outdated information, which was no longer relevant, had been removed. This posed a risk that accurate information would not be communicated to all staff. For example:

- One residents' care plan did not contain up-to-date information regarding the management of responsive behaviours following recent adverse incidents.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 8: Protection

Safeguarding policies and procedures were not consistently implemented, particularly in relation to the systems in place to prevent abuse. Staff demonstrated poor awareness of the interventions required for residents who were identified as having safeguarding needs. Some residents did not receive the level of supervision they required to ensure their safety.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Good Counsel Nursing Home OSV-0000416

Inspection ID: MON-0046943

Date of inspection: 11/02/2026

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: - Management have implemented additional staffing resources to the night shift, with an additional HCA rostered to work each night 8.00 p.m. to 8.00 a.m.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: - Management have implemented additional staffing resources to the night shift, with an additional HCA rostered to work each night 8.00 p.m. to 8.00 a.m. - This allows the nursing staff to focus on tasks including medication management, supervision of staff and residents etc. - Management will carry out Audits of medication management focusing on evening and night time administration.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records:	

- All staff files are in the process of being audited to insure compliance.
- Any staff file containing an expired proof of identification (i.e. Drivers Licence / Passport) are being updated.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

- At the time of inspection Management were in the process of recruiting additional staff with a signed contract of employment and induction plan in place for a new staff member. This staff member duly commenced employment along with part time staff moving to full time contracts.
- As a result of the above additional staffing resources have been allocated to the night shift with an additional HCA rostered on a nightly basis from 8.00 p.m. to 8.00 a.m.
- Medication rounds are being audited to insure medications are administered in a timely manner.
- A staff meeting has been held in relation to Safeguarding policies and relevant care plans. Further staff engagement on this topic is schedule to be completed by the 27/04/2026.
- Care plans and Contracts of Care are all being reviewed.
- A service of fire doors has been carried out since the inspection.

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

- All Contracts of Care will be reviewed and updated as required.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- A call bell will be installed in the dining room.
- Additional ventilation will be installed in the bathroom.
- Floor finishes, painting and decorating are scheduled for further upgrades in May 2026.
- Equipment requirements are being reviewed with some equipment being disposed of creating adequate storage space.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
- All resident rooms will be fitted with fire door retainers. 30/04/2026
- All fire doors have been serviced since inspection.
- All residents PEEPS care plans will be updated with photographic ID and stored in separate folders at multiple locations for ease of access in the event of emergency.

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:

- Care plans are under review with oversights rectified for example management of responsive behaviours.
- All Care Plans will be fully reviewed by the 30/04/2026

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- A staff meeting has been held in relation to Safeguarding policies and relevant care plans. Further staff engagement on this topic is schedule to be completed by the 27/04/2026.
- At the time of inspection Management were in the process of recruiting additional staff with a signed contract of employment and induction plan in place for a new staff member. This staff member duly commenced employment along with part time staff moving to full time contracts.
- As a result of the above additional staffing resources have been allocated to the night shift with an additional HCA rostered on a nightly basis from 8.00 p.m. to 8.00 a.m. providing the capacity for additional supervision of residents.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	23/02/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	23/02/2026
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	31/05/2026
Regulation 21(1)	The registered provider shall	Substantially Compliant	Yellow	30/04/2026

	ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	23/02/2026
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	31/05/2026
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/04/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions	Substantially Compliant	Yellow	30/04/2026

	against the risk of fire, and shall provide suitable fire fighting equipment, 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.	Not Compliant	Orange	30/04/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/04/2026
Regulation 8(1)	The registered provider shall take all reasonable	Substantially Compliant	Yellow	23/02/2026

	measures to protect residents from abuse.			