



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

## Issued by the Chief Inspector

Name of designated centre:	Aperee Living Conna
Name of provider:	Conna Care Home Ltd
Address of centre:	Conna, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	03 October 2025
Centre ID:	OSV-0004447
Fieldwork ID:	MON-0047011

## About the designated centre

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

Aperee Living Conna was established in 2003. It is currently managed by the Aperee Living Group. It is a 50-bedded home situated on the edge of Conna and all accommodation is on one level. The home comprises 42 single rooms with toilet and shower facilities some of which are shared between two single bedrooms. There are two single rooms (not en-suite), three double bedrooms en-suite, a large sitting room, conservatory, dining room, oratory, library, hairdressing salon, assisted bathroom, assisted shower room and enclosed garden with seating provided. All rooms have access to a call bell system and residents are encouraged to personalise their rooms. The centre offers long-term and respite care as well as caring for residents with dementia. There is 24-hour nursing care available. There is medical and allied health services available and all dietary needs are catered for.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	43
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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
Friday 3 October 2025	08:45hrs to 17:25hrs	Siobhan Bourke	Lead
Friday 3 October 2025	08:45hrs to 17:25hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

This unannounced inspection, took place over one day, by two inspectors of social services. The purpose of this inspection was to monitor the care and welfare of residents living in the centre. The inspectors met with many of the 43 residents, and spoke with nine residents in more detail regarding their day-to-day experiences of living in the centre. Overall, residents told inspectors they were generally happy with the staff, quality of food and the care they received from staff in the centre. A number of residents, said there could be delays in staff answering call bells at night and others identified that noise from doors banging in the centre was very disturbing to their sleep and rest. There were a number of residents living with a cognitive impairment, who were unable to fully express their opinions to inspectors. These residents appeared to be content, appropriately dressed and well-groomed.

Aperee Living Conna is a large single-storey building located in the scenic rural setting near Conna village. The centre had 44 single bedrooms and three twin bedrooms arranged in three main wings called Aghern, Douglas and Castle. All the twin rooms were occupied by only one resident on the day of inspection and were configured for single occupancy. The inspectors walked around the premises, to meet residents and observe the premises and morning care delivery. The inspectors spent time with the person in charge and it was evident to inspectors that the person in charge was knowledgeable regarding residents' assessed needs.

Inspectors saw that many residents' bedrooms were personalised, warm and clean. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment was seen in residents' bedrooms. However, in some bedrooms there was chipped paint on bedroom walls and some furniture such as wardrobes, lockers and bed-frames were worn and required repair. Inspectors saw that the veneer surface on the front of some of the wardrobes was totally lifting and broken. A number of residents commented on the premises needing an upgrade and said a number of things were not working and needed to be replaced. Inspectors also saw that tiling on floors was poorly maintained in a number of en suites toilets in resident's bedrooms. These and other ongoing premises issues are discussed further in the report.

There were a number of communal rooms and areas for residents' use throughout the centre such as a large dining room and day room, activities room, a sun room and an oratory. The activities room and oratory room remained de-cluttered since the previous inspection but were not in use by the residents. The communal spaces were generally clean and warm. A heater had been added to the sun room since the previous inspection. Residents were seen to have access to the outdoor courtyard, which was very well maintained. Residents commented on the views of the countryside, which were lovely, from many rooms in the centre and there were lovely apple trees brimming with apples in the courtyard areas.

The inspectors observed the dining experience throughout the day, with some residents enjoying their breakfast in their bedrooms and others coming to the dining room to enjoy the company of others. At lunch time, the inspectors observed that the majority of residents attended the dining room for lunch, including residents that required a lot of assistance. The inspectors observed that the tables were nicely set and the menu was displayed. The food looked nutritious and appetising and residents were very complimentary about the food and the choice they receive on a daily basis. Inspectors observed that assistance was given to residents in a discrete and sensitive manner and there were plenty of staff available to ensure a pleasant dining experience. Texture modified diets appeared appetising and wholesome at lunch time. However, at tea time this was not the case as there was not a savoury option available. This is outlined under Regulation 18; Food and Nutrition.

The inspectors observed some lovely person-centered interactions between staff and residents, and it was obvious that staff knew residents well. The person in charge and assistant director of nursing were also well known to residents. Many of the residents who spoke with the inspectors were full of praise for the kindness of staff. Residents were encouraged to maintain their mobility and independence. Residents who required mobility aids were seen to have access to these as required, following assessments by relevant health and social care professionals.

A newly appointed activity co-ordinator was on duty during the inspection and was learning their role. There was a schedule of activities in place every day and residents were aware of the activities available in the centre. The inspectors saw the activity staff attend to residents' rooms and provide one-to-one activities with residents. During the inspection there were board games, music, a fit for life session which was very well attended followed by further games. There were regular residents' meetings held in the centre and from a review of minutes of these meetings, issues such as activities, food, laundry and staff communication were discussed and actioned. The inspectors also met a small number of relatives who were generally happy with the care their resident received and found the staff kind and caring but did say that there can be some delays in care delivery at times, due to delays in call bell answering.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection carried out by two inspectors 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). Inspectors found that the onsite management ensured residents were provided with a good standard of care. However, as identified in the previous six inspections of the

centre between April 2023 and November 2024, concerns remained regarding the financial resources available to the provider as outlined further in this report.

Aperee Living Conna is operated by Conna Care Home Limited, the registered provider. The Chief Inspector was informed that the registered provider company was in receivership since 31 July 2024 and that the appointed receivers were now responsible for the operational and financial management of the designated centre, with the powers of the current directors suspended. These arrangements remained in place at the time of this inspection. These and other findings are outlined under Regulation 23; Governance and management.

The registered provider had appointed a person participating in management who attended the centre weekly, to support the person in charge. The PPIM was onsite for the duration of the inspection and was onsite providing staff training, the previous day. The PPIM and the receiver met on a weekly basis to discuss operational issues regarding the home such as staffing, incidents of falls, pressure ulcers and complaints. Minutes of these meetings were submitted following the inspection. However, the receiver did not hold meetings with the person in charge or the management team onsite in the centre and there was no evidence that the receiver had an onsite presence in the centre, to meet with staff, residents or relatives or view maintenance premises issues outlined further in this report.

The centre had a full time person in charge who was responsible for oversight of the quality and safety of care provided to residents living in the centre. The person in charge was supported by a full time assistant director of nursing and a team of nurses, care staff, housekeeping and catering staff and an administrator. Due to a recent resignation, the person in the position of activity co-ordinator was on induction and was being trained up in the role at the time of inspection. From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was a training programme in place for staff in fire training, manual handling, responsive behaviour, safeguarding vulnerable adults and infection prevention and control. From speaking with staff and the training matrix maintained by the person in charge, it was evident that staff were supported to attend training in line with their roles and responsibilities.

The complaints procedure for the centre was displayed and a record of complaints was maintained by the person in charge. From a review of complaints records, the person in charge appropriately investigated complaints and updated complainants with the outcome of the complaint.

Incidents such as falls were recorded electronically in the centre. It was evident that incidents were managed in line with the centre's policy and procedures and notified to the office of the Chief Inspector when required.

From a review of a sample of staff records, inspectors found that records were maintained in line with Schedule 2 of the regulations.

The person in charge ensured that key risks to residents such as falls, skin tears and pressure ulcers were monitored in the centre. From analysis of these indicators, it was identified by the person in charge that more frequent skin assessment was required at each shift. The person in charge found that this intervention had reduced the number of skin tears occurring in the centre in the preceding weeks. There was a schedule of audits in place including care planning, medication management, infection control and falls. Audit findings were appropriately actioned by the management team. The person in charge was undertaking the infection control link nurse programme at the time of inspection and was the lead for infection control. The centre had two recent outbreaks of COVID-19 whereby the contingency plan was implemented and an outbreak report was completed following an outbreak to ensure any learnings or recommendations could be implemented.

An annual review of the quality and safety of care provided to residents in 2024 was prepared and available for review.

### Regulation 15: Staffing

From a review of rosters and from speaking with staff and management it was evident that the number and skill mix of staff was appropriate to meet the assessed needs of the 43 residents living in the centre, on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge ensured that staff were provided with training appropriate to their role. There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

An inspector reviewed a sample of staff files and saw that they met the requirements of Schedule 2 of the regulations. Other required records were noted to be well maintained, securely stored and made available to inspectors during the day.

Judgment: Compliant

### Regulation 22: Insurance

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

Judgment: Compliant

### Regulation 23: Governance and management

Significant concerns remained with regards to the governance and management of the service as evidenced by the following;

The provider had failed to ensure that the service was sufficiently resourced.

Inspectors remained concerned regarding the provider's management of the centre's finances, as the centre was in receivership since 31 July 2024.

Management systems were not sufficiently robust

- There was a lack of oversight and action taken in relation to required improvement in the premises, this has been outstanding over the course of a number of previous inspections as further detailed under Regulation 17: Premises.
- There was a lack of oversight of call bell answering as there were no call bell audits completed at night and residents complained of delays in care delivery. There had been no spot checks at night to ensure staff were providing appropriate care to residents.
- There was no evidence of the provider attending the centre or attendance at governance meetings for a centre that is in receivership.

Again, the findings of this inspection, were that the registered provider's governance structure was not in line with commitments provided to the office of the Chief Inspector or the Statement of Purpose against which the centre is registered.

Judgment: Not compliant

### Regulation 24: Contract for the provision of services

Residents had a signed contract for the provision of services. From a review of a sample of contracts, it was evident that contracts included the terms and conditions and detailed the fees and charges required.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered providers governance structure was not in line with the commitments provided to the Office of the Chief Inspector or the Statement of Purpose, on which the centre was registered.

Judgment: Not compliant

### Regulation 31: Notification of incidents

An electronic record of incidents was maintained in the centre. An inspector reviewed incident records and saw that required notifications were submitted to the office of the Chief Inspector as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. It was agreed during the inspection, to ensure the procedure was more clearly displayed. A record of complaints were maintained in the centre by the person in charge. From a review of the complaints log, it was evident that the person in charge investigated complaints in line with the regulations.

Judgment: Compliant

## Quality and safety

Overall, this inspection found that residents living in Aperee Living Conna received a good standard of care and were supported to have a good quality of life by kind and

caring staff. The required fire safety works had been completed and signed off by a competent person since the previous inspection. However, ineffective governance and oversight arrangements was impacting on the maintenance and upkeep of the premises as outlined under Regulation 17; Premises.

The inspectors saw that residents had good access to medical and health care services from local general practitioner (GP) services. A GP and physiotherapist was onsite on the day of inspection. Residents were appropriately referred to allied health and social care professionals as required and there was evidence that any recommendations made were implemented.

All residents had a care plan developed. From a review of a sample of residents' records, care plans were developed using validated assessment tools to assess risks of malnutrition, pressure ulcers and falls for residents. Care plans reviewed were person-centred and updated as required in line with the regulations.

The person in charge was working to promote a restraint free environment and there was evidence of alternatives to bed rails such as low beds and crash mats in use for residents. Residents who experienced responsive behaviour had appropriate assessments completed and staff were observed to redirect residents and support them with distraction techniques when required.

There was adequate cleaning resources available to ensure that residents' bedrooms were cleaned every day. The centre was maintained at an adequate temperature and the inspectors saw that a heater had been added to the sun room/ conservatory as an action from the previous inspection findings. The inspectors saw that while some wardrobe doors had been repainted, paintwork and woodwork, furniture in some residents' rooms and equipment and furnishings in ancillary rooms were worn and damaged and required renovation as outlined under Regulation 17; Premises.

The fire folder was examined and the inspector saw that regular fire drills were conducted with day and night time staffing levels in the centre. Staff were up-to-date with annual fire training.

Residents said they felt safe in the centre and staff had received training in safeguarding. Residents had access to advocacy services and regular residents' meetings were held in the centre. The recently appointed activity co-ordinator was observed providing on-to-one and group activities for residents. A number of residents told the inspectors that while call bells were answered promptly during the day, this was not the case during the night. Other residents found their sleep was disturbed by the noise from doors closing at night time. These and other findings are outlined under Regulation 9 Residents' rights.

## Regulation 17: Premises

There were a number of areas of the premises that required action to ensure compliance with Regulation 17 and Schedule 6: many of these are repeat findings;

- Paint on some bedroom walls, door frames and corridors was chipped and damaged.
- The veneer was broken, ripped and peeling off a number of wardrobes, which was unsightly and impeded effective cleaning.
- Tiles were broken and damaged in a number of ensuite bathrooms.
- Items of equipment such as bed ends and bedrails, were worn and required repair.
- Equipment stored in one of the centre's sluices required attention; such as a commode was observed to be rusted, shower seats and raised toilet seats were worn and discoloured and required replacement.
- Flooring near the nurse's station was missing tiles and the surface of the desk top there was worn and cracked.
- Finishes and surfaces in a number of the ancillary rooms were worn and cracked and required repair.

Judgment: Not compliant

### Regulation 18: Food and nutrition

While there was a choice and quality of food provided for residents for the lunch time meal, there was no choice available for residents who required textured modified diets for their evening meal. The inspectors saw that residents were served dessert type meals such as custards for evening meals which are not wholesome and nutritious. Residents on modified diets were not offered a savoury more nutritious option, this was also confirmed by the chef on duty.

Judgment: Substantially compliant

### Regulation 26: Risk management

The risk management policy for the centre had been updated to reflect the recent changes to the regulations. The centre had a generator in place should a power outage occur.

Judgment: Compliant

### Regulation 28: Fire precautions

An inspector reviewed the fire folder and saw that daily and weekly checks of emergency exits and the fire alarm were carried out. Regular fire drills were carried out with both day and night time staffing levels to provide assurance to the registered provider that residents could be evacuated safely in the event of a fire in the centre. Records were available to reflect that quarterly and annual services of the fire alarm and emergency lighting were carried out.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of care plans and saw that residents had a care plan developed within 48 hours of admission. Validated assessment tools were in use to assess risks, such as malnutrition, pressure ulcers and falls. It was evident that care plans were sufficiently detailed to direct care for staff and were updated when a resident's condition changed or every four months as required in the regulations.

Judgment: Compliant

### Regulation 6: Health care

From a review of a sample of healthcare records and from speaking with staff and residents, it was evident that residents living in the centre had good access to healthcare services from local GP practices. A GP was on site on the day of inspection reviewing residents. A physiotherapist was also on site providing assessment and treatments to residents as required. Residents were appropriately reviewed by specialist community services such as palliative care and mental health services as required. There was evidence that recommendations from allied health and social care professionals such as dietitians and speech and language therapists were implemented by staff.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with regard to training on responsive behaviour. Comprehensive plans in relation to managing behaviour in the centre were in place for the residents, with de-escalation techniques evident throughout. The person in

charge was striving to promote a restraint free environment and had reduced the number of bed rails in the centre from seven to five in the previous months.

Judgment: Compliant

### Regulation 8: Protection

Staff working in the centre were provided with training on safeguarding vulnerable adults. Staff who spoke with inspectors were aware how to report a safeguarding concern should one arise. The inspectors saw that any allegation or safeguarding incidents were appropriately investigated and managed by the person in charge. There were more robust systems in place for the management of residents' finances and monies handed in for safekeeping since the previous inspection. The provider was not a pension agent for any resident.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspectors found that action was required to ensure that the rights of residents who were living in the centre were upheld at all times as evidenced by the following;

- A number of residents told inspectors that there was a delay when they rang the call bell for assistance at night time.
- Residents complained that their sleep was disturbed at night due to the noise from banging doors in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Aperee Living Conna OSV-0004447

Inspection ID: MON-0047011

Date of inspection: 03/10/2025

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• A Receiver was appointed on 31 July 2024 and the Receiver has assumed full financial control of the centre.</li> <li>• The company continues to trade, and the Receiver operates under the Companies Act 2014 -2026, as an agent for the company</li> <li>• A dedicated financial management structure is in place, including:               <ul style="list-style-type: none"> <li>▪ Weekly cashflow monitoring</li> <li>▪ Budget review and cost control measures</li> <li>▪ Oversight of payroll and supplier payments</li> </ul> </li> <li>• Funding streams remain active and operational.</li> <li>• Payroll, supplier contracts, utilities, and insurance arrangements are secured.</li> <li>• A financial contingency plan has been developed to ensure uninterrupted service delivery.</li> <li>• The provider will immediately notify the Chief Inspector of any material financial risks.</li> <li>• A revised governance structure (organogram) will be implemented and shared with HIQA.</li> <li>• Monthly governance meetings occur, which the receiver and the PPIM attend with documented minutes and action tracking.</li> <li>• A compliance monitoring framework is in place, including:               <ul style="list-style-type: none"> <li>▪ Incident oversight</li> <li>▪ Complaints monitoring</li> <li>▪ Staffing review</li> <li>▪ Premises and maintenance oversight</li> </ul> </li> <li>• A time-bound refurbishment schedule has been developed with clear responsible persons and completion dates. Progress updates will be reviewed monthly at governance meetings. Capital expenditure approval process has been clarified with the Receiver to prevent further delays.</li> </ul>	

- A formal Call Bell Audit Tool has been introduced at nighttime. Call bell response times are audited: - both day and night shifts. Findings are documented and reviewed at governance meetings.
- The centre is in the process of being sold and will remain in receivership until the sale is complete. This should complete in 2026 based on information available to the Receiver.

**The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.**

Regulation 3: Statement of purpose	Not Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The centre is currently operating under receivership, and changes to governance arrangements occurring during this period have been formally updated in the Statement of Purpose and clearly communicated in line with regulatory requirements. The role of the Receiver as RPR is also detailed.
- Operational oversight arrangements were put in place to ensure continuity of care and resident safety. The governance organogram reflects these interim arrangements.
- The Office of the Chief Inspector will be kept informed of any proposed change to provider status or operational control will be formally notified in advance.
- A schedule has been introduced to review the Statement of Purpose monthly while the centre remains in receivership to ensure continued accuracy.

**The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations.**

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- A 2026 Maintenance plan for the centre has been completed and work has commenced.

- As part of the refurbishment plan there is a plan to repaint the Centre. Twenty Bedrooms and the Castle Corridor have been repainted.
  - Work have commenced on repairing damaged wardrobe veneer on the wardrobes – the veneer will be repaired where possible or replaced where repair in not viable
  - A review of all ensuite bathrooms will be conducted to ensure grout, sealant and tiles are intact and water-resistant. Damaged and broken tiles in the ensuites have been repaired.
  - Two new resident beds have been purchased.
  - The rusted commode has been removed from service and replaced.
  - Worn and discolored shower seats and raised toilet seats have been replaced.
  - There is a plan to refurbish the nurses station area and axillary rooms, including replacing the missing tiles near the nurses’ station and repair/replacement of the worn desktop surfaces.
  - A new multipurpose shed has been purchased to replace the maintenance sheds
- Works are scheduled in phases to minimize disruption to residents

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

- A minimum of two options (one savory and one alternative choice) is now available at every evening meal for residents requiring textured modified diets. These two options reflect the main menu choice and are adapted appropriately in line with IDDSI Guidelines.
- A meeting with the chefs was held to reinforce requirements under Regulation 18 and clarify expectations regarding choice and nutritional adequacy.
- All evening meals for residents on modified diets include:
  - A protein source
  - A carbohydrate component
  - Vegetables
  - Fortification where indicated
- The practice of offering custard or desert only meals as the primary evening meal has ceased, unless it is the resident’s choice on the day.
- Residents on modified (and/or their representative were consulted regarding food preferences, and their feedback was incorporated into menu planning.
- Catering staff and care staff are up to date on IDDSI training.

Regulation 9: Residents' rights	Substantially Compliant
<p data-bbox="172 206 1433 241">Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul data-bbox="172 282 1433 667" style="list-style-type: none"><li data-bbox="172 282 1433 353">• A review of night-time staffing levels and resident dependency has been completed to ensure staffing is sufficient to meet assessed needs.</li><li data-bbox="172 360 1433 396">• A formal Night-Time Call Bell Audit Tool has been introduced.</li><li data-bbox="172 403 1433 439">• Call bell response times have been monitored.</li><li data-bbox="172 445 1433 517">• Any response time exceeding the centre's acceptable threshold will be reviewed by the Person in Charge (PIC).</li><li data-bbox="172 524 1433 595">• Staff have been reminded of their responsibility to prioritize call bells to uphold residents' dignity, autonomy and right to timely assistance.</li><li data-bbox="172 602 1433 667">• Residents' feedback regarding night-time responsiveness will be sought through resident meetings and satisfaction surveys.</li></ul>	

## 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.	Not Compliant	Orange	31/12/2026
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	26/02/2026
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	Not Compliant	Orange	26/02/2026

	the statement of purpose.			
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	26/02/2026
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.	Not Compliant	Orange	26/02/2026
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Not Compliant	Orange	30/11/2025
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with	Substantially Compliant	Yellow	26/02/2026

	the rights of other residents.			
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Substantially Compliant		26/02/2026