



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

## Issued by the Chief Inspector

Name of designated centre:	St Martha's Nursing Home
Name of provider:	St Martha's Nursing Home Ltd
Address of centre:	Glenswilly House, Cappauniac, Cahir, Tipperary
Type of inspection:	Unannounced
Date of inspection:	23 January 2026
Centre ID:	OSV-0005284
Fieldwork ID:	MON-0045881

## About the designated centre

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

St Martha's Nursing Home is set at the foot of the Galtee mountains. It is located four miles from the town of Cahir and five miles from the town of Bansha on the Glen of Aherlow road. The centre is registered to accommodate 26 residents. It is a two-storey building with lift and stairs access to the first floor. Bedroom accommodation comprises single and twin bedrooms. Fifteen of the twenty bedrooms have en-suite shower and toilet facilities and there are toilet and bathroom facilities adjacent to the remaining five bedrooms. Communal accommodation comprises a conservatory, two lounge areas, dining area and a visitors' room. There is an enclosed sensory courtyard with seating and an external mature garden with seating and walkways. The centre provides full-time nursing care to male and female residents requiring respite and long-term nursing care whose care needs can be met by St Martha's, including people who have been assessed as maximum dependency.

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

Number of residents on the date of inspection:	26
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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 23 January 2026	09:45hrs to 16:20hrs	Catherine Furey	Lead
Friday 23 January 2026	09:45hrs to 16:20hrs	Sinead Corbett	Support

## What residents told us and what inspectors observed

From what residents told us and what inspectors observed, residents had a good quality of life in this small and homely centre. Residents that spoke with inspectors were complimentary about the care they received from the staff, telling inspectors that staff were 'nice' and 'helpful'. Staff were knowledgeable about the needs of the residents, and respectful and warm interactions were observed between staff and residents throughout the day. Staff were attentive to the needs of the residents and communal areas were well supervised. Some residents could not verbally communicate their needs, however, they appeared comfortable and content.

Inspectors reviewed the responses to a provider's questionnaire completed by ten residents in February 2025. The questionnaires explored residents' views on living in the centre and the responses were positive. For example, residents said they felt 'very safe' and that care was 'brilliant'. There was a relaxed atmosphere in the centre during the day. Residents' choices in relation to what food they wished to eat and what activities they wished to participate in were seen to be respected by the staff. Inspectors spoke to eight residents to gain insight into their lived experiences in the centre. Inspectors also spoke to visitors and staff and spent time observing the environment and reviewing documentation.

Inspectors arrived to the centre mid-morning and were welcomed by the nurse on duty and one of the centre's company directors, who represents the provider for regulatory matters. The person in charge attended the centre later in the day. Following a brief meeting with the company director, inspectors completed a walk around of the centre. The centre is a two-storey building situated in a rural area in Co. Tipperary, with views of the Galtee Mountains. Communal spaces were comfortable and were adequate in size to meet the needs of the residents. Residents could use a day room located on the ground floor at the front of the building, and a large open plan room consisting of a dining room and two day rooms also located on the ground floor. Residents could also choose to sit in the 'Quiet room' on the ground floor and they had access to a well maintained garden. On the morning of the inspection, residents were observed watching television in one of the day rooms. Many other residents were sitting in the dining room/day room. Some residents appeared to be sleeping at this time but shortly after were observed engaging with staff for the morning activity.

The premises were warm and bright and decorated in a homely manner. Signage for the communal rooms was clearly displayed, along with framed photographs of outings and events in the centre. Handrails on corridor areas and in bathrooms supported residents to mobilise independently and corridors and rooms were wheelchair accessible. A passenger lift and two staircases provided access between the ground and first floor. Bedrooms were a mix of single and twin rooms. Bedrooms were personalised with residents' own items and residents had sufficient storage space and lockable storage. Single bedrooms had en-suite facilities and twin

bedrooms had shared bathrooms, either in a "jack-and-jill" style shared between two bedrooms, or located on the nearby corridor. Curtains in shared bedrooms and locks on both access doors to a shared bathroom provided privacy to residents. Bedrooms appeared clean and comfortable, and while bedrooms were nicely decorated some areas of wear and tear on bedroom furniture was noted, for example on bed frames and lockers.

Many people were in the centre visiting residents throughout the day of the inspection. Visitors were complimentary about the staff and the care in the centre, saying that the communication between the staff and family was very good and that the staff looked after the family as well as the resident. A visitors' book logged the names of visitors to the centre. Residents had a choice of communal areas to meet with their family if they wished. One visitor told inspectors "the care is second to none".

The activity schedule for the day was written on a white board in the open plan dining room and day room and included Mass on television in the morning, followed by an exercise session. In the afternoon, activities included an activity of the residents' choice and the Rosary. The dining room/day room hosted activities and the room was an adequate size to accommodate this. Several residents were observed to participate in the exercise session and a quiz in the morning which was facilitated by a staff member. Later in the afternoon, staff proposed different options or gentle activities and the residents chose to play ball games. Residents had access to televisions, radio, books and magazines. Wi-Fi was available in the centre. While residents were seen to enjoy activities and inspectors received positive feedback about the activities, one resident said that they were bored during the day. While inspectors did not see information on independent advocacy services displayed in the centre, inspectors were told that residents had access to advocacy services and that an independent advocacy service had previously attended the centre to give a talk to the residents.

Residents were complimentary about the food in the centre. Inspectors observed the lunch time experience and saw that the food appeared nutritious and appetising. Modified foods were presented nicely. Residents were offered three courses; soup, main course and dessert. On the day of the inspection, residents had a choice of salmon, breaded fish, fish fingers or chicken for dinner. Residents were asked what their choice is the day before and again on the day. Inspectors were told that if residents do not like what is on the menu they can request an alternative. This was confirmed by residents when talking to inspectors. There was a choice of chocolate cake or jelly for dessert. Residents sat together in small groups at tables that were set with tableware and condiments. Other residents sat in their arm chairs. Staff supported residents that required assistance in a respectful manner, sitting beside them and talking with them during the meal. There was a relaxed atmosphere in the dining room with soft music playing. Inspectors were told that residents have a choice what they would like to eat at breakfast, this usually consists of porridge, cereal or boiled egg, although residents could request a hot breakfast also.

Residents' laundry is managed on site. The laundry consists of two rooms, one contains two washing machines which are used to launder linen and the resident's

clothes and an ironing room opposite that has a dryer and access to a clothes line. Residents said that their clothes were carefully looked after and were always returned to them quickly and placed in their wardrobes.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall there were good local systems in place to support the delivery of quality care to residents. Nonetheless, the registered provider was required to take action to provide additional oversight of premises-related issues including fire safety precautions, and infection prevention and control, to ensure best possible outcomes for residents.

This inspection was a one day inspection conducted by two inspectors to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended). The centre is registered to accommodate 26 residents and was fully occupied on the day of inspection. Inspectors reviewed the compliance plan from the previous inspection in January 2025. While improvements had been made by the registered provider in some areas, there were repeated findings in the areas of fire precautions and infection control. This is discussed further under the relevant regulations.

The registered provider of this designated centre is St. Martha's Nursing Home Ltd, a limited company with two company directors who work full-time in the centre, one in the role of person in charge and both of whom contribute to the overall governance and daily operations of the centre. Clinical and social care is coordinated by the person in charge, with support from a dedicated team comprising nurses, healthcare assistants, domestic and catering staff. Staff said that the management team were approachable, supportive and present in the centre. There were regular, documented staff meetings where all aspects of the service delivery were discussed.

The centre was implementing a schedule of audits on important topics, such as falls, restrictive practice, and infection prevention and control. Despite this good practice, the audit findings did not always identify areas for learning and improvement and did not correlate with some of the findings on inspection. For example, a recent infection prevention and control audit identified good practice in relation to procedure in the centre's dirty utility "sluice" room. This was contrary to the findings of the inspectors who observed poor practice in this area.

The person in charge was in the process of compiling the annual review for 2025. The annual review was completed for 2024 this included the feedback of residents on the service provided. From the annual review, improvements were identified and

a time bound action plan was developed. The review established that there were a low level of complaints received and they were managed in line with the centre's own policy.

There was an appropriate level of clinical staff to meet the needs of the residents present during the inspection. There was a minimum of one nurses on duty over 24 hours. Staff confirmed that staffing levels remained stable with no reductions in staff. The levels of staff across all departments was in line with those outlined in the centre's statement of purpose.

Records viewed by inspectors confirmed that important training, such as fire safety and safeguarding of vulnerable adults was up to-date for all staff. Training formats were a mixture of online and in-person training. Additional important training such as cardio-pummonary resuscitation (CPR) and medication management were provided according to the staff member's role.

Records were generally well-maintained in the centre and available for inspectors to review. Residents' personal and clinical details include care plans, assessments and records of treatments given were maintained safely. There was a low level of incidents and accidents occurring in the centre. When these did occur, they were documented by staff and reviewed and investigated by the person in charge. Improvements were seen in relation to the notification of incidents, and a review of the incident and accident log identified that all notifiable incidents had been submitted to the Chief Inspector where required. Residents all had signed contracts of care in place which contained the required information including the number of other occupants of the room and the fees for services.

### Regulation 15: Staffing

On the day of the inspection there was an adequate number and skill mix of staff on duty to meet the assessed needs of each resident, having regard for the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a robust programme of mandatory training, including moving and handling, fire safety, infection prevention and control and managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A review of records identified that all staff were up to date with training required.

Judgment: Compliant

### Regulation 23: Governance and management

While there were management systems to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(1)(d), action was required in a number of areas. The systems of auditing and analysing information gathered in the centre were not fully effective. This was evidenced by the following:

- There were inadequate systems of oversight in place to monitor and respond to issues of concern found by the inspectors in relation to poor infection control procedures. An infection prevention and control audit dated May-December 2025 was completed, and while the audit tool covered all relevant areas of practice, the findings of the audit did not reflect the findings on inspection. This is discussed further under Regulation 27: Infection control
- There continued to be repeat findings in relation to fire safety, which placed unnecessary risk to the residents. The findings are outlined under Regulation 28: Fire precautions
- There continued to be deficits in the quality and accuracy of residents' individual assessment and care planning documentation, which could lead to omissions in care. This is discussed further under Regulation 5: Individual assessment and care plan.
- Further oversight of the development of policies and procedures was required, to ensure that important policies were updated regularly and reflected current evidence-based best practice guidance.

Judgment: Not compliant

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

Residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents as set out in paragraphs 7(1)(a) to (i) of Schedule 4 are notified to the Office of the Chief Inspector within the required time-line of two working days. For example, notification of the unexpected death of a resident and notification of a serious injury requiring hospital admission.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

While the policies and procedures specified under Schedule 5 of the regulations were prepared, adopted and implemented in the centre, many of these policies were not updated at the required minimum intervals of three years. For example; policies on fire safety, risk management and infection control.

Judgment: Substantially compliant

#### Quality and safety

Overall, inspectors found that residents were supported to have a good quality of life in the centre. Staff and resident interactions were kind and respectful and staff had a clear understanding of residents' needs. Residents and visitors that spoke with inspectors were complimentary about the centre and care from the staff. Since the previous inspection, improvements were made with regards to resident rights and their access to the internal garden area. Notwithstanding this, inspectors identified that improvement was required in relation to care planning, infection prevention and control, and fire precautions. This is discussed further under the relevant regulations.

Inspectors reviewed a sample of residents' care plans. Care plans were documented within 48 hours of a resident's admission to the centre. Care plans were developed following an assessment of the residents' needs. A wide range of validated assessment tools were utilised to identify risks of falls, pressure ulceration, and malnutrition. Care plans were person-centred and were reviewed at minimum intervals of four months. Despite these good practices, examples were seen where the required interventions had not been recorded in the resident's care plan to ensure adequate continuity of care to the residents. This is discussed further under Regulation 5: Individual assessment and care plans.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example community intervention teams, General Practitioner (GP) and psychiatry of old age. Inspectors were told that residents have access to clinic- based speech and language therapy

services under the General Medical Card Scheme (GMS) but that the therapists would no longer come to the centre to review the residents. The person in charge had sourced this service through a nutritional company at no additional cost to the residents. A wide range of pressure relieving equipment such as mattresses and cushions were seen in use by residents to mitigate their risk of developing pressure ulceration. Residents were supported to access national vaccination programmes.

Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre. For example resident forum meetings were held on a quarterly basis and residents and their families were encouraged to complete questionnaires. A review of the records of the resident forum meetings noted that it was well attended by residents and new residents were welcomed. Resident activities and plans were discussed at the meetings, such as an annual trip to Lough Derg, an outing to an agricultural show, and an international food tasting day. Inspectors were told that the centre recently celebrated 40 years in operation and this was celebrated in the centre. Staff were employed in the centre to facilitate a programme of structured daily activities; these included music, exercise, arts and crafts, and other games. Mass is held in the centre every fortnight. Local groups also visited the centre throughout the year to provide entertainment or craft classes, such as music and flower arranging. Residents had access to Wi-Fi, books, television, and radio.

On the day of inspection, the centre was warm and comfortable. Residents had a choice of communal spaces in the centre and there was adequate space for activities to take place. Bedrooms met the size of the requirements under the regulations. Residents had access to call bells in their bedrooms and in bathrooms and they had adequate space for personal items and lockable storage in their bedrooms. The internal and external areas of the premises appeared well maintained, however, some areas require further attention to ensure that they do not pose a risk in terms of infection prevention and control. This is discussed further under Regulation 27: Infection control.

Overall, communal areas and bedrooms were observed to be clean and household staff were observed cleaning the centre on the day of the inspection. Household staff used cleaning trolleys with separate sections for clean and soiled mop heads, these were stored in a cleaner's store room. Staff have access to relevant infection, prevention and control training and a review of the records identify that all training is up to date. Hand sanitiser gel and personal protective equipment (PPE), such as gloves and aprons were accessible on the corridors of the centre, close to the point of care. Furniture in communal areas were wipeable, thus reducing the risk of cross contamination. Notwithstanding these good practices, a review is required to ensure that all practices are aligned with the national standards. This is set out under Regulation 27: Infection control.

Fire safety equipment, such as fire extinguishers, running man exit signs and smoke detection devices were located throughout the centre and fire doors were equipped with door closure devices. Staff had completed training on fire safety and staff confirmed to inspectors that they had participated in simulated fire drills. Fire safety procedures and evacuation maps were displayed on the walls. The fire alarm panel

was located on the ground floor and a visual check of the fire alarm panel identified that no faults were noted. Quarterly servicing records were in place for the fire detection and alarm system and emergency lighting. Fire fighting equipment such as fire extinguishers and fire blankets were serviced annually. Despite these good local systems in place, a review of the fire safety precautions is required in the centre to ensure that controls are in place to reduce the risk of fire in the centre to the lowest practicable level and that all staff can competently evacuate all residents from the centre in the event of a fire. Findings in this regard are detailed under Regulation 28: Fire precautions.

### Regulation 17: Premises

The premises was of suitable size and layout to meet the needs of the residents and was in accordance with the statement of purpose. The premises was clean, suitably decorated and well maintained. All requirements under Schedule 6 of the regulations were met.

Judgment: Compliant

### Regulation 27: Infection control

While areas of good practice were noted, the registered provider did not ensure that infection control measures were fully aligned with the National Standards for Infection Prevention and Control in Community Services (2018). The following issues were identified on the day of inspection which posed a risk of spread of infection.

- The surfaces of lockers, bed tables, bed frames and chest of drawers in some bedrooms were noted to be damaged and therefore cannot be adequately cleaned.
- Items were not stored separately in the store rooms according to their use; For example commodes were stored in a store room with non-clinical items. In addition, there was no system in place to determine if equipment, such as mattresses and wheelchairs were cleaned after use.
- Unlabelled toiletries such as creams and personal grooming items were stored in a cupboard in a shared shower room.
- Continence products were stored on a shelf in the bathroom and shower room.
- Broken tiles on one section of the wall in a shower room do not facilitate adequate cleaning.
- Clinical hand wash basins were not in place in the sluice room or in the cleaner store, this is a repeat finding.
- A small quantity of expired items, such as clinical needles were stored in the clinical room.

- The storage and disposal of syringes, oxygen tubing, nebuliser masks and catheter bags required review to ensure that single- use items were not reused and were immediately placed into the appropriate waste stream for disposal.

Judgment: Not compliant

## Regulation 28: Fire precautions

Full assurances were not provided in relation to the means of escape required for fire safety in the centre:

- Residents' Personal Emergency Evacuation Plans (PEEPs) were not fully reflective of their evacuation requirements. For example, the PEEPs did not specify different evacuation methods for day and night time evacuation. This is important as many of the residents, including those residing in bedrooms on the first floor, would require evacuation by ski-sheet at night time. Despite the ski sheets being in place on the residents' beds, they were not mentioned in the PEEPs.
- The centre's fire safety plan has three phases, with the final phase being full evacuation of residents out of the centre. This was not reflected in the PEEPs, which only provided for horizontal evacuation to the nearest fire compartment. Staff were not familiar with the full evacuation procedures, which places a risk to residents.
- Vertical evacuation was practiced annually during formal fire evacuation training. The centre conducted a practice evacuation after six months. None of the recent drills conducted by the centre included the simulation of evacuation of the first floor, which is a high-risk area. This did not provide assurance that staff would be competent to safely evacuate residents from this area.
- The plant room was used as storage area. It was very cluttered, with a mixture of combustible items including activity supplies. There was no risk assessment by a competent person to determine if the storage in the area was appropriate.
- While access was possible through a designated escape route from the first floor, items such as a container, empty shopping bags and a trolley partially impeded access. This was brought to the attention of the management team.
- One fire door was held open with a door stopper, impeding the door from closing in the event of the fire alarm activating door closures. This was brought to the attention of the management team and removed on the day of the inspection.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

A comprehensive assessment was completed for each resident and care plans were created within 48 hours of admission to the centre. While care plans were reviewed at a minimum of four month intervals, two examples were seen where care plans were not updated to reflect current treatment and interventions, for example, the use of catheter maintenance solutions was not documented in a care plan and a care plan was not updated to reflect changes in a resident's dietary plan.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents have access to a variety of community based services, for example, GP, community intervention team, psychiatry of later life and dietetic services. In addition, residents are supported to avail of vaccinations in the centre. There was a low level of wounds including pressure ulcers developing in the centre, due to an evidence-based, preventative approach by nursing staff which gave assurances that a high-level of nursing care was provided to residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to exercise choice in all aspects of their daily lives when living in the centre. Residents' had access to TV, radio and newspapers and a range of scheduled activities. Inspectors reviewed a sample of resident forum meetings records and residents' surveys and they demonstrated that residents' were consulted with and participated in the organisation of the centre. Inspectors were told that previously independent advocacy services attended the centre in-person.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Martha's Nursing Home OSV-0005284

Inspection ID: MON-0045881

Date of inspection: 23/01/2026

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To continue auditing and analysing of systems and ensure infection control measures are fully adhered to. All policies and procedures to be updated in line with regulations. All care plans and assessments to be updated as required.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All written policies and procedures to be updated in line with regulations.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Replacement of bed tables, bed frames and lockers worn in appearance to be replaced on a phased basis. Ensure all items are stored in the correct manner and single use items disposed of and broken tiles replaced. Cleaning schedule to be put in place equipment</p>	

when not in use. Clinical hand wash basins to be installed in sluice room and cleaning store.

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Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
To update all Peep charts and ensure the final phase of full evacuation of residents outside of the building is documented and also the use of ski sheets is documented. Risk assessment to be carried out in plant room and ensure designated escape routes are kept free of clutter to allow for easy access and the single use door stopper to be removed.

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 and standards'.

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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:

To continue to update individual care plans as the residents condition / needs change.

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## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/04/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	30/05/2026
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable	Not Compliant	Orange	30/04/2026

	fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	30/04/2026
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/04/2026
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	30/04/2026

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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