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:	Laurel Lodge Nursing Home
Name of provider:	Templemichael Nursing Home Limited
Address of centre:	Templemichael Glebe, Longford, Longford
Type of inspection:	Unannounced
Date of inspection:	22 August 2025
Centre ID:	OSV-0005394
Fieldwork ID:	MON-0047142

About the designated centre

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

The designated centre providers 24 hour nursing care to 114 residents, male and female, who require long term and short term care (day care, convalescence, rehabilitation and respite). The centre is a two storey building containing three distinct lodges located on the outskirts of Longford town. Glencar Lodge is a 41 bed dementia specific unit. Lissadell Lodge is a 35 bed unit and Hazelwood lodge had 38 beds. The majority of bedrooms have full en-suite facilities. The centre is decorated and furnished to a high standard and a variety of sitting rooms and seated areas, dining rooms in each lodge, a spacious oratory/chapel, a meeting room and hair salon is available for residents use. Well-manicured secure and accessible garden courtyards are available along with a number of other surrounding outdoor planted areas. The centre's philosophy is one of optimization, aimed at facilitating residents to be the best that they can be, promoting independence and autonomy by placing residents at the centre of all decision making within a 'home from home' that is safe, caring and supportive.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	110

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
Friday 22 August 2025	08:20hrs to 16:25hrs	Michael Dunne	Lead
Friday 22 August 2025	08:20hrs to 16:25hrs	Helena Budzicz	Support

What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life, where their safety, and well-being was prioritised. The inspectors found that residents were content living in the designated centre, and comfortable in the company of staff, who were observed to be attentive to residents' needs for assistance and support. Staff interactions with residents were observed to be caring, gentle, and respectful, it was evident that there were good relationships between staff, and residents.

The inspector's reviewed feedback from resident questionnaire's on the quality of the service provided, and found that all responses were positive, with residents indicating that this was a great place to live. One resident who spoke with the inspectors said "anything I need, they make sure that I get it" while another resident said " I am glad I came here". Visitors who attended the centre also commented on the service provided, and said they were content with the support their loved ones were receiving, and confirmed that there was regular communication with the staff on their relatives well-being.

Shortly after arrival at the designated centre, and following an introductory meeting with the person in charge, the inspectors completed a walkabout of the designated centre, where they had the opportunity to meet with residents and staff. At the time of this inspection, Hazelwood unit was experiencing a Covid-19 outbreak, and this unit was inspected at the end of the day, to restrict the possible spread of infection within the designated centre.

Laurel Lodge Nursing Home is located in close proximity to Longford Town, and can accommodate a total of 114 residents. Residents are mostly accommodated on a long term basis, however, respite care beds are also available in the centre. The centre comprises of three separate units; Hazelwood Lodge, Lissadell Lodge, and Glencar Lodge. Glencar Lodge provides care, and support for residents living with Dementia. There were 110 residents living in the centre on the day of the inspection.

There was a calm and relaxed atmosphere on the day. Some residents were up, and following their own routines, while others were observed spending time in the communal rooms or in their bedrooms. Household staff were observed attending to resident rooms while care staff were observed assisting residents with their personal care support in a discreet manner. It was obvious that staff were aware of residents assessed needs, and this contributed to positive social interactions between them.

Resident bedrooms were found to be spacious, well-maintained, and suitable for the needs of the residents, however inspectors found that some improvements were required to two rooms located on Glencar unit, this is described in more detail under Regulation 17: Premises. Apart from these rooms there was suitable storage facilities available in resident’s bedrooms, which facilitated easy access to their

personal belongings.

The provider was found to have upgraded, and reconfigured the layout of a twin room located on Lissadell unit, the revised layout of this room facilitated residents to access all areas of their room environment, and improved the privacy, and dignity of those residents sharing that room.

All of the three units provide a range of communal facilities for resident use, which includes unrestricted access to their own sitting, and dining rooms. These rooms were decorated in a homely, and comfortable manner. Residents' bedroom accommodation was arranged on the first floor, and ground floor level located on both sides of a spacious reception area which was a focus point for residents, and visitors to meet. There was a selection of comfortable seating throughout the centre. There were handrails in place on both sides of all corridors to ensure resident's safe mobility, while call bells were located in all bedroom accommodation, communal, and toilet areas, so that residents could summon staff attention if they needed to do so.

Other facilities made available to residents included a spacious oratory, a meeting room, and a dedicated hair salon and visiting rooms. Residents had unimpeded access to secure garden areas, and also to a number of courtyards which were suitable, and well-maintained for the residents to use.

There were no restrictive practices observed on the day of the inspection. Residents who walked with purpose or residents who presented with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) were cared for in a dignified manner.

There was good use of notice boards to update residents on the provision of activities available in the centre. Residents were observed being supported to attend, and engage in group activities throughout the day. Some residents on one unit were supported to attend a baking session, while others were observed enjoying an arts, and craft session on a different unit. Several residents preferred to follow their own routines, while others required dedicated one-to-one support from staff to pursue their individual interests.

Information on how to access advocacy services, and bereavement support were displayed in the centre. There were regular resident meetings held, which were well attended by the residents. The provider was keen to ensure that resident feedback was used to develop, and improve the services provided. In addition,resident care records confirmed that residents were communicated with on a regular basis in relation to their health, and social care needs.

Residents who had capacity to express a view told the inspectors that they enjoyed the food provided, and that they could request an alternative meal if they did not like what was on the menu. The menu options viewed on the day consisted of a baked cod, and a beef stroganoff option. Some residents who required assistance with eating, and drinking were provided with timely support by the staff team

present.

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 impacted the quality and safety of the service being delivered.

Capacity and capability

This inspection found that the centre was well managed by an experienced team, who promoted an open, and inclusive culture in which residents received person centred care, and where their safety, and well-being was prioritised in line with their needs, and preferences.

This was an unannounced inspection with a focus on adult safeguarding, and to review the measures the provider had in place to safeguard residents from abuse. The inspectors also reviewed the registered provider's compliance plan from the August 2024 inspection, and found that the provider had implemented all of the actions identified in their compliance plan arising from that inspection. On this inspection, some further actions were required to ensure environmental checks were carried out effectively, and monitored to ensure that areas which required improvement had an action plan developed to address those findings. This is discussed in more detail under Regulation 23: Governance and management, and under Regulation 17: Premises.

Templemichael Nursing Home Limited is the registered provider of Laurel Lodge Nursing Home. A director of the company represents the provider entity. The management structure includes a person in charge, an assistant director of nursing (ADON), and three clinical nurse managers (CNMs). Additionally, staff nurses, health care assistants, housekeeping, catering, maintenance, administration, and recreational staff worked as part of the team in the centre.

The designated centre is adequately resourced to ensure that care, and services are delivered in accordance with the statement of purpose. There is a clearly defined management structure in place, and staff were clear about their roles, and the standards that are expected of them in their work. Reporting, and communication structures were well-established to promote resident safety, and staff worked well together as a team to promote resident well-being. There were comprehensive quality assurance systems in place to ensure care, and services were safe, and appropriate, however some improvements were required to ensure that environmental audits were sufficient to identify where improvements were needed. There were no action plans in place to address the deficits found in these audits which were also identified by inspectors, and this had the potential to impact on residents enjoyment of their personal environment.

There was evidence of regular meetings with the senior management team within the centre, to review key clinical, and operational aspects of the service. Records of

these meetings were well-maintained, and made available for inspectors to review. Agenda items included staffing, human resources issues, resident clinical information, and condition of the premises. The provider was keen to identify where improvements were required, and inspectors found that the admission policy had recently been updated, and strengthened to capture specific information on previous safeguarding concerns for potential residents.

Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events, and through scheduled resident meetings. An annual report on the quality of the service had been completed for 2024 which had been completed in consultation with residents, and set out the service's level of compliance as assessed by the management team. This document contained a detailed plan for improvements for 2025 which the provider was working through.

The inspector reviewed a sample of staff personnel files, and found that they contained all the information as required by Schedule 2 of the regulations. There was evidence that all staff had been appropriately vetted prior to commencing their respective roles in the centre. Resident's who required support to manage their finances were assisted by the provider in the capacity as a pension agent. The registered provider acted as a pension agent for 15 residents', and a review of records found that residents finances were safeguarded by the provider. A review of financial records held by the provider indicated that there were good oversight measures in place, with records monitored, and reconciled effectively. Financial statements were available for residents, and or their family members.

The registered provider maintained sufficient staffing levels, and the inspectors found that there was an appropriate skill mix across all departments to meet the assessed needs of the residents. There was a stable staff team in place who were well-supported by the local management team. Observations of staff and resident interactions confirmed that there was good staff awareness of residents needs, and this meant that staff were able to respond in an effective manner to meet residents individual requirements. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster, they were usually filled by existing team members. This helped to ensure continuity of care for the residents.

Staff were supported and encouraged to develop both professionally, and personally. The provider recognised, and values the importance of training, and development for staff, and the impact of this on the service provided to residents. Several clinical staff were undergoing additional studies to further their professional development. The workforce is organised, and well-managed by the provider, and person in charge to ensure that staff have the required skills, experience, competencies, and confidence to meet the assessed needs of residents, and to respond in a timely way to residents’ changing needs. The provider had developed an audit tool to assess staff knowledge in areas such as safeguarding, infection control, and fire safety, and was utilising this tool to identify learning opportunities to enhance and support team performance.

The provider maintained a policy and procedure on complaints. Records confirmed that the provider investigated complaints in line with their policy, and was keen to learn from complaints or concerns to identify patterns that may impact on the quality of the service provided.

Regulation 15: Staffing

The provider had ensured that the number and skill mix of staff was appropriate to meet the assessed needs of residents. This ensured that residents' were in receipt of timely and appropriate care when they required it.

Residents were provided with kind and considerate care, in a respectful and unhurried manner, which promoted residents rights. Observations confirmed that residents were adequately supervised at all times, and were supported to exercise choice in how they spent their day.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training with regard to safeguarding of vulnerable people, the management of responsive behaviours, fire safety, and moving and handling practices. Staff had also completed training in dementia care, restrictive practices, human rights and pain management.

The provider ensured that there was an induction process in place to integrate new staff into the centre, a review of records found that safeguarding and the promotion of residents rights were key components of the induction process.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the registered provider had management systems in place to monitor the quality of the service provided, however not all of these systems were effective in identifying areas that required improvement. For example;

- Environmental audits had not identified the poor quality of furniture in two twin rooms or that the dividing curtains to promote residents privacy and dignity were damaged.

- Delay in the removal or replacement of a damaged table, increased the risk of cross contamination as the surface of this item of furniture could not be effectively cleaned.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider maintained a policy and procedure on complaints which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

Overall residents received a high standard of nursing, and medical care to meet their assessed needs. There was a commitment in delivering person centred care with residents supported to maintain their independence, their self care abilities, and to lead a full life in accordance with their preferences.The provider was found to have implemented their compliance plan arising from the last inspection, and overall there were high levels of compliance found across the Regulations. There were some issues identified by inspectors that required action to ensure full-compliance, these findings are described under Regulation 17: Premises, and Regulation 12: Personal Possessions.

Inspectors found that there were sustained improvements in the management of residents' care records, and in the development of person centred care plans. Care interventions were specific to the individual concerned, and were updated as, and when residents needs changed or on a four monthly basis in line with the regulations. There was evidence of family involvement when residents were unable to participate fully in the care planning process. The narrative in residents progress notes was comprehensive, and related directly to the agreed care plan interventions.

Residents had access to a range of medical, and health care supports. The general practitioner attended the centre on a regular basis, and there were out of hour arrangements in place for medical cover. Access to allied health care such as a dietitian, and speech and language services were in place. Resident medical records confirmed that residents were in receipt of these services. The provider had robust arrangements in place for regular clinical review of resident health care needs. All nurses were found to have completed medication management training.

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. Records reviewed confirmed that the provider

was working towards a restraint-free environment in line with local and national policy. Records showed that where restraints were used, these were implemented following robust risk assessments, with alternatives were trialled prior to their introduction, and use. At the time of inspection there was one bed rail in use in this centre.

Residents who had capacity to express their view, told the inspector that they felt safe, and secure living in the designated centre. Observations carried out confirmed that staff communicated with residents in a respectful, and courteous manner. Staff were observed to knock on residents doors prior to entry, and to explain the purpose of their visit. There was a safeguarding policy in place which gave clear direction on how to safeguard residents from abuse, this policy set out the responsibilities for different staff roles, types of abuse, and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The management team were clear on the steps to be taken when an allegation of abuse was made. Conversations with several staff members confirmed they had completed relevant training, and were clear on what may be indicators of abuse, and what to do if they were informed of or suspected abuse had occurred.

Safe recruitment practices were in place to protect the residents, including obtaining satisfactory An Garda Siochana (Ireland's National Police Service) vetting disclosures prior to commencing employment. The inspector reviewed a sample of staff personnel files, and found that they contained all the information as required by Schedule 2 of the regulations. The provider acted as a pension agent for several residents, and found there were good oversight measures in place, with resident financial records monitored, and reconciled effectively. Financial statements were made available for residents, and or their family members. Residents were facilitated to store valuables in the centre, and had access to their valuables and funds seven days a week.

Several improvements had been made to the lived environment in the centre, especially for those residents accommodated on Glencar Lodge. This included the installation of a post office, and cafe corner. These were identifiable by large bright murals on the walls, and comfortable seating. Residents were observed using these facilities throughout the day for activities, and relaxation. Residents were observed being supported to attend the sensory room on Glencar Lodge, which provided a pleasant quiet environment for residents to participate in sensory sessions, and other dementia appropriate sensory activities. The provider had also installed a mock bar in the large communal room which residents said they enjoyed very much, and brought back memories of when the used to attend these facilities in bygone days.

Overall the premises were well laid out to meet the needs of the residents. The centre was clean and tidy. Communal rooms were comfortably furnished, and tastefully decorated. Many resident rooms enjoyed a view of the courtyards available for resident use. The inspectors found that the provider had installed screens on the window's of these rooms to protect residents privacy, and dignity. Although, inspectors found that some improvements were needed to ensure that cracks observed on some floors were repaired, and that suitable furniture was made

available in all rooms, the provider was aware of these requirements, and had a work plan in place to address these findings.

For the most part, there was adequate storage, and access in residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. Laundry facilities were available on site and residents' clothes were returned to them clean and fresh. However, residents in one of the double-occupancy bedroom did not have suitable space for their clothes, this is discussed under Regulation 12: Personal possessions.

There was a vibrant activity programme available in this centre to cater for residents different capabilities and, preferences. There was ongoing consultation with residents to ensure that the activity programme met with their satisfaction. Information, and feedback was accessed through resident meetings, satisfaction surveys, and one to one discussions. A newsletter was made available to ensure that residents were kept up-to- date with the goings on in the centre.

The inspectors found that the COVID-19 outbreak on Hazelwood unit was well-managed to contain, and restrict the spread of infection in the centre. Infection prevention, and control measures were monitored by the person in charge, and they were supported by link nurses who had specific training in infection prevention and control. There was evidence of good practices in relation to other areas of infection control, for example the monitoring of multi-drug resistant infections (MDRO's). There was evidence that this information was communicated to the staff team, and to house-keeping staff. Staff who spoke with inspectors were able to demonstrate good knowledge of infection control practices, and the cleaning system in use in the centre. Inspectors observed a flat mop system was in use, and colour colour coded cloths were used to clean specific areas in the centre, this system reduced the risk of cross contamination.

Throughout the day, the inspectors observed residents being offered choice by the staff team. Residents were consulted about the choice of food they would like, clothes they wished to wear or what activities they would like to attend. Inspectors observed the breakfast service, and found that there were a variety of foods ranging from cereals, porridge, fresh fruit, toast, and eggs for residents to choose from. Several residents attended the dining room for this meal service, however some chose to stay in their rooms and have their meal there. This was facilitated by the staff team.

Regulation 10: Communication difficulties

Residents who were assessed as having a communication need were provided with the required levels of support to be able to communicate effectively. For example,

- Residents who had difficulty with their hearing had care plans in place to ensure that their hearing aids were well maintained.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to all of the matters set out in Schedule 6 of the regulations. For example:

- There was limited space for the residents in one of the twin-occupancy bedrooms; the privacy curtains were ripped and did not provide adequate privacy for both residents. The bedside table was also damaged, and there was no space for a chair.
- The flooring in several resident rooms on the first floor was damaged, and could not be effectively cleaned.
- The quality of the furniture in two twin rooms was of a poor standard, as they were old with damaged surfaces.
- Curtains in a second twin room which provided privacy and dignity for residents sharing that space were torn and frayed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The pre-admission assessment for new residents was completed for each resident admitted to the centre, and this included a section with questions regarding a possible forensic history and other safeguarding questions.

Safeguarding care plans were in place for each resident and clearly outlined the safeguarding action in place for residents. There was evidence of consultation with residents or their nominated representative.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who expressed 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) or signs of distress were appropriately managed by staff, and these residents were safeguarded to protect them from other residents who may have been irritated by their behaviours.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken all reasonable measures to protect residents from abuse. Staff who were met in the course of the inspection confirmed that they had attended safeguarding training, and were confident that they would be able to use this training to ensure that residents were protected from abuse. Staff who spoke with the inspector were able to give a good account of the types of abuse they needed to be alert for, and what to do if they witnessed such an incident or when a resident raised a concern with them. Staff said that they were able to talk with any staff member if they had any concerns.

A review of records relating to a safeguarding incident found that the registered provider ensured that this incident was investigated promptly and thoroughly in line with their safeguarding policy, and that appropriate measures were identified, and implemented to protect the residents.

Schedule 2 records were well-maintained by the provider, recruitment practices were robust, ensuring that suitable staff were recruited to the centre. There was good oversight of residents finances and where the provider became aware of concerns, referrals were made to the relevant services.

Judgment: Compliant

Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities in accordance with their interests and capacities. There was a schedule of activities in place which was available for residents to attend seven days a week. Residents had good access to a range of media which included newspapers, television and radios.

Resident meetings were held on a regular basis and meeting records confirmed that there was on-going consultation between the staff and residents regarding the quality of the service provided. Residents were supported to maintain links with the local community and records confirmed that residents were supported to stay with family members over the weekends.

The provider arranged for community services to attend the centre and provide information to residents in relation to advocacy and bereavement.

Inspectors found that storage facilities and quality of furniture made available for residents in one twin room were poor, this is addressed under the relevant

regulations.

Judgment: Compliant

Regulation 12: Personal possessions

In one double-occupancy bedroom, the residents occupying this room did not have access to equal space to store their clothes and personal items. One resident used the double wardrobe to store their clothes, while a single wardrobe was made available for the other resident to store their clothes and personal items. There was a chest of drawers available in the room which was shared by both residents and had the potential for residents to be unable to store their belongings securely.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 12: Personal possessions	Substantially compliant

Compliance Plan for Laurel Lodge Nursing Home OSV-0005394

Inspection ID: MON-0047142

Date of inspection: 22/08/2025

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The environmental audit tool has been reviewed and updated to include explicit checks for: Condition and functionality of all furniture and fittings, and condition of privacy curtains. • The privacy curtains identified have been replaced, new furniture for this room has been ordered and awaiting delivery for installation • The Management team were at the time of inspection aware of the requirement for furniture replacement in various areas, and same has been ongoing in a phased approach, a review has since been completed with priority areas identified for replacement of furniture	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: • The flooring on the first floor at the time of inspection was undergoing upgrade in a phased approach, all corridors and reception areas have been complete, with the next phase set to upgrade the floors in resident rooms, priority rooms have been identified for upgrade in the upcoming phase • The environmental audit tool has been reviewed and updated to include explicit checks for: Condition and functionality of all furniture and fittings, and condition of privacy curtains.	

• The privacy curtains identified have been replaced, new furniture for this room has been ordered and awaiting delivery for installation

• The Management team were at the time of inspection aware of the requirement for furniture replacement in various areas, and same has been ongoing in a phased approach, a review has since been completed with priority areas identified for replacement of furniture

• The room will be re-arranged to increase space per resident when the old furniture is removed

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
• New furniture has been ordered and awaiting implementation to ensure completely separate furniture and equal furniture space for each resident in the room, a review has also been completed in all shared rooms to ensure this is the case in all shared bedrooms

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/11/2025
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	31/12/2025
Regulation 23(1)(d)	The registered provider shall ensure that	Substantially Compliant	Yellow	31/12/2025

	management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			