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:	St Finbarr's Hospital
Name of provider:	Health Service Executive
Address of centre:	Douglas Road, Cork
Type of inspection:	Unannounced
Date of inspection:	19 January 2026
Centre ID:	OSV-0000580
Fieldwork ID:	MON-0048574

About the designated centre

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

St. Finbarr's Hospital designated centre is situated in Cork city and is registered to accommodate 73 residents; they are accommodated in five units within large institutional type buildings. The premises was originally built in the late 19th century on extensive grounds and is located on a campus which includes other HSE services. The units which comprise the designated centre, are not adjacent to each other but are situated at various locations throughout the grounds. The majority of residents are accommodated in multi-occupancy bedrooms at a maximum of four beds. St. Stephen's Unit accommodates 15 residents in two four-bedded rooms, one twin bedroom and five single bedrooms. St. Elizabeth's Unit and St. Enda's Unit accommodates 25 residents. St. Joseph's 1 and St. Joseph's 2 are located in the one building, which is situated away from the main campus entrance. St. Joseph's 1 is on the ground floor and accommodates 16 residents. For operational purposes, this unit is divided into two units, with three beds being set aside in the Lotus unit for those with specific needs. St. Joseph's 2 is located on the first floor and accommodates 17 residents in six single, one twin and three triple bedrooms. Access to secure outdoor space is available to residents in St. Joseph's units.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	73

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
Monday 19 January 2026	09:00hrs to 17:15hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on adult safeguarding and reviewing the measures the registered provider had in place to safeguard residents from all forms of abuse. Four of the five units in St Finbarr's Hospital were inspected during this inspection. In general, the atmosphere was relaxed and friendly, and residents gave positive feedback about staff, meals served and activities.

Residents reported they were content in the centre and said that they could speak with staff if they had any concerns or worries. All interactions observed between residents and staff were calm and respectful. Over the course of the inspection, the inspector met many residents and spoke with seven residents in more detail to gain insight into their lived experience in St Finbarr's Hospital.

The inspector met one visitor who was very complimentary of staff and the service provided. They spoke of the care their relative received and that they were happy with the care. They reported that the service was well organised including out-patient appointments reminders and that there was excellent communication from staff regarding their relative's well-being.

St Finbarr's Hospital designated centre comprises five separate residential units located within three buildings at various locations on campus. St Finbarr's Hospital is a 19th century building, and while refurbishment was visible, there were significant limitations to the ability to create a residential homely environment that could promote a rights-based approach to enable a social model of care, due to the layout of the units and facilities available. Residents spoken with were aware of the new build and said that updates were provided as part of the residents' meetings; updates and plans were also displayed on some of the units as part of information-sharing with residents and visitors.

As found on all previous inspections, most bedrooms were multi-occupancy twin, triple and four-bedded rooms, some with en suite facilities. Some residents had access to double wardrobes, and others a single wardrobe, and a smaller single wardrobe was seen in other bedrooms; additional chest of drawers were available to some residents. Some wardrobes were not easily accessible in some bedrooms as they were a distance away and not within the individual resident bedspace. A bedside chair could not be accommodated in some multi-occupancy bedrooms. Communal space on all units was limited; in addition, communal rooms had combined function of dining and day rooms; these rooms were seen to comfortably accommodate a maximum of six - ten residents, even though the capacity of units ranged from 12 – 17. There were some bath, shower and toilet facilities throughout each unit, however, these facilities were limited on one unit.

At the start of the inspection residents were seen to have their breakfast either in bed or by their bedside. On one unit at 09:15am, dining tables were set for dinner.

Meals were well presented and the food served appeared nutritious and appetising. Residents had good choice for each meal and staff were heard explaining the different choices to residents. While residents served in day rooms had their starter and main course served separately, residents served in their bedrooms had soup and main course served together. Residents requiring assistance were helped in a discreet and respectful manner. Medications rounds were completed either before or after meals to ensure residents meals were uninterrupted. All residents whom the inspectors spoke with were complimentary of the food served. Drinks and snacks were offered to residents mid morning and mid afternoon.

There was discreet signage placed on the bedroom doors indicating when personal care was being delivered to ensure residents' privacy and dignity. Residents were seen to be smartly dressed in accordance with their wishes and preferences.

Assistive and specialist equipment was seen in many bedrooms such as low low beds with mats, pressure relieving mattresses, wheelchairs and hoists. There is designated storage areas to safely store equipment such as hoists and wheelchairs so this equipment did not impact communal social spaces of residents. Rooms where oxygen was stored was clearly signed as part of their safety precautions.

The schedule of activities was displayed on each unit. One resident spoken with loved to do jigsaws; they were working away in one of the small day rooms enjoying space and quietness doing the jigsaw; some of their work was displayed in the unit. There were a lot of boxes of incontinence wear left here in this day room; these were removed immediately when highlighted to staff. Staff were seen to take residents out to the enclosed garden for some fresh air. The activities person facilitated the a quiz on another unit. People sat around and the activities person gently encouraged residents and included reminiscence as part of the quiz.

Mass was prayed in one unit and the priest took time to chat with people during mass, telling stories and local news including the funeral that he attended of a known local celebrity. Residents actively engaged with the priest telling their stories and it was evident they enjoyed each others company. Residents spoken with after the mass reported how much they enjoyed the priest's visit. They said they attended mass the previous day in the church on site and as it was a dry day, the church was packed and they were delighted so many could attend.

Rooms such as the clinical room, housekeeping and sluice rooms were secure to prevent authorised access. On all four units visited, residents' care documents were not secure to ensure their privacy.

The centre was observed to be very clean. Hand gel sanitisers were displayed throughout the units and staff also had their own personal hand sanistser clipped to their uniform. Staff were observed to wear face masks due to the recent influenza outbreak, however, many wore them on their chin or under their nose.

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

Capacity and capability

This unannounced inspection was carried out to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations with a focus on safeguarding, and to follow up on the previous inspection judgements. Findings of the last inspection relating to staff training, auditing, and the complaints procedure were addressed. Issues that remained outstanding were the premises which impacted residents' rights to choice, for example, where to dine, access to dayroom space, independent access to the outdoors, and aspects of care documentation records. Regarding findings of this inspection relating to safeguarding, while St Finbarr's Hospital staff stove to support residents, the limitations of the physical environment significantly impacted people's autonomy and independence.

The Health Services Executive is the registered provider for St Finbarr's Hospital. The centre is registered to accommodate 73 residents. On site, there is a clearly defined management structure in place, with identified lines of accountability and responsibility. The director of nursing is a named person participating in management; one of the two assistant directors of nursing is the person in charge of the residential section of St Finbarr's campus with responsibility for the day-to-day operational management of the designated centre, in compliance with legislation. Deputising arrangements are in place for times when the person in charge is absent from the centre. Other managerial support includes clinical nurse manager 3 (CNMs) on night duty; on each unit, management oversight comprises a CNM 1 and 2; a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. The service is supported by a practice development co-ordinator who provides training on site. At a more senior level, senior managers with responsibility for the centre were named as part of the centre's statement of purpose, however, they were not named as persons participating in management on the centre's registration. This is further expanded upon under Regulation 23: Governance and Management.

Observation throughout the inspection and from speaking with management, it was evident that there was good oversight of operational management of the service. Clinical and non-clinical aspects of the service, complaints, risk, regular and 'as required' psychotropic medications, and key performance indicators (KPIs) such as falls and restraint were reviewed and discussed. Where actions were identified to improve the service, an action plan was developed with people responsible for completion of the action assigned. Results of audits informed staff meetings as well as quality and patient safety (QPS) meetings.

Schedule 5 policies and procedures were reviewed and policies relating to safeguarding were available to staff such as safeguarding, managing behaviours that challenge, promoting a restraint-free environment, working with people who

display non-cognitive symptoms of dementia, health promotion as part of health aging, and the use of social media for staff. Information also included in dementia training and available in residents care documents as part of assessment, differentiated symptoms of delirium, dementia and depression, to enable best outcomes for residents. However, some policies were missing and others required review to ensure they were in compliance with regulatory requirements. This is further discussed under Regulation 4: Written policies and procedures.

The registered provider had supported staff in reducing the risk of harm and promoting the rights of residents by providing training. Training records viewed on inspection showed that staff had completed training on responsive behaviours, safeguarding, restrictive practice and dementia care for example.

The health and safety statement was readily available. Clinical and non clinical risks were identified along with individual risk associated with specific residents, in line with regulatory requirements.

A review of the incident and accident and post falls log showed good oversight of such events. Issues were seen to be followed up thoroughly with action plans to ensure best outcomes for residents. There was excellent oversight of safeguarding concerns currently being managed in the centre; staff were very familiar with their role, responsibilities and reporting requirements associated with safeguarding residents.

The draft annual review was available; this included feedback from residents and relatives, as well as an overview of complaints received, advocacy services availed of, in line with updated regulatory requirements. The audit programme was scheduled for the year and included residents' care records and associated documentation, infection prevention and control, antimicrobial stewardship, medication management, and observational tools for example to enable effective monitoring.

The inspector found that records required in Schedule 2, 3 and 4 of the regulations were available. Assurance was provided that vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act, were in place for all staff prior to commencement of work in the centre as part of their safeguarding strategy. A sample of staff files were examined and these had the requirements as specified under Schedule 2.

A review of complaints records showed good oversight and management of complaints. Complaints were recorded in compliance with specified regulatory requirements, responded to within the allocated time-frame, and followed up with the complainant to ensure they were happy with the process and outcome. The person in charge and senior management team members had completed training in complaints' management as part of safeguarding residents.

Complaints and how to raise issues were part of residents monthly meetings to ensure residents were familiar with the process and to assure them that they could raise issues as part of their rights as a resident in the centre. Minutes of these meetings were seen to be very comprehensive; issues raised were followed up

immediately with action plans and outcomes of actions taken to address feedback raised.

Regulation 15: Staffing

The inspector reviewed the staff rosters and these showed that there were household cleaning staff, and activity staff seven days per week. There were two activities staff, and ward staff were assigned activities on the duty roster on a daily basis to ensure residents had access to meaningful activation during their day. Currently, there appeared to be adequate staff for the size and layout of the centre, and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

From a safeguarding perspective, the provider had ensured that all staff have access to relevant training modules, for example, safeguarding of vulnerable adults, the management of restrictive practices, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Additional training was facilitated such as 'Creative Exchanges' course with reminiscence movement and getting more creative, to enhance the activities programme. Five staff completed the CARU programme to support care and compassion at end of life; these staff are leads in this programme and as part of this quality initiative, reflections of the end of life care has been set up to enable learning to drive improvement. Staff from each unit attended 'Person-Centred Practice Development' five day course to empower staff in promoting a positive culture to support residents' autonomy.

Staff appraisals were undertaken annually by the person in charge and CNMs on each unit, and included professional development. There were arrangements in place for the ongoing supervision of staff, through CNM presence, and the performance review process.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure the governance and management of the centre, as:

- senior managers with responsibility for the service, as detailed in the statement of purpose, were not named as persons participating in management. Consequently, it could not be assured that the person in charge is adequately supported by a suitable management team, and be assured, that there is a sufficient and clearly defined management structure in the designated centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was good oversight of complaints; records were maintained in compliance with regulatory requirements and the satisfaction of the complainant was recorded. Complaints were recorded in each unit, and on a monthly basis, copies were submitted to the office of the person charge for review. Where a complaint was deemed significant, this was brought to the attention of the person in charge immediately.

Judgment: Compliant

Regulation 4: Written policies and procedures

Action was required to ensure Schedule 5 policies and procedures were available and in line with regulatory requirements, as:

- a policy relating to 'Provision of Information to Residents' was not available
- the policy relating to 'Temporary Absence of a Resident' did not include occasions when a resident was transferred to acute care for example, it detailed procedures when a resident went out with their family for a day or an overnight stay only
- the complaints policy devolved some of the responsibilities of the registered provider to the person in charge which is not in compliance with specifically assigned regulatory responsibilities, also
- the complaints policy differentiated between informal and formal complaints whereby if someone wished to raise a formal complaint there was a requirement for this to be in a written format; some residents may not have this expertise and others may not have English as their first language making it very difficult to accurately write their concerns.

Judgment: Substantially compliant

Quality and safety

The purpose of this inspection was to review the measures in place to promote and protect people's human rights, their safety and well-being. This involved assessing the quality of service being provided to residents to ensure they were receiving a high-quality, safe service that protected them as part of adult safeguarding.

This inspection found that there were robust systems in place to recognise and respond to safeguarding concerns in the centre, and to ensure measures were taken to protect residents from harm. The activities programme had improved since the previous inspection and a review of residents' meetings showed that residents had input into the programme, such as baking, music, additional art and outings. Additional communication supports such as tablets were accessed through the 'Wasted Lives' project; Headway Ireland provided personal assistant (PA) support to applicable residents, and disability services provide additional support to residents.

Friends of St Finbarr's are a voluntary group that provide support to the service and run bingo every week on three of the units, and art in the activities centre every Friday morning as well as support bigger occasions and parties held on campus such as the annual garden party for example.

The inspector reviewed a sample of residents' care records. Residents documentation showed that they signed consent for care planning and photographic identification. Residents had personal emergency evacuation plans that detailed the assistance required for both day and night time to ensure their safety. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Validated risk assessments tools were available to staff to enable a high standard of nursing care assessment. The inspector viewed a sample of residents' safeguarding care plans and the management of behaviours that are challenging care plans including clinical assessment tool to describe the behaviour; these were seen to have excellent insight into residents and their individual care needs, with possible interventions to support the resident to enable best outcomes for them. Observation on inspection showed that staff had good knowledge of the resident, their interests and past lives, and used this information to actively engage with residents. Care plans demonstrated equally good information, medical histories informed the assessment and care planning process.

Reports form these allied health professional were included in the care documentation to inform the care planning process to ensure residents received the correct food and fluid consistency for example. Where residents had specific care needs such as an indwelling device, additional care assessments and care plans were developed. End-of-life care decisions were made with the resident where possible and these records showed specific information to ensure individualised care in accordance with the resident's decisions. Daily flow sheets were in place to record

the personal care given; while these were generally completed, some days and nights had no entries so it could not be assured that the resident received appropriate care.

There was a daily safety pause to enable good oversight of residents and their care needs. Included in the safety pause template were residents at risk of falls, skin care, risk of absconsion, challenging behaviours, and people requiring isolation for example. Other information highlighted residents with a multi-drug resistant organism (MDRO), and the additional controls required when caring for them during personal care delivery to safeguard against associated risk.

The daily handover sheet for day and night duty was equally comprehensive and included details such as the night and day time assistance required, and visual impairment of residents for example, to ensure residents could be as independent as possible.

Where restraints, such as bedrails, were used, they were risk assessed; alternatives and the least restrictive options were trialled and these were documented. Residents exhibiting responsive behaviour (how residents with dementia respond to changes in their environment or express any distress) were well supported. Staff were observed to respond appropriately to residents' needs including their communication needs.

It was evident that residents were consulted about the running of the centre, formally, at residents' meetings, and also through the daily interactions by management and staff with residents and family members. Minutes of residents meetings showed good information sharing as well as interaction to seek out residents' wishes, preferences and feedback about the service. Issues raised at meetings were seen to be followed up to the satisfaction of residents.

Regulation 10: Communication difficulties

From observation during the inspection it was apparent that staff were familiar with residents and their individual communication needs; communication aids and devices were available for residents' use.

Judgment: Compliant

Regulation 17: Premises

Previous inspections of this centre found that the premises did not and could not meet the holistic needs of people living in the centre:

- there were limited sanitary facilities in some units: St. Elizabeth's sanitary facilities for 13 residents comprised three toilets and one shower; St Enda's

unit there was one toilet and one shower for 8 residents (the remaining 4 residents shared an en suite shower and toilet within their multi-occupancy bedroom)
- residents in St. Elizabeth's, St. Enda's and St. Stephen's units did not have access to a safe outdoor space. The external area in use for St Enda's and St Elizabeth's residents presented a high risk as it was also used for deliveries
- outdoor garden space on St Joseph's 1 could not be accessed independently due to the ridge at the entrance to the garden being a falls risk
- some four bedded rooms did not meet the privacy and dignity needs of residents as the en suite facility intruded on the bedspace available, and all that could be accommodated within that bed-space was a bed and bedside locker,
- wardrobe space was limited in a number of multi-occupancy bedrooms as some residents only had access to small, half width, half-height wardrobes and a chest of drawers,
- a bedside chair could not be accommodated in some multi-occupancy bed spaces
- there was inadequate communal space for the number of residents living in the centre
- dining and day space were combined and many of these rooms could not accommodate the number of residents living in the unit.

Judgment: Not compliant

Regulation 26: Risk management

There were policies in place relating to risk management and emergency planning; and these were site-specific. Audits were completed regarding clinical and non-clinical aspects of the service with action plans in place to address issues identified along with responsibility assigned to named persons, with completion dates. Associated risk registers were updated accordingly. As part of the risk register, individual risks were reported with control measures to mitigate identified risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was necessary to ensure that care records were maintained in accordance with regulatory requirements:

- assessments relating to wound care were not updated in accordance with evidence-based nursing care. One wound record had no assessment in place even though dressings were completed two or three times weekly; a second

wound record showed that the last assessment was completed in December even though dressings were undertaken up until 16th January,
- daily flow sheets were in place to record the personal care given; while these were generally completed, some days and nights had no entries so it could not be assured that the resident received appropriate care
- where a resident was receiving a controlled drug patch medication, medication charts included sheets to be signed by nurses indicating they had checked that the patch was insitu to be assured the resident was receiving medication in accordance with their pain assessment and care plan, however, these were not routinely signed by nurses, in accordance with their policy.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A restraint register was maintained which included both physical and chemical restraint. Associated notifications were submitted in accordance with regulatory requirements.

Judgment: Compliant

Regulation 8: Protection

There were two safeguarding plans in place. These were reviewed along with associated practices and seen to be thorough and comprehensively implemented to safeguard all residents.

Any incidents or allegations of abuse were investigated by the person in charge, and referred to appropriate external agencies, for example the safeguarding and protection team and advocacy services, where required.

The service did not maintain any petty cash belonging to residents, but was a pension agent for residents. Records examined showed that these records were maintained in accordance with current legislation and best practice guidelines.

Judgment: Compliant

Regulation 9: Residents' rights

As found on all previous inspections, the institutional design and layout of the centre negatively impacted the rights, independence, privacy and dignity of residents.

Residents did not have choice in where they could spend their day as dining and day spaces very limited and combined, and could not accommodate the number of residents on many units, so a number of residents still continued to spend a large part of the day by their bed or in bed because of this.

Other issues identified which impacted residents' rights included:

- due to the layout of the multi-occupancy rooms, residents shared a TV which meant they did not have a choice of programme and it was not always easy to watch TV when in bed
- residents could not independently access the outdoor garden space due to either the unevenness of the pathways or the doorway access point; some units did not have access to any outdoor space.

Judgment: Not 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
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Finbarr's Hospital OSV-0000580

Inspection ID: MON-0048574

Date of inspection: 19/01/2026

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Statement of Purpose will be revised to include all persons participating in management. ***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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: • A policy on the Provision of Information to Residents will be developed. • A Residents Guide is available on all units. • A policy on the Admission and Discharge policy which includes the Temporary Absence from the facility will be developed which will include occasions when a resident was transferred to acute care. • The complaints policy will be revised to include where a resident wishes to make a	

formal complaint and may not have the expertise or language to do so, supports will be made available through the provision of SAGE advocacy or PAS and a language interpreter where necessary will be provided.

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

Outline how you are going to come into compliance with Regulation 17: Premises:
• A new 105 bedded Community Nursing unit has been built and will be occupied in Q4 2026. All issues in relation to the premises will be addressed. Single room accommodation will be available. There will be adequate storage space, adequate communal spaces and dining rooms for residents will be available. There will be sufficient access to shower and toilet facilities. There will be access to enclosed gardens available to all residents.

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:
• All Resident Care Records were reviewed. Where a resident has a wound, wound measurements and photograph of the wound is completed. Wounds are assessed at each change of dressing and will be recorded on the Wound Assessment Record Sheet and the type of dressing used will be recorded in the Dressing Record and Evaluation form.

• The Daily Flow Sheets will be reviewed by the Nurse in Charge to ensure they have been completed on a twice daily basis.

• Where a resident is receiving a controlled drug patch medication, the checked patch in situ will be recorded on the Drug Patch Record Sheet. The nurse in charge will monitor this daily.

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A new 105 bedded Community Nursing unit has been built and will be occupied in Q4 2025. All issues in relation to the premises will be addressed. Single room accommodation will be available. There will be adequate storage space, adequate communal spaces and dining rooms for residents will be available. There will be sufficient access to shower and toilet facilities, with each room having ensuite facilities. There will be access to enclosed gardens available to all residents.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2026
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure that	Substantially Compliant	Yellow	20/03/2026

	identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	20/03/2026
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	20/03/2026
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's	Substantially Compliant	Yellow	18/02/2026

	admission to a designated centre.			
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	31/12/2026
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 the rights of other residents.	Substantially Compliant	Yellow	31/12/2026