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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:	Dean Maxwell Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	The Valley, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	12 November 2025
Centre ID:	OSV-0000665
Fieldwork ID:	MON-0039673

## About the designated centre

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

Dean Maxwell Community Nursing Unit is a designated centre operated by the Health Service Executive (HSE). It is located centrally in the town of Roscrea in north Tipperary. The centre is single storey and is designed around two enclosed garden areas. The centre can accommodate up to 27 residents. The service provides 24-hour nursing care to both male and female residents. Long-term care, respite and palliative care is provided, mainly to older adults. Bedroom accommodation is provided in 15 single bedrooms and six twin bedrooms. Two of the single bedrooms with ensuite shower facilities are dedicated to palliative care. Some of the twin bedrooms have ensuite facilities, there are two assisted showers, specialised bath and eight toilets for residents occupying single bedrooms. There is a variety of communal day spaces provided including day rooms, dining room, conservatory and oratory. Day care facilities are provided Monday to Friday for up to 15 people from the local area.

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

Number of residents on the date of inspection:	25
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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
Wednesday 12 November 2025	10:00hrs to 18:00hrs	Una Fitzgerald	Lead
Wednesday 12 November 2025	10:00hrs to 18:00hrs	Sharon Kane	Support

## What residents told us and what inspectors observed

Residents living in Dean Maxwell Community Nursing Unit told the inspectors that overall, they received person-centred care and support from a team of staff who were kind and respectful. Residents reported feeling safe in the centre and that staff did their best to safeguard them and uphold their rights.

Following an introductory meeting with the person in charge, the inspectors completed a tour of the building, during which the inspectors observed the premises and care environment, spoke with residents and staff, and observed the interactions taking place between them. The person in charge was known to all of the residents that were met on the tour, greeting each resident by their first name, introducing them to the inspectors and giving the residents an explanation of why the inspectors were in the centre.

The centre was a single-storey building and provided accommodation for 27 residents. Bedroom accommodation comprised of single and double bedrooms. Call bells were available in all areas, and answered in a timely manner. Many bedrooms were personalised and decorated according to each resident's individual preference. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. Communal areas included a large sitting room, a large dining room and smaller sitting rooms. In addition, residents had access to enclosed gardens. A number of residents stated that their bedrooms are cleaned daily. While the premises was generally bright and looked clean, there were some areas such as flooring, furnishings and communal bathrooms that were in a poor state of repair. This meant that the surfaces could not be effectively cleaned which posed an infection control risk. In addition, there was inadequate storage which resulted in cleaning trolleys being left in resident bedrooms, and residents' personal equipment was being stored in communal bathrooms. This lack of storage is a repeated finding from the last inspection in March 2025. This detail is outlined under Regulation 17: Premises.

Residents told the inspectors that they looked forward to the activities scheduled in the centre, as they were entertaining and enjoyable. This included arts and crafts and music activities. Residents were observed in the various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal areas, while other residents mobilised freely or with assistance around the building. As the day progressed, residents were observed in the communal areas, watching TV and chatting to one another and staff, or participating in scheduled activities. On the day of the inspection inspectors observed staff engaging with a large group of residents, chatting about local news, which prompted great debate among the residents in attendance. Later on, great entertainment was had by all reading out their daily fortunes.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. Residents said that staff were very kind and always provided them with everything they needed to live comfortably. The inspectors observed that there were multiple information notices on display for resident information including the details of advocacy services and how to make a complaint. As a result of a number of incidents involving residents in the centre, the management team had organised an education session with a focus on safeguarding. For example, in July 2025 an external speaker had given an information session on safeguarding and resident safety. This information was discussed again in September 2025. Residents told inspectors that they felt safe, and that they could freely speak with staff if they had any concerns or worries. Residents spoken with told inspectors that there was increased staffing in place and that the measures in place as a result of recent events meant that the staff ensured their safety at all times.

The centre was embedded in the community. Resident outings were an integral part of the activities programme in place. For example, the residents had gone on day trips to a local park, another trip to a local monastery and had attended a local facility where bike rides on tricycles was facilitated. The centre had an internal fundraising group known locally as The Friends of Dean Maxwell. Monies raised were used directly to fund resident requests. For example, a memorial service had been held in the centre and families of past residents who attended were presented with a gift.

There were a variety of formal and informal methods of communication between residents and the management team. It was clearly evident that the management team knew residents and their relatives well. Residents were consulted through opportunistic chats and formal residents' meetings. It was evident that residents were consulted about their care, such as where they would like to spend their time, and the quality of food and activities. This ensured that residents' rights were upheld, such as having the right to freedom of expression, the right to complain, to hold opinions and to receive and impart information and ideas, particularly regarding the organisation of the service.

Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Meals were served to residents in the main dining room, and were attractively presented. Some residents attended the dining rooms while others chose to have their meals in their bedrooms. Staff were available to provide discreet assistance and support to residents.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the provider, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This unannounced inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended). Inspectors also reviewed unsolicited information received by the office of the Chief Inspector in relation to the quality and safety of care provided to residents. Notifications submitted by the provider in relation to adverse incidents involving residents, with the management of safeguarding were also reviewed on this inspection. The provider had submitted an application to renew the registration of the centre, and the detail of this application was reviewed on this inspection.

The Health Services Executive is the registered provider of the centre. The person in charge worked in the centre on a full-time basis and was supported in their role by a team of nursing staff, multitask attendants, administration staff, catering and maintenance staff. Within the centre, lines of accountability and responsibility were clearly defined.

The provider had established management systems in place to ensure ongoing monitoring and oversight of the service delivered within the centre. The person in charge had day-to-day responsibility for the operations of the centre. A risk register was maintained to identify, monitor and manage risks, with controls in place to manage risks such as the potential risk of abuse of residents, the use of restraint, and managing responsive behaviour. A range of clinical and environmental audits had been completed. While aspects of the service were audited and action plans created to drive quality improvement, these improvements were not followed-up and reviewed to ensure that the learnings were implemented. This detail is highlighted under Regulation 23: Governance and Management.

The centre had an incident management system in place where all incidents were recorded. This system facilitated the recording, investigation, and review of incidents, including the identification of outcomes and learning. The provider maintained oversight of this process, and safeguarding incidents were also documented within the system. For example, the person in charge had identified a potential safeguarding incident that had been appropriately documented and managed in accordance with the safeguarding policy and procedures. This resulted in opportunities for learning, improvement, and for putting safeguards in place to prevent the risk of recurrence and impact on residents.

The inspectors reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Records reviewed confirmed that training was provided through a combination of in-person and online formats. Not all staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, 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) and fire safety. This was a repeated finding from the last inspection and the detail is outlined under Regulation 16: Training and Staff development.

The person in charge held responsibility for the review and management of complaints. At the time of inspection all logged complaints had been resolved and closed.

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

#### Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of the centre was made and the fee had been paid.

Judgment: Compliant

#### Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the current residents, taking into account the size and layout of the designated centre. A review of the staffing rosters found that there were adequate numbers of suitably qualified staff available to support residents' assessed needs.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff training was not adequate to ensure the care and welfare of all residents. This was a repeated finding from the previous inspections in March 2025. This was evidenced by incomplete staff training records. For example;

- 48% of staff had not completed infection prevention and control training.
- 46% of staff had not completed training with respect to the management of behaviours that challenge. At the time of inspection, there were residents with challenging, responsive behaviours living in the centre with complex care needs.
- There were eight staff that did not have up-to-date training on safeguarding and safety.

Judgment: Substantially compliant

### Regulation 23: Governance and management

A range of clinical and environmental audits had been completed. While aspects of the service were audited and action plans created to drive quality improvement the issues were not reviewed to ensure the learnings were implemented. For example;

- a medication audit identified an error in the omission of a medication. The action highlighted that all nurses were to complete refresher training on medication management. Records reviewed evidenced that there were two nurses who had yet to complete the training.
- an environmental audit completed in March and April 2025 found that the flooring was in a poor state and required replacement. There was no action plan developed in relation to how this issue would be resolved.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

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

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Judgment: Compliant

## Quality and safety

The findings on the day of inspection were that the provider was delivering good quality clinical care to residents, in line with their assessed needs. Residents had good access to health care services, including general practitioners (GP), psychiatry of later life, dietitian, speech and language and tissue viability services. Clinical risks such as nutrition, falls and wounds were well-monitored. Residents spoke highly of the quality of the service provided. However, residents' rights to privacy, and the overall state of repair of the premises did not align fully with the requirements of the regulations.

The staff were aware of the importance of social interaction and engagement of residents in the social care programme of activities. Group trips outside of the centre were encouraged, and individual residents were supported to engage in regular outings in the locality. Residents had access to internet, local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys. Residents' meetings were convened and meeting records indicated that residents were consulted about a variety of topics, including activities, the quality of food, and the complaints procedure. While residents' rights were generally promoted in the centre, inspectors found that the design and layout, coupled with the lack of appropriate privacy screening, in double resident bedrooms meant that resident privacy was not assured.

The centre was found to be well-lit and warm. Residents' bedroom accommodation was individually personalised. A programme of maintenance work was ongoing. However, some areas did not align with the requirements of Regulation 17: Premises. For example, the floor covering was damaged in some areas of the centre.

Residents' health care needs were met through regular assessment and review by their general practitioner (GP). Records demonstrated that pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted to the centre. A range of validated nursing tools were in use to identify residents' care needs. The inspectors viewed a sample of files of residents with a range of needs and found that care plans were generally person-centred, informative and reviewed in line with regulatory requirements.

There were care plans in place for residents with challenging behaviours and residents who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plans were person-centred and provided guidance to staff on how to support the residents to manage their behaviours. There were effective arrangements in place to record, review and analyse incidents of responsive behaviours, identify antecedents and triggers to inform behaviour-support plans. Staff spoken with on the day of inspection were clear about their role in protecting all residents under their care. Staff were knowledgeable on what residents were identified at risk and the measures in place to ensure the safety of all residents. For example: A resident with known behavioural challenges had a detailed care plan in place that reflected their complex

behaviour and supervision needs. The care plan reflected the necessary safeguards required to protect both the resident and others. The care plan had been updated regularly to include the necessary interventions and to provide clear guidance to staff on the actions required to safeguard and protect the resident and others.

The provider had measures in place to safeguard residents from abuse. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse, and training records identified that the majority of staff had completed up-to-date training in the prevention, detection and response to abuse. Safeguarding care plans were in place when required and detailed additional supportive measures in place to protect residents. In addition, staff knew the detail contained within the residents' safeguarding care plans.

There was a risk management policy in place that detailed the systems in place to identify, record and respond to risks that may impact on the safety and welfare of residents. The person in charge was responsible for ensuring that both operational risk and individual resident risks were identified with control measures in place to minimise the risk. A risk register was kept under continuous review.

Advocacy services were available to residents and there was evidence that residents were supported to avail of these services, as needed. Residents had access to religious services and resources, and they were supported to practice their religious faiths in the centre.

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the communal rooms available.

A review of fire safety systems in the centre found that the provider had completed the structural changes required to ensure compliance with the regulation identified on the last inspection. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Each resident had a completed personal emergency evacuation plan (PEEP) in place to guide staff on the safe and timely evacuation of residents in the event of a fire emergency. There was evidence that fire drills took place regularly and records were detailed, containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. Staff spoken with were familiar with the centre's evacuation procedure.

## Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 17: Premises

While there was ongoing maintenance in relation to the painting of resident bedrooms, there were areas of the premises that were not maintained in a satisfactory state of repair as required by Schedule 6 of the regulations. For example;

- the flooring in many areas including resident bedrooms was very worn, stained and damaged. This meant that it was difficult to clean the floors effectively. This was a repeated finding from the last inspection in March 2025.
- Floor covering, that was continued to form skirting at the base of the walls in a number of resident bathrooms was peeling away and was damaged. This made the surface not amenable to cleaning.
- Screening in double resident bedrooms was not in place and so privacy could not be ensured.
- Residents toilet seat raisers had areas of rust that was not amenable to cleaning and so presented a risk of cross contamination.
- Resident shower trays were unclean with layers of dirt.
- The maintenance of the sluicing equipment was overdue.
- There was inadequate storage for resident equipment. This meant that resident personal equipment was stored in communal bathrooms. In addition, cleaning trolleys were observed to be left in resident bedrooms when not in use. This was a repeated finding from the last inspection in March 2025.
- The storage room in the centre used to store old resident records was filled with furniture such as beds and wheelchairs. In addition, the room was temporarily also being used to store cleaning supplies as there was no other area for storage. Due to the number of items packed into this room none of the items were easily accessible.

Judgment: Not compliant

### Regulation 20: Information for residents

The inspectors found that information on the complaints procedure and advocacy services were on display. Residents spoken with said that they knew how to make a complaint should they wish to do so, and they knew how and when they could avail of services, such as the hairdresser.

Judgment: Compliant

Regulation 26: Risk management
The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements, as set out in Regulation 26.
Judgment: Compliant
Regulation 28: Fire precautions
The fire alarm was serviced. The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were updated at regular intervals. A review of a new resident's records showed that a care plan had been developed within 48hrs of admission.
Judgment: Compliant
Regulation 6: Health care
Residents had access to medical assessments and treatment by their General Practitioners (GP).  Residents also had access to a range of health and social care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.
Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

A restraint-free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team.

Residents who experienced 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) were observed to receive care and support from staff that was person-centred, respectful and non-restrictive.

Judgment: Compliant

## Regulation 8: Protection

The provider had arrangements in place to safeguard residents and protect them from the risk of abuse. These arrangements were supported by policies and procedures that guided staff practices and outlined the organisations response to safeguarding concerns. Residents reported that they felt safe living in the centre, highlighting the supportive and respectful manner in which staff engaged with them.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had not ensured that some residents could carry out personal activities in private. Residents' in a number of twin rooms could not undertake activities, such as dressing, in private. For example;

- the privacy curtains in multiple shared bedrooms did not provide sufficient coverage to ensure the privacy and dignity of both residents occupying the bedroom. In addition, inspectors were told by a resident that the screens were not always used when personal care was being attended too.

Judgment: Substantially compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Dean Maxwell Community Nursing Unit OSV-0000665

Inspection ID: MON-0039673

Date of inspection: 12/11/2025

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• Staff are scheduled for management of responsive behaviour training in December 2025 and January 2026. 100% compliance will be achieved afterwards.</li> <li>• 60% of staff completed positive behaviour reinforcement training to date. There is further training scheduled for February 2026 with the intention of 100% compliance once completed.</li> <li>• Safeguarding residents from abuse _ 65.7% of staff have up to date training Safeguarding Residents from Abuse. All staff have been advised to complete HSE land training and education coordinators have been contacted to organize onsite training sessions. Awaiting confirmation of dates.</li> <li>• Manual handling: 60% of staff are trained in manual handling with further training scheduled for March 2026. 100% compliance will be achieved at this point.</li> <li>• IPC: 56% of staff have completed IPC training, 84% have completed standard precautions &amp; 81% of staff have completed hand hygiene. IPC CNS was contacted to provide in-house training; these training sessions have commenced.</li> <li>• Fire safety: 100% staff including regular agency staff are fire safety trained and rescheduled for yearly training in January 2026.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

- Audits action plans have been reviewed, and measures are taken to resolve the issues. All outstanding actions are expected to be completed by the 21st of December 2025.
- All nurses have completed HSE land medication training.
- Environmental audit action plan is completed and reported to maintenance to action.
- Site visit to be completed by the 21st of December 2025 with Maintenance, DON and Registered Provider to review Premises Quality Improvement plan with a view to identifying resources and a timeframe for completion.

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

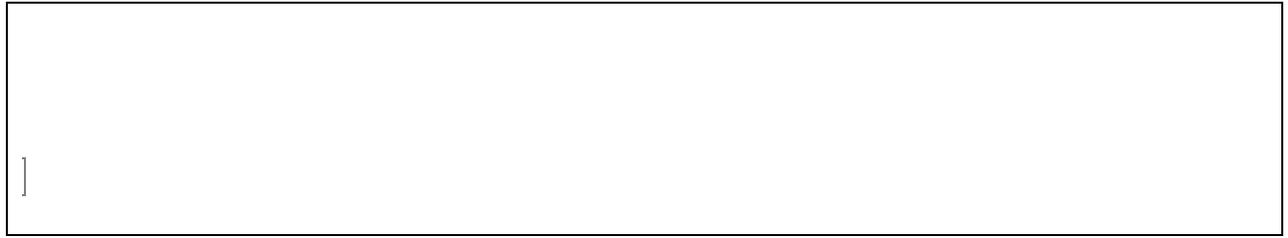
- Maintenance & IPC CNS have been contacted to review the issues highlighted such as flooring, furnishings and communal bathrooms that are in a poor state of repair. Environmental audit is scheduled by IPC CNS for the week commencing 29th December 2025.
- Screening: Portable screen part was misplaced to a different room for storage, same was taken back to the double bedroom. Staff are informed not to remove screen from the room. 2 portable screens are ordered and in place to use. Trial screening is in place following the overhead hoist installation. Company is contacted and visit is scheduled for 19/12/25 to discuss re customize screening for the room.
- New curtains and curtain hooks will be ordered to replace the worn curtains, which is allocated to General operative to purchase.
- Maintenance was contacted to arrange the servicing of sluice equipment.
- Inadequate storage: Storage area has been identified. Resource room is cleared and shelved to store mattresses. Unused equipment has been returned to HSE aids & appliances for storage. Documents have been categorized, boxed for storage and managed as per the HSE Record Retention policy.
- Premises QIP to be reviewed at site visits with DON, maintenance and RP.

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Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Screening: Portable screen part was misplaced to a different room for storage, same was taken back to the double bedroom. Staff are informed not to remove portable screening under any circumstances. 2 More portable screens have been purchased. Trial screening is in place following the overhead hoist installation. Company is contacted and visit is scheduled for 19/12/25 to discuss re customize screening for the room.
- New curtains and curtain hooks will be ordered to replace the worn curtains which are allocated to General operative.



## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2026
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	31/01/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/12/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	19/12/2025

	reasonably practical, ensure that a resident may undertake personal activities in private.			
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