



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

Issued by the Chief Inspector

Name of designated centre:	Firstcare Mountpleasant Lodge
Name of provider:	Firstcare Mountpleasant Lodge Limited
Address of centre:	Clane Road, Portgloriam, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	16 July 2025
Centre ID:	OSV-0000701
Fieldwork ID:	MON-0041839

About the designated centre

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

Mountpleasant Lodge is a purpose-built nursing home. It is a two-storey centre, built around a courtyard garden. All bedrooms are single with an en-suite and the centre has quiet sitting rooms and family rooms available. Mountpleasant Lodge can accommodate 81 residents, both male and female. General nursing care and care for people with dementia and some psychiatric conditions are provided. Respite and short-term convalescence care are also provided following assessment for persons over 18 years of age. Visitors are encouraged throughout the day, with the exception of mealtimes. Religious services and a range of recreational activities are provided in the centre and specialist health professionals are available if required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	76
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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 16 July 2025	07:30hrs to 16:50hrs	Maureen Kennedy	Lead
Wednesday 16 July 2025	07:30hrs to 16:50hrs	Manuela Cristea	Support

What residents told us and what inspectors observed

There was a friendly and welcoming atmosphere in Firstcare Mountpleasant Lodge during this unannounced inspection. The inspectors spoke in detail with 10 residents and six visitors to gain insight into their experience of living in the nursing home. All residents spoken with were complimentary in their feedback about living in the centre. Residents' reported that they were 'comfortable and happy' and that they 'couldn't be in a better place'. One resident said that she had made the choice herself to come to this particular nursing home, and 'it was the best decision she ever made' and that 'life was good'. Another resident said 'Staff always check on me, nothing could be better'. Other comments included 'The food is good, staff come quickly even during the night', 'there is always something to do'. Visitors told inspectors that 'Staff were very nice', and they were 'very happy with the care' of their family member. Another visitor who said they were in the centre every day said that 'this is a powerful place, staff are lovely, you couldn't complain'. All visitors mentioned that they were saddened to see the footage aired on RTE Investigates in June and that they had been communicated with by the provider in advance of the programme airing. Some said that they were not even aware that the centre was part of the Emeis group and were quick to add that 'this is a good home'. There were 76 residents living in the centre on the day of inspection.

The environment was welcoming and inviting. At the entrance, there was a large foyer with a reception desk on one side and a seating area surrounding a fireplace on the other side. The foyer led to a dining room which opened to an enclosed garden. The ground floor consists of 42 en-suite single rooms with a further two integrated living lounges, which had a kitchenette. An outside space of enclosed garden opens from an additional sitting room at the end of the ground floor residential corridor. Access to the first floor of the premises is facilitated with a lift and stairs. The first floor consists of 39 en-suite single rooms, with a dining room and two further TV sitting areas available for use by residents. The centre also accommodates a hydrotherapy bathroom, assisted shower rooms, a smoking room, a hair salon and a Snoezelen multisensory room (a therapeutic space that can be used to relax and reduce agitation through the use of gentle light, soothing sound, relaxing smells and textures). The centre's oratory was located on the first floor overlooking the internal courtyard.

The centre was clean with ample natural light and well-maintained throughout. The corridors were wide and clear of any obstruction. There was a dedicated housekeeping team in place visible in each area throughout the day. Residents' bedrooms were decorated with personal items such as pictures and photographs. Hand sanitisers were available throughout the centre with clinical hand-wash sinks on the corridors. Green 'An post' replica post boxes were available on the floors to facilitate residents' posting of mail. There was evidence of ongoing maintenance with a bedroom being painted on the day of inspection as part of a rolling

programme of upgrading. The resident had moved to a vacant room while the work was undertaken.

The internal courtyard was well-maintained with benches and numerous seating areas for residents and their visitors. While numerous fire safety precautions were in place, the inspectors found significant concerns in respect of the arrangements in place to ensure the building was safe, appropriate and built in conformance with the conditions of the fire certificate. This is further detailed under Regulation 28: Fire precautions.

Inspectors arrived at the centre early, observed the morning atmosphere, spoke with many staff who were working night duty and attended the morning handover (sharing of relevant clinical information in respect of each resident between the shifts) on each floor. The handover was attended by the care staff, nurses, clinical nurse manager and assistant director of nursing or person in charge on each floor with a staff member remaining on the floor supervising. The handover was observed to be thorough and comprehensive. Each carer was allocated a number of residents to care for. A comprehensive 'day staff' allocation sheet was observed, which directed staff throughout the day informing them of residents' specific care needs and any requirements for completion. Staff breaks were coordinated to ensure continuous supervision of residents. Resident's manual handling requirements and requirements for assistance at mealtime in the dining room and in rooms were advised.

A social care worker was on site on the day, coordinating activities. There was an activities board displaying the planned activities from Monday to Sunday. Both group and one-to-one activities were planned. On the day of inspection, there was a lovely atmosphere as 14 residents were observed outside, with their sunhats on, enjoying their morning coffee. Some residents told the inspectors that they do this whenever the weather was good. In the afternoon, there was a garden party with live music, a choice of alcoholic and non-alcoholic beverages and ice cream to enjoy in the sunshine.

The inspectors observed the dining experience. There was a calm, unhurried atmosphere as residents dined. There was a pictured menu available on the tables showing the choice of courses available. A variety of drinks were offered to residents, and condiments, butter and sauces were within easy reach, enabling independence. Residents appeared to enjoy the dining experience with laughter and banter occurring. There were many staff assisting as required and staff spoken with were knowledgeable of residents' dietary needs, including relevant modified diets. All interactions between staff and residents were observed to be kind and caring.

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

Capacity and capability

Overall, the inspectors found that residents in the centre benefited from a well-run nursing home with a clearly defined management structure in place that identified the lines of authority and accountability and was appropriately resourced to meet the needs of the residents. However, further improvements were required in relation to governance and management oversight of the centre, which will be discussed under its respective regulation.

In particular, inspectors were so concerned in respect of aspects of the fire safety arrangements in the building that a follow-up provider meeting was arranged immediately after the inspection. The registered provider did not own the building and had a valid lease in place. While a fire safety risk assessment had been completed in advance of taking on the lease, it was not informed by the approved fire certificate for the building and consequently had not identified significant concerns in respect of changes made to the premises, which adversely impacted the safety of the building. Although the provider was committed to effectively respond and address the concerns raised, access to the supportive documentation was not available. In the absence of such assurances and at the request of the Chief Inspector, the registered provider contacted the local Fire Authority to make them aware of the issues. Additional information in respect of the specific findings relating to Fire safety is detailed under Regulation 28.

It was evident that the centre's management and staff focused on providing quality service to residents and promoting their wellbeing and that residents and families were very satisfied with the service. Firstcare Mountpleasant Lodge Limited is the registered provider for Firstcare Mountpleasant Lodge Nursing Home. Although not featured on the RTE Investigates programme, this is one of the 25 nursing homes that are part of the Emeis group. There were clear roles and responsibilities outlined, with oversight provided by the person in charge, who was supported by two assistant directors of nursing, two clinical nurse managers, a team of nurses and healthcare support staff. A regional director also provided support at the governance level, and they were present during this inspection.

There were sufficient staff on duty on the day of this unannounced inspection to support the needs of the residents. The staff were visible within the centre tending to residents' needs in a respectful manner. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. There was a minimal requirement for agency care staff in the centre. When agency care staff were used, the staff member was orientated to the centre by a clinical nurse manager and a signed induction was completed. There were nine vacancies for health care assistants, and the provider was in the process of recruiting for these posts at the time of inspection.

The person in charge was well-known to residents and visitors. Management systems for overseeing the service were in place; however, inspectors found that

not all auditing systems were fully effective at identifying areas for improvement, as further detailed under Regulation 23: Governance and management.

There was an annual review of the centre, and a quality improvement plan was in place. The residents' opinions and their views were taken into account when developing this annual review. There was a low level of complaints in the centre, and from the sample reviewed, all complaints were appropriately managed and responded to.

Regulation 15: Staffing

The inspectors reviewed a sample of staff duty rotas, and in conjunction with communication with residents and visitors, found that the number and skill-mix of staff were sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the systems in place for the oversight and monitoring of care and services provided for residents, the inspectors found that improvements were required to further strengthen the governance and management as follows:

- The registered provider had not identified significant concerns in respect of fire precautions and ensuring that the use of the leased building was in line with its fire certificate to ensure the safety of the residents. The registered provider was requested to carry out a comprehensive Fire Safety Risk Assessment and refer the matter to the local Fire Authority.
- While regular auditing on various aspects of the service was completed, the audit process was not sufficiently robust to identify areas for improvement. For example, a care planning audit was conducted on a monthly basis; however, the sample size tested was not representative, as only one care plan was audited. This meant that the audit was not effectively used to identify trends and patterns and had not picked up on many of the findings of this inspection, as identified under Regulation 5: Individual assessment and care plan. The care planning audit showed 100% compliance results for the months of February, March and April, and consequently, it was not used to implement improvement plans and drive quality care.

- Oversight of the management systems required improvement as there were numerous gaps in repositioning charts, even for the residents where this was an important aspect of wound care management.
- Although comprehensive handovers were provided to each staff, inspectors found that agency staff did not have access to the electronic care records. The provider had not identified and mitigated this risk.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was within date, available in the centre and contained the prescribed information as set out in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

Quality and safety

Overall, the inspectors observed that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well-met on the day of the inspection. Residents and visitors voiced their satisfaction with the care provided in the centre. However, further improvements were required in relation to care plans and fire precautions, which will be discussed under their respective regulations

Residents had access to a general practitioner (GP) who was in attendance at the centre on the day of inspection. Residents had access to services such as tissue viability, speech and language therapy, dietitian and physiotherapy. Community services such as chiropody were also available.

Inspectors reviewed a sample of residents' records, such as assessments and care plans, on the day of inspection. Pre-assessments were carried out prior to the residents' admission to the designated centre to ensure the registered provider could meet the residents' needs. In general, comprehensive assessments and care plans were carried out within 48 hours of admission to the centre, and validated assessment tools were used to guide the development of care plans. The inspectors saw that most care plans were updated as required and at a minimum of four monthly intervals in line with the regulations; however, a number of gaps and inconsistencies in care planning were also found, as further detailed under Regulation 5.

The registered provider had a safeguarding policy which provided staff with support and guidance in recognising and responding to allegations of abuse. All staff had completed safeguarding training and residents had access to advocacy services should they need to avail of them. Inspectors saw evidence that where required, appropriate referrals to external agencies such as the safeguarding and protection team were completed.

Residents' rights and choice were promoted and respected within the centre. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. There was access to advocacy with contact details displayed in the centre.

Staff at the centre were up-to-date with annual fire safety training and were familiar with the policies and procedures in place in respect of fire management. Staff who spoke with the inspectors were clear in their understanding of what to do in the event of a fire, including the assignment of a member of staff as fire warden on each floor, calling the fire brigade and closing residents' bedroom doors in the event of a fire alarm sounding. There were escape plans on the walls pointing the direction of escape and equipment available for vertical evacuation. There was evidence of regular fire drills carried out, including simulated scenarios with night-time staffing levels for various compartments. There was an appropriately equipped designated smoking area, and inspectors observed additional fire blankets available in each

bedroom of residents who smoked. However, concerns identified on inspection and confirmed at the following provider meeting required urgent and significant action on behalf of the provider to ensure that measures were in place to protect residents from fire, as further detailed under Regulation 28: Fire precautions.

There were safe medication administration practices, and the storage and disposal of medication were in line with regulatory requirements.

Regulation 18: Food and nutrition

Residents were offered a choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that when a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider did not take all adequate precautions against the risk of fire to ensure the safety of the residents, staff and visitors in the event of fire. The registered provider was now required to assess the fire safety risks and review the precautions at the centre and provide assurance in respect of the regularisation of the fire certificate for the building and ensuring that appropriate mitigations are put in place until then.

The registered provider did not provide adequate means of escape in all areas of the building:

- An extension had been built which compromised the means of escape from one area of the centre, both on the ground and first floor. This extension had been built and designed for use as staffing quarters in line with the fire certificate, and therefore it had narrow evacuation stairwells. However, the inspectors found that this area was used to provide residential accommodation to residents of various dependency levels. This posed a risk to the residents who required assistive equipment for evacuation purposes from that area.

The registered provider was required to take action in respect of compartmentation and containment of fire, smoke and fumes as evidenced by:

- There were residents' bedrooms on the ground and first floor which were opening on the same corridor as the lift.
- The lift was not an evacuation lift as required by the fire safety certificate granted for the building.
- There was a lack of assurance whether the compartmentation of the building went all the way to the roof, and in some areas of the centre, there was a lack of assurance that the fire doors aligned with the compartment lines.
- The fire rating of the attic hatch was not of the required standard to provide assurance of effective compartmentation.
- None of the bedroom doors had self-closing devices, as explicitly required by the fire certificate granted for the building for compartments that had more than six residents. Inspectors found that the largest compartment was of 11 to 12 residents in the centre.
- The batteries for hoists and assistive equipment were found charging in the nursing stations or medication room, which are high-risk areas due to the high number of flammable items, oxygen concentrators and electric equipment present. This arrangement required urgent review.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Although there were examples of good care planning arrangements, some further improvements were required to ensure the documentation reflected residents' current needs and effectively informed practice, as follows:

- Not all aspects of care were reviewed every four months, as required. In one example seen, a resident's communication plan had not been reviewed in eight months.
- Care plans that prescribed the required interventions to support residents' care, such as skin care, continence care and monitoring of residents' weight, were not consistently implemented in practice. For example, where the requirements of weekly weights were outlined in the care plan as informed by a risk assessment, records showed that weights were only carried out on a monthly basis.
- Information given to care staff at handover meetings was not consistent with the information detailed in the care plans, posing a risk that residents will not receive care based on the latest assessment. For example, in the handover, it was outlined that a resident required assistance of one staff with mobility needs while the care plan stated they needed assistance of two staff. This posed a safety risk.
- Continence assessments were not regularly completed and used to inform care.

Judgment: Substantially compliant

Regulation 8: Protection

There were systems in place to safeguard residents. All staff had completed safeguarding training and those spoken with detailed their understanding of putting this training into practice. The registered provider was a pension agent for eight residents and appropriate arrangements were in place to safeguard their finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed during the day of inspection were person-centred and courteous.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 16: Training and staff development	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Firstcare Mountpleasant Lodge OSV-0000701

Inspection ID: MON-0041839

Date of inspection: 16/07/2025

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
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A fire risk assessment was completed for the home on 23rd August 2025, actions from this assessment will be reviewed and controls in place by 31st December 2025</p> <p>The matter was escalated to the local fire authority on 1st August 2025.</p> <p>The sample size for care plan audits has been increased from the 1st of August 2025 to strengthen the audit programme. This process has now been completed, and all audits will be followed by a trends analysis and an action plan to drive continuous improvement. The number of actionable findings identified per audit cycle will be recorded, and the percentage of audit-driven improvements implemented within 30 days will be monitored monthly by the Director of Nursing.</p> <p>From the 2nd of September all repositioning charts will be reviewed and signed off daily by the Nurse in Charge of the unit, with confirmation documented in the resident's progress notes. The Clinical Nurse Manager will conduct a weekly audit of compliance, with oversight provided by the ADON/DON. The Regional Director will review overall progress on this action at monthly governance meetings.</p> <p>From the 18th of August access to the electronic care record system is now incorporated into the agency staff induction checklist. The management team will conduct daily checks to ensure that all agency staff have appropriate access to the system and are familiar with residents' individual care plans. Evidence of these checks will be recorded in the daily management handover.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire risk assessment was completed on 23rd August. Actions from this assessment will be reviewed and controls in place by 31st December 2025</p> <p>This matter has been escalated to the local fire officer on 1st August 2025.</p> <p>From 30th August 2025, weekly evacuation drills, including the designated compartments will be completed and documented to ensure consistent preparedness.</p> <p>The fire safety trainer has been requested to review current practices and provide direct staff training to verify competence in the safe evacuation of residents. This will be completed by 30th September 2025.</p> <p>A dependency review of all residents occupying these bedrooms will be undertaken to ensure an appropriate mix that supports safe evacuation. Furthermore, each bedroom within this area will be equipped with an individual evacuation sledge, ensuring the necessary resources are in place to facilitate a safe and timely horizontal evacuation. This will be complete by 30th September 2025</p> <p>Ongoing oversight of these measures will be maintained through the governance framework, with assurance provided at monthly governance meetings from 1st September 2025.</p> <p>A replacement attic hatch, compliant with the required fire safety rating standards, has been ordered and will be installed by 30th September 2025.</p> <p>The battery charging outlet for hoists has now been moved to the second floor equipment room. Complete</p> <p>Self-closing devices for all bedrooms' doors are being sourced and will be fitted by the 31st of October 2025.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p>	

By the 31st of August 2025, a care plan review tracker with automated reminders will be implemented to ensure that each resident's named nurse leads and completes care plan reviews within the required timeframes. Dedicated weekly review time will be allocated to each nurse to update their assigned residents' care plans. Oversight of this process will be maintained by the Director of Nursing (DON).

By 30th September 2025, all nursing staff will receive training on care planning standards and documentation, delivered by the DON. This training will include all prescribed interventions within residents' care plans. To reinforce compliance, the Management Team will conduct daily checks and supervision rounds, with findings documented on the daily management handover form.

From the 2nd of September a weekly audit of the handover form against the residents' care plans will be conducted by the Clinical Nurse Manager (CNM) to ensure accuracy, relevance, and resident-specific detail. Oversight will be provided by the ADON/DON, with progress and compliance reviewed at monthly governance meetings by the Regional Director.

By 31st of August 2025, a comprehensive review of all residents' continence assessments will be completed. Automated reminders will be established to ensure timely reassessments are maintained going forward. This process will be led by the CNM, with oversight by the DON.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/12/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2025

Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	31/12/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2025