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:	Mount Tabor Nursing Home and Care Centre
Name of provider:	Dublin Central Mission CLG
Address of centre:	Mount Tabor, Sandymount Green, Sandymount, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	29 July 2025
Centre ID:	OSV-0000071
Fieldwork ID:	MON-0047762

About the designated centre

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

Mount Tabor Nursing Home and Care Centre is a purpose built nursing home, which was completed in 1998. It is situated in Sandymount Green on the grounds of the Methodist church. It is in a tranquil setting, with the amenities of Sandymount village close by. The registered provider is Dublin Central Mission Designated Activity Company (DCM DAC) and is both a limited company and a registered charity. Mount Tabor accepts residents regardless of their denominational background. The centre provides full-time nursing care and has access to the specialist services of the nearby hospitals and hospice services. Mount Tabor can accommodate 46 male and female residents, across two floors. The ground floor consists of the Gilford area, for 14 residents; and the Martello area, for 17 residents. The first floor is called Seafort, and can accommodate 15 residents. There is a pleasant central courtyard garden, and several lounges throughout the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	45

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
Tuesday 29 July 2025	07:50hrs to 16:50hrs	Niamh Moore	Lead
Thursday 31 July 2025	18:00hrs to 20:35hrs	Niamh Moore	Lead
Tuesday 29 July 2025	07:50hrs to 16:50hrs	Aoife Byrne	Support
Thursday 31 July 2025	18:00hrs to 20:35hrs	Sharon Boyle	Support

What residents told us and what inspectors observed

This inspection took place in Mount Tabor Nursing Home and Care Centre, in Sandymount Dublin 4. This was an unannounced inspection carried out over two days. The first day was completed during day time hours 07:50 to 16:50, with inspectors returning two days later to complete an evening inspection from 18:00 to 20:35. On the first day of the inspection, inspectors spent time observing the care provided to residents, reviewing documentation and speaking with residents and staff. During the evening inspection, inspectors spent time speaking with four visitors, in addition to observing how the centre operated in the evening and speaking with further residents and staff. The observations of this inspection were that staff had a caring rapport with residents. Residents praised the care they received with comments such as "staff are very good, I get on well with everyone" and that they were "very lucky to live here".

On day one, inspectors arrived at the centre and were permitted entry via the front door opening automatically. Inspectors signed in at the reception area and waited for staff to arrive to verify their identity. Inspectors spoke with a staff member who had entered the building to commence their shift, and asked that they inform the nurse in charge of their arrival. Staff spoken with stated they were unaware of who had responded to the bell as access is remotely provided at the nurses station. Inspectors raised this with management to ensure effective safeguarding measures for access and egress to the centre were in place.

Inspectors completed an introductory meeting with the person in charge. Following this meeting, inspectors then went on a walk around the premises. Mount Tabor is registered for 46 residents with 45 residing in the centre during this inspection. The centre is set out over two floors and is divided into three areas, named as Seafort, Gilford and Martello. Residents had access to communal areas such as three communal rooms, a large dining room and an activity room. The Martello unit also had a dining/day room. There was a well-maintained inner courtyard which had nice planting and seating available. The newly opened courtyard from the Martello unit also had nice planting and seating. Inspectors observed that this courtyard did not have well sign-posted exit routes in the case of an emergency. This was rectified during the inspection, however following a walk around of this area with the person in charge, inspectors were not assured it was fully accessible for residents with mobility aids as the final exit point required a step up.

Residents' accommodation was provided in 40 single and three twin-bedded rooms. Residents had access to en-suites or shared bathroom facilities. Inspectors viewed a sample of bedrooms and saw that they contained personal items such as family photographs, ornaments and furniture. Residents told inspectors that they were happy with their bedrooms, and that they were supported by the housekeeping team to keep these areas clean. However, inspectors observed two incidents which impacted on the resident's privacy, one where a staff member entered a resident's bedroom without knocking or engaging with the resident, and another where a staff

member was caring for a resident who was using the bathroom with the bedroom and bathroom door left open.

The building was warm, homely, bright and overall was clean. There was sufficient housekeeping resources available throughout the day. The registered provider had made some upgrades which had commenced with the installation of new handle rails, however these were sharp and therefore the registered provider was awaiting installation of a safer option. Inspectors saw that floor coverings in some areas were worn and would not support effective cleaning.

Residents spoke positively about staff as individuals who made them feel safe, and described how staff encouraged them to be independent and to engage socially with other residents. One resident told inspectors that a garden party was organised by staff for their birthday and how lovely it was for them to celebrate together. Visitors spoken with also reflected the residents' positive feedback, reporting they were happy with the care their loved ones received in the centre. Visitors spoke about good communication from the management and staff team, with one stating they had raised a concern and were happy with how this was dealt with and managed. Two visitors also stated that they enjoyed a meal with their family member within the centre, reporting that this had been a nice experience. Another comment from a family member stated they appreciated how approachable management were.

Inspectors spoke with 11 staff members and overall, staff spoken with also reported they felt Mount Tabor was a nice place to work, with a supportive team in place. Staff demonstrated knowledge in policies and procedures, however there was a gap in knowledge of supporting residents with correct manual handling as inspectors observed two occasions where staff did not follow the resident's assessment and care plan. This will be further discussed within this report.

On the first day of the inspection, inspectors observed lunch being served. On the day of inspection there was a choice of roast cajun chicken or lamb casserole. Residents said they were given the choice to eat in the dining rooms or their own bedroom. Most were observed enjoying the company of other residents in the dining rooms. The tables were set in a homely manner, with condiments and drinks within easy reach of residents, enabling them to maintain their independence. For those residents who required assistance there were plenty of staff available to provide assistance and in some units staff were observed doing so in a kind, discreet and unrushed manner. Residents praised the food in the centre stating "the food is very tasty, it's always good".

There was an activity schedule which listed activities for the week, however many activities listed were not considered recreational and therefore limited social activities were occurring in the morning times. For example, on the day of the inspection the morning activity was hairdressing. During the inspection, inspectors observed residents spending time in communal areas with the television on, many residents were asleep, and for those awake there was little engagement other than task based activities. In addition, other days morning activities was watching programmes on the television. In the afternoon, the external musician scheduled was unable to attend, so a karaoke session occurred and plans were made for an

outing to St Anne's park in the future. On day two of the inspection, inspectors heard positive feedback about the exercise class held that day, and of a planned visit to a local Church the coming weekend.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

On this inspection, the inspectors also followed up on the compliance plan submitted by the registered provider following the previous regulatory inspection in May 2024 and information, both solicited and unsolicited, received since then. There was a clearly defined management structure in place, with identified lines of authority and accountability. Overall, this inspection found that residents received good care and were happy within the designated centre. However, some improvements were required to ensure that there was the necessary resources in place, effective supervision, oversight, and that the complaints policy was followed at all times.

Dublin Central Mission CLG is the registered provider for Mount Tabor Nursing Home and Care Centre. There are 13 company directors, and a senior management team in place who support the daily operation and oversight of the centre. The senior management team includes a Chief Executive Officer, Head of Older Person Services and Head of People, all of whom support the person in charge.

The person in charge works full-time in the centre and was further supported in their role by an assistant director of nursing, nurses, healthcare assistants, activity coordinators, catering, housekeeping, laundry and administrative support. Inspectors reviewed the human resources data since the last inspection in May 2024 and were told there was a 36.5 percent turnover of staff. During this inspection, there were two staff nurse and one healthcare assistant vacancies, which the registered provider was actively recruiting for. However, inspectors were not assured that these vacancies were being appropriately covered in the short-term. That and other staffing concerns are outlined under Regulation 15: Staffing.

The provider had a training programme to support staff in their roles. Staff attended training on topics such as fire safety, manual handling, safeguarding vulnerable adults from abuse, infection control and dementia care. However, supervision of care delivery such as manual handling practices required further oversight.

There was a clearly defined and well-established management structure in place. Oversight systems were in place such as weekly key performance monitoring of areas such as occupancy, deaths, admissions, clinical updates, health and safety, finance, catering and maintenance. In addition, there was analysis of topics such as

falls and incidents. Auditing and meetings were occurring, on topics such as quality, safety and risk. An annual review of the service was completed for 2024, which assessed against the National Standards and included feedback from residents. However, notwithstanding this, further action was required to ensure effective oversight of all areas of care which is further discussed under Regulation 23: Governance and Management.

There was an accessible complaints procedure in place, which was signposted at the reception area of the designated centre. Inspectors saw there were 19 complaints received so far this year to the date of this inspection, with seven currently open with active investigations or reviews occurring. Inspectors saw within a sample of closed complaints, including complaints referred to the Ombudsman, that overall complaints were well-managed. However, the registered provider had not ensured compliance with all areas of Regulation 34: Complaints procedures as outlined below.

Regulation 15: Staffing

The registered provider had not ensured there was an appropriate skill-mix of staff related to the assessed needs of the residents and the size and layout of the designated centre. This was evidenced by:

- Two staff nurse vacancies were sometimes being substituted with healthcare assistants. Inspectors found this particularly occurred at night-time where there was only one rostered nurse for 45 residents, as the second nurse was replaced by an additional healthcare assistant. This posed a risk in the event of a medical emergency. On day one of the inspection, inspectors observed that the planned roster for the inspection week, there was one nurse for six out of seven night shifts. On day two of the inspection, inspectors were assured that agency nursing staff had been booked and there were two nurses on the night shift.
- While one activity staff member was available on the day of the inspection, they were assigned care provision tasks in the morning time, for example they were assisting with breakfast and then washing residents' hair for the hairdresser. Therefore residents did not have access to any activities until 2pm on the day of the inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors were not assured that there was sufficient supervision to ensure residents were cared for safely and in line with their assessed needs. Despite

concerns raised about manual handling techniques within the designated centre, on both days of the inspection, inspectors observed breaches in the safe moving and handling of residents in line with their manual handling assessments. The supervision measures in place did not recognise these risks.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider did not ensure there were sufficient resources of manual handling aids to support safe moving and handling.

Oversight systems did not ensure that the service was provided in line with the requirements of the regulations. This was evidenced by:

- Inadequate oversight of documentation. This included for falls risks and manual handling requirements.
- Oversight measures did not ensure that the safeguarding policy was fully up-to-date in line with regulation changes. In addition, while the registered provider was actively investigating and responding to an incident of abuse in line with their policy, these oversight systems did not identify the requirement to report this incident to all external stakeholders.
- Auditing systems were not fully reliable in identifying and responding to areas for improvement. For example, the audits seen on complaints were not reflective of inspection findings. The audit in May 2025 reviewed the management of seven complaints and did not identify the policy had not been followed.
- The risk register was not updated to contain centre-specific live risks. This meant that there was an absence of assurances that these risks were effectively recognised and responded to appropriately.

Judgment: Not compliant

Regulation 34: Complaints procedure

While inspectors observed that complaints were responded to in a timely manner, which included investigations and meetings, the complaints policy had not been fully followed in three of the closed complaints reviewed. For example, a written response was issued to the complainant, however it did not inform them whether or not their complaint was upheld, the reasons for the decision and any improvements recommended and details of the review process.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that there was a good standard of care provided to residents living in the centre and residents and their families spoken with on the day of inspection told inspectors that they were very happy with the service being provided. Residents and staff appeared to know each other well and the vast majority of interactions observed on the day were kind and respectful towards residents. Notwithstanding the positive findings outlined, improvements were required in residents' rights, the premises and transfer documentation.

Inspectors reviewed a sample of six residents' care records. Each resident had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. Following admission, a range of validated clinical assessment tools were used to identify potential risks to residents such as risk of malnutrition, poor mobility, impaired skin integrity and dependency level. The outcomes of assessments were used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed were holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents were provided with access to appropriate medical care. Residents were reviewed by their General Practitioners (GP), as required or requested. Referral systems were in place to ensure residents had access to allied health and social care professionals for additional professional expertise.

Inspectors reviewed a sample of safeguarding care plans which detailed the measures in place to protect the resident. A sample of safeguarding incidents were reviewed and overall these were investigated as per the centres policy, with the exception of one.

Residents had access to independent advocacy services. An annual residents and relatives survey was completed. Residents' meetings were held twice a year, with the last meeting taking place in March 2025. This was not in line with the designated centre's statement of purpose which outlined meetings took place every 12 weeks. While inspectors saw overall positive interactions between residents' and staff take place, improvements were required to ensure activity staff were not providing care related tasks which impacted on staff availability to provide residents with opportunities for meaningful engagement. This is further discussed under Regulation 9: Residents' rights.

Inspectors found that generally the premises was well-maintained, however not all areas of the premises met the requirements of Schedule 6, particularly due to wear and tear of flooring, which is outlined under Regulation 17: Premises.

Inspectors observed that the same meal choices were available to all residents including those that required modified diets as per their assessed needs. The different food consistencies served to residents reflected their assessed needs. The food was presented neatly and as a result, the resident could identify the different food groups on their plate.

Arrangements were in place to ensure that the transfer of residents from the designated centre to hospital, or other health care services, occurred in line with the requirements of the regulations. However, it was not evident that arrangements to ensure information pertinent to the care of residents were communicated to the receiving health care facility on all occasions. This is discussed further under Regulation 25: Temporary absence or discharge of residents.

Regulation 17: Premises

Improvement was required by the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- Wear and tear was observed to areas of flooring within the designated centre. This included, one area of flooring on a corridor, the flooring in the hairdressing room and carpet in a storage area.
- There was inappropriate storage in a communal bathroom including a wheelchair and a chair. Due to this storage in this room, it limited access for residents to the bath. There was also a sign on the door to state do not enter.
- The trunking in one bedroom was missing in one area which left the electrical socket exposed.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Improvement was required to ensure a record was kept of all relevant information provided about the resident who is temporarily absent from Mount Tabor to the receiving designated centre, hospital or place. A copy of the transfer letter was not available for a sample of residents records reviewed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

The inspectors observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their GP, and the person in charge confirmed that GPs were visiting the centre, as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care.

Judgment: Compliant

Regulation 8: Protection

The provider had measures in place to safeguard residents from abuse. Staff were facilitated to attend safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors were not assured that all residents had opportunities to participate in activities in accordance with their interests and capacities. Inspectors observed on both days of the inspection that residents were seen with limited stimulation other than the television playing in the background. This area for improvement had been identified in the annual survey, however due to a recent staffing vacancy in the area and activity personnel assisting with care delivery, there was limited meaningful engagement.

While an annual survey had been conducted and residents' meetings were occurring twice a year, this did not provide residents with opportunities to participate in the organisation of the service as set out within the statement of purpose. Inspectors were told that the frequency of residents' meetings was going to be more frequent to allow for more regular consultation with residents.

Inspectors observed occasions throughout this inspection where residents' rights to privacy and dignity were not fully respected. For example, a staff member entered a bedroom without knocking.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Mount Tabor Nursing Home and Care Centre OSV-0000071

Inspection ID: MON-0047762

Date of inspection: 29/07/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • Two previously vacant staff nurse positions have now been filled, and a full complement of staff nurses is in place. The staff nurse positions were in the recruitment process at the time of the inspection. Two nurses are rostered on duty on all night shifts. • A second activity staff member who was in the induction and training phase of her employment during the inspection has now completed her training. This ensures that all days of the week are covered with a member of the activities team. On the day that the hairdresser visits Mount Tabor two activities staff are rostered to ensure that provision of activities continues for other residents who are not attending the hairdresser.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • Dates are scheduled for People Manual Handling for all clinical staff to renew and update staff on correct manual handling techniques and ensure that these are implemented. • Additional practical training sessions are scheduled with our regular physiotherapist to reinforce the basic principles of safe manual handling techniques including sit to stand, chair to chair transfers and the use of a handling belt. • Manual handling assessments have been reviewed to ensure they are in line with all residents' current needs. • Nursing and management supervision of manual handling practices reinforced with staff. Any identified practice issues will be highlighted and addressed to ensure compliance with safe practices.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

• The care home has adequate manual handling aids available to meet the current needs and numbers of residents. This includes, x3 Full body hoists, x3 Standing aid/hoists and x2 Sara Stedy aids. All residents requiring use of a hoist have their own labelled sling which is kept in their bedroom for individual use. New handling belts have been purchased for identified residents and communicated to staff. All manual handling equipment is serviced and maintained to ensure safety of staff and residents.

• Clinical staff updated on the Inspection findings during Clinical weekly meetings, Mobility/falls risk, Manual handling practices, resident's needs, changes and assessed equipment/aids to be used all included in these update meetings.

• Falls and care plan /assessment audits are completed on a three monthly basis and any areas for improvement are shared with staff and actioned.

• Falls risk and manual handling assessments are reassessed four monthly or on a change in a resident's condition.

• The Safeguarding Policy has been updated to reflect the regulatory changes of reporting within 48 hours.

• As per our policy any reportable incidences of abuse shall be reported to all appropriate external stakeholders.

• The risk register has been updated to reflect all live risks. A current risk situation within the home has been reviewed and additional staffing has been rostered to support same.

• In advance of each Quality, Safety and Risk meeting a review of the Risk Register for the home is reviewed in conjunction with the Clinical Governance Manager and the Head of Older Persons Services.

• Our complaints audit has now been updated to ensure oversight of the full complaints procedure.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
• All future complainants will receive a written response that incudes information whether or not their complaint was upheld, the reasons for the decision and any improvements recommended and details of the review process.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• New flooring is in process for areas which show wear and tear including a corridor, hairdressing room and a storage room.
• All items stored in the communal bathroom and inappropriate signage have been removed. The bathroom is now available for all residents to access and use.
• The missing electrical trunking in the identified bedroom has been replaced. We have reinforced with staff the requirement to report all faults immediately and log any faults in the maintenance file. The facilities manager will have oversight of this and ensure compliance through the health and safety committee.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
• All nursing staff reminded/ updated regarding the requirement to retain a copy of any transfer documentation in relation to a resident within their medical file.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• We now have our full complement of activity coordinator staff in place ensuring that there is improved quality in the activities provided.
• Residents’ meetings will be conducted on a quarterly basis ensuring residents have

regular opportunities to participate in the planning of activities. A weekly programme and annual plan is produced to reflect this. Feedback from the annual survey is reflected in the activity plan.
• All staff updated on the requirement to respect residents' privacy and dignity. This includes knocking and waiting prior to entering a resident's room.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	26/09/2025
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2026
Regulation 23(1)(a)	The registered provider shall	Substantially Compliant	Yellow	31/12/2025

	ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2025
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	31/12/2025
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of	Substantially Compliant	Yellow	31/12/2025

	a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/12/2025
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/12/2025