



**Health  
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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:	Mount Alvernia Hospital
Name of provider:	Health Service Executive
Address of centre:	Newberry, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	21 May 2025
Centre ID:	OSV-0000723
Fieldwork ID:	MON-0044514

## About the designated centre

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

Mount Alvernia is set on a rural site, southwest of Mallow town in Co. Cork. The building was originally built as a community hospital in the 1950s with accommodation and facilities laid out along a single corridor on four floors. Facilities on the ground floor include administration offices, the main kitchen facility and a dining area for staff. There is also a chapel and a hairdressing facility for residents to use on this floor. Resident accommodation is laid out over the top three floors. Information as set out in the statement of purpose describes St Camillus' unit, on the first floor, as providing accommodation in four single and five twin bedrooms. Communal areas on this floor include a dayroom and dining room and a separate room to receive visitors in private. On the second floor, Clyda unit, provides four twin and three single bedrooms as well as one three-bedded ward. Communal areas on this floor include a day room and dining area. Avondhu unit on the third floor provides focused care for residents with a cognitive impairment or dementia, and this unit is accessible via a keypad secure system. Accommodation here includes six single and three twin bedrooms. There is also a sitting room and dining area as well as a small separate room for residents to receive visitors should they so wish. There are no en-suite bathroom facilities in any of the rooms and all residents share toilet and shower facilities on each floor. The grounds provide residents with opportunities for exercise and recreation with outside seating, paved walkways and an orchard. The centre provides long-term residential care for residents over the age of 18 requiring continuing care in relation to a range of needs including chronic illness, dementia and enduring mental health issues.

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

Number of residents on the date of inspection:	34
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## 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
Wednesday 21 May 2025	09:45hrs to 17:45hrs	Siobhan Bourke	Lead

## What residents told us and what inspectors observed

The inspector arrived unannounced to the centre in the morning and was met by the administrator and director of nursing. During the day, the inspector met with many of the 34 residents living in the centre and observed staff practices and interactions with residents. The inspector spoke with seven residents, in more detail during the day, to hear about their experience of living in Mount Alvernia Hospital. Overall, residents were seen to be well cared for and staff were very knowledgeable regarding residents' preferences and how they liked to spend their day. Residents spoke very positively regarding the care and attention they received from staff and the director of nursing.

Mount Alvernia is located in a rural setting near Mallow town in Cork. The premises itself is an old hospital style building with infrastructural challenges associated with its age. The ground floor had administration offices, the hospital's kitchen, a chapel, staff changing and dining room, visitors' room, storerooms and a hairdresser's room. The inspector saw that the external gardens were well maintained with a variety of plants and shrubs and a functioning water feature to brighten up the garden. Seating and parasols were available near the front door and two residents were sitting enjoying the May sunshine in the morning.

Accommodation for residents is located over the three floors, with the Avondhu on the third floor, the Clyda on the second and St. Camilus on the first floor. The centre had one triple room, 13 single rooms and 12 twin rooms. None of the bed rooms had ensuite toilets or showers but had shared toilets and shower rooms on each floor. There were sufficient toilets and showers on each floor for residents and two floors had an assisted Jacuzzi bath for residents' use. The inspector saw that residents' bedrooms were clean and personalised, where residents' choose to do so, with items of importance to them. The inspector saw that crash mats and low beds were used as an alternative to bedrails in the centre, while bedrails were still in use for four residents. Some wear and tear was noted on bedroom walls and woodwork in residents' rooms, this is outlined further in the report.

There were communal spaces on each floor including a dining room and day room. These rooms were decorated in a homely style, with plenty comfortable seating and appeared cosy. The inspector saw that a visitors' room was locked on Avondhu unit, and was used to store a freezer that was no longer in use. This reduced the space further in the room. The person in charge agreed to ensure this room was left open so that it could be easily accessed by residents and their visitors. During the inspection, residents were using these communal spaces to rest and watch television especially the morning mass. Residents living on the first and second floor had unrestricted access to the outdoor gardens in the centre. The third floor entrance had a key code, so that residents with a cognitive impairment, could not leave the centre without staff supervision.

The inspector saw that the lunch time meal was a sociable experience for residents on each floor. Residents were encouraged to use the dining rooms and residents who required assistance were provided with this, in an unhurried and respectful manner. The inspector saw that there was a choice of main course and texture modified diets were well presented. Residents who spoke with the inspector reported that the food was tasty and nice.

Residents who spoke with the inspector were full of praise for the activity co-ordinator working in the centre. Some residents told the inspector that they loved to go up the town with staff for a coffee or to go shopping. During the morning, the inspector saw that the activity person did both one-to-one and group activities with residents such as hand massage chats and walks. A local prayer group attended the centre once a week to pray with residents and mass was held in the centre every Friday. A hairdresser attended the centre once a week. A yoga instructor and arts and crafts facilitator also attended weekly and a musician attended once a month. Residents told the inspector that they loved the bingo and sing song that was on the day of inspection. The inspector heard residents and the activity staff reminisce about old time musicians and singers together. In the afternoon, many of the residents sat outside in the sunshine enjoying ice creams and music and could be heard laughing and chatting with staff. Residents were supported to go on outings or visits home with their families. A number of residents attended local day services on days during the week. Days out from the centre were discussed and planned with residents such as trips to local amenities.

Residents were consulted on the running of the service through residents meetings that were held each month on each floor. Feedback was acted on by the director of nursing. On one of the floors, records of the most recent meetings was not maintained as outlined further in the report. Residents were surveyed to seek their views on the running of the services and feedback was noted to be positive.

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

## Capacity and capability

This one day unannounced inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). Findings of this inspection were that residents living in Mount Alvernia were provided with a good standard of nursing and health care. However, action was required to ensure the service was safe and consistently monitored. An immediate action was issued to the provider on the day of inspection with regarding to fire safety and this was actioned. However, further action is required in relation to governance and

management, fire precautions and premises, as detailed under the relevant regulations.

The registered provider of this centre is the Health Service Executive (HSE). The on site management team had clearly defined roles and responsibilities. The centre had a full time person in charge and assistant director of nursing along with a clinical nurse manager on each floor. The provider had appointed a general manager for North Cork Mental Health services as person participating in management for the centre in March 2024. The appointed person had changed in November 2024, however the office of the Chief Inspector was not notified until April 2025. While the director of nursing had telephone support from the general manager and attended the North Cork management teams meetings each month, the PPIM did not attend the centre on a regular basis. This is outlined under Regulation 23 governance and management.

The provider had a schedule of audits to monitor the quality and safety of care for residents. Care plans, medication management and infection control practices were closely monitored as were key risks to residents such as falls, wounds and infections. Staff meetings were led by the director nursing to keep staff up-to-date with information relevant to their role.

The provider had a schedule of both face-to-face and online training for staff appropriate to their role. Staff were provided with training on safeguarding vulnerable persons, infection prevention and control and manual handling as required and annual training on fire safety. However a number of staff were overdue refresher training on managing responsive behaviour as outlined under Regulation 16 training and staff development.

The provider had a complaints procedure displayed in the centre and residents who spoke with inspectors were aware how to make a complaint. There was a low level of complaints in the centre and these were recorded and actioned by the complaints officer.

The inspector reviewed the incident log maintained in the centre and saw that where required incidents were notified to the office of the Chief inspector.

An annual review of the quality and safety of care provided to residents had been prepared for 2024 and was available for the inspector to review.

### Registration Regulation 6: Changes to information supplied for registration purposes

The registered provider failed to notify the Chief Inspector of a change in identity of the person participating in management for the centre within 28 days of the change and to supply full and satisfactory information in line with schedule 2 of the regulations. The manager for the service had changed in November 2024, however

the Chief inspector was not notified in writing until April 2025. Required documentation was not submitted within a timely manner.

Judgment: Not compliant

### Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the assessed needs of the 34 residents living in the centre on the day of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

A number of staff were overdue refresher training with regard to the management of residents with responsive behaviours.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector found that the governance and management systems in place were not effective to ensure oversight of the quality and safety of care provided to residents as evidenced by the following.

- The provider had failed to ensure effective oversight of fire precautions in the centre to ensure the safety of residents as detailed under Regulation 28 Fire Precautions. An immediate action was issued to the provider with regard to fire safety in the smoking shelter of the centre. This was actioned by the management team on the day of inspection.
- systems in place to ensure oversight of premises were not sufficiently robust as the service lift remained out of order and other premises issues required action as outlined under Regulation 17 premises.
- the registered provider had failed to notify the Chief Inspector of changes in Person participating in management within the required time lines
- There remained an over reliance on the governance and management of the service on the local management team instead of it being the registered provider's responsibility. While the director of nursing had telephone support from the general manager and attended the North Cork management teams



meetings each month, the PPIM did not attend the centre on a regular basis and was not fully involved in the overall management of the centre.
Judgment: Not compliant
<b>Regulation 31: Notification of incidents</b>
A record of incidents occurring in the centre was maintained by the person in charge. Incidents had been reported in writing to the office of the Chief Inspector, as required under the regulations within the required time period.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
There was an accessible and effective complaints procedure that was displayed in the main reception and on each floor in the centre. Residents who spoke with inspectors were aware how to raise a concern or make a complaint. There was a low level of complaints in the centre and those recorded had been managed in accordance with the centre's policy and procedure.
Judgment: Compliant
<b>Quality and safety</b>
<p>Overall, the inspector found that residents living in Mount Alvernia were supported to have a good quality of life, where their health and social care needs were well met. However, action was required to ensure the service was safe and effectively monitored; in particular with regard to fire precautions and premises as outlined under the relevant regulations.</p> <p>From a review of a sample of residents' records, and from speaking with staff and residents, it was evident that residents were provided with a good standard of nursing and health care. Residents had access to GP services from a local GP practice, who attended the centre twice a week and medical staff from mental health services also attended the centre each week.</p> <p>All residents had a care plan in place and from a review of records, it was evident that these were maintained and updated in line with the regulations. They described individualised and evidence-based interventions to meet the assessed needs of</p>

residents. Validated risk assessments were regularly completed to assess various clinical risks, including risks of malnutrition, pressure ulcers and falls. These assessments informed the residents' care plans and were updated at a minimum of every four months or when the needs of residents changed.

Residents told the inspector they felt safe living in the centre and staff records indicated that staff were up-to-date with training in safeguarding vulnerable persons. There were systems in place to manage residents' finances.

The use of restrictive practices such as bed rails were monitored to ensure that restrictive practices were only initiated after an appropriate risk assessment was completed, and in consultation with the multidisciplinary team and residents, where possible.

Residents who spoke with the inspector gave very positive feedback on the quality and choice of food available to them. The inspector saw that residents who were referred to dietitian and speech and language therapists had their recommendations implemented.

There were sufficient resources assigned to ensure residents' bedrooms were cleaned daily and deep cleaned regularly. Residents confirmed that their bedrooms were kept clean. Overall, the premises was well maintained and while the inspector saw that communal spaces on each floor were homely and warm, some wear and tear with regard to paintwork and woodwork in residents bedrooms was evident. These and other findings are outlined under Regulation 17 premises.

Records relating to fire safety were examined. The inspector saw that annual fire training was provided to staff working in the centre. Daily and weekly checks of the fire alarm and emergency exits were maintained. A sample of fire doors checked appeared to be closing correctly and the inspector saw that fire equipment such as fire extinguishers was serviced annually. The inspector saw that the smoking shelter did not have a fire blanket, nor an apron or call bell on the day of inspection; An immediate action was issued to the provider and a fire blanket was placed near the fire shelter. This and other findings are outlined under Regulation 28 Fire precautions.

## Regulation 17: Premises

The following required action to ensure compliance with Schedule 6 of the regulations;

- The service lift remained out of order; this is a repeat finding.
- Wear and tear was observed on the paintwork and woodwork in some residents' bedrooms that required attention, externally some of the paintwork in the centre was also worn and required attention.
- The visitors room on the third floor was locked and therefore not available for visitors and residents to use; furthermore it was used to store a freezer no

<p>longer in use and other equipment that did not ensure the room was a welcoming space for residents.</p> <ul style="list-style-type: none"> <li>• In one of the centre's bathrooms, flooring surrounding the toilet and grouting in a shower room was worn and stained and required review.</li> </ul>
Judgment: Not compliant
<b>Regulation 18: Food and nutrition</b>
<p>The inspector saw that residents were offered a choice at mealtimes and residents gave positive feedback regarding the quality and variety of food available to them. The inspector saw that meals were well presented and meal times were a sociable experience for residents.</p>
Judgment: Compliant
<b>Regulation 25: Temporary absence or discharge of residents</b>
<p>While it was evident that records received following return of a resident to the centre from acute services, were available, in two files reviewed copies of transfer records sent to the receiving hospital were not available. This is a requirement of the regulations.</p>
Judgment: Substantially compliant
<b>Regulation 27: Infection control</b>
<p>One of the clinical nurse managers was the link nurse for infection control for the centre and was responsible for ensuring audits were completed with regard to transmission and standard based precautions. Staff and management working in the centre were well supported with expertise on infection control from the community infection control team, who were based near the centre. The inspector saw that training was underway to introduce a new suite of audits for infection control for the centre. The inspector saw there was adequate resources to ensure residents bedrooms, shower rooms, toilets and communal rooms in the centre were cleaned daily.</p>
Judgment: Compliant

## Regulation 28: Fire precautions

Immediate action was required on the day of inspection pertaining to fire precautions. The provider was not taking adequate precautions against the risk of fire as evidenced by the following findings:

- The smoking shelter did not have a fire blanket, apron or call bell to protect residents in the event of a fire; the provider arranged for a replacement blanket to be placed in the shelter on the day of inspection.
- Residents personal emergency evacuation plans were not easily located on one floor and on another a number of them required updating.
- Records of quarterly servicing and annual certification of emergency lighting and the fire alarm system were not available on site on the day of inspection as required. This was a repeat finding; The provider submitted the annual certification for the fire alarm and quarterly servicing for both the emergency lighting and fire alarm system following the inspection.
- These records indicated that over 20 emergency lights had failed testing in March 2025 and these had not been actioned by the time of the inspection. The registered provider assured the inspector that these would be addressed urgently.
- While evacuation drills and simulations were completed as part of fire training, these were not completed regularly with minimum staffing levels to provide assurance that residents could be safely evacuated in the event of a fire.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' records and found that residents had a care plan developed using validated assessment tools and these were updated every four months or when a resident's condition changed.

Judgment: Compliant

## Regulation 6: Health care

There was evidence of good access to medical staff with regular review recorded in residents' files. Residents living in the centre had access to medical care from a local general practitioner who attended the centre twice a week and from mental health services medical teams who attended the centre every week. When required residents were reviewed by allied health and social care professionals such as

dietitian speech and language therapists and physiotherapists. The inspector saw that where recommendations were made by medical and health and social care professionals, these were integrated into residents' care plans.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Restrictive practices were under review by the management team and there was evidence of use of alternatives to bed rails such as low beds and crash mats, in accordance with best practice guidelines. Staff were observed to interact with residents in a respectful and dignified manner. A number of staff were overdue refresher training on managing responsive behaviours as outlined under Regulation 16; Training and staff development.

Judgment: Compliant

### Regulation 8: Protection

Residents told the inspector they felt safe living in the centre. Staff were provided with face-face training on safeguarding and were knowledgeable regarding safeguarding vulnerable people. The provider was a pension agent for many residents and there were robust systems in place to protect residents' finances.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents privacy and dignity were respected. Staff supported residents preferences and residents could get up and go to bed when they wished. Many of the residents told the inspector that they enjoyed the activities in the centre such as yoga, bingo, singing and reminiscing. Residents were supported by staff to go on outings to local shops and outings for coffee. Residents were supported to go on trips home with their relatives if they wished. Residents could attend mass in the centre's chapel that was celebrated every Friday by a local priest. The local legion of Mary attended the centre to pray with the residents on Tuesdays.

Judgment: Compliant

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## 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 6: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not 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	Compliant

# Compliance Plan for Mount Alvernia Hospital OSV-0000723

Inspection ID: MON-0044514

Date of inspection: 21/05/2025

## 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
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: Going forward HIQA will be informed in a timely manner of changes in Governance of Mt Alvernia Hospital & all Personal Information & documentation required shall be submitted in a timely fashion.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Responsive behavior training has been booked for 29/7/25 & 7/8/25. All staff will attend.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	

<p>Regulation 28 Fire Precautions – will be monitored closely by the PIC &amp; Registered provider. Systems are now in place to ensure compliance.</p> <p>Regulation 17 Premises – A painting &amp; decoration schedule is in place. The service lift is on the Minor Capital agenda &amp; will be discussed at the next meeting &amp; will be replaced once funds become available. The associated risk is addressed at a local level &amp; systems are in place to ensure all needs of the hospital are met safely.</p> <p>The PPIM will submit all required documentation in a timely manner &amp; where there is changes to the PPIM HIQA will be informed within the required timeframe.</p> <p>The Area Administrator is based in Mt Alvernia Hospital &amp; will along with the PIC ensure that all standards are maintained. The Area Administrator has daily correspondence with the Registered Provider. The registered provider, area administrator &amp; PIC carried out a maintenance walk through 24/5/25. The registered provider meets on a monthly basis with the PIC .The Area administrator meets with the PIC twice a week on site in Mt Alvernia. The registered provider is available to the PIC on a daily basis as required either by phone or in person.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A painting schedule has been put in place &amp; all areas that need to be repainted will be done.</p> <p>The Visitors room in Avondhu ward will remain open .The freezer &amp; other equipment has been removed from the room &amp; visitors will be encouraged to use the space.</p> <p>The bathroom in St Camillus ward has received a deep clean .The grouting in the shower room around the toilet has been removed.</p> <p>The replacement of the Service lift will be discussed at the minor capital funding meeting &amp; will be replaced once funding becomes available.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>All Staff are now aware that when a resident goes to hospital for treatment their Nurse Transfer document must be photocopied &amp; a copy kept in the residents' care plan.</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The Smoking Shelter has been added to the Nursing Call bell System. There is 15 Minute checks on Clyda &amp; St Camillus wards of the Smoking Shelter .There is a daily check of the shelter to ensure that the Fire Blanket &amp; smoking apron are in place. The ashtray is checked daily. All residents who wish to smoke are risk assessed to ensure that they can maintain their own safety. If they cannot maintain their own safety they are accompanied to the smoking area &amp; supervised when smoking. The Quarterly Fire Alarm &amp; emergency light reports are sent directly through a portal to the maintenance department. The PIC receives them on request from the Maintenance Dept. The PIC has been in touch with the maintenance Dept &amp; they have assured her that they will forward them in a timely manner going forward &amp; the PIC will ensure that she receives them &amp; that they are available on site going forward. All emergency light works noted in PIC quarterly report have been completed. The resident personal evacuation plans have been updated on every floor .There is now a folder on each floor that is easily assessable containing the residents PEPs .They are also displayed in the residents wardrobes on the inside of the door. Fire Drills will be carried out every 2 weeks using night time staffing levels to ensure all staff are confident that they are aware of what to do in the event of a fire &amp; that all residents can be safely evacuated.</p>	

## 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
Registration Regulation 6 (3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 2 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	30/06/2025
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Substantially Compliant	Yellow	07/08/2025

	appropriate training.			
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	13/06/2025
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	13/06/2025
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	13/06/2025
Regulation 28(1)(a)	The registered provider shall take adequate	Not Compliant	Orange	13/06/2025

	precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	13/06/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	13/06/2025
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	13/06/2025