



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

## Issued by the Chief Inspector

Name of designated centre:	Gorey Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Clonattin Village, Clonattin, Gorey, Wexford
Type of inspection:	Unannounced
Date of inspection:	19 March 2026
Centre ID:	OSV-0009029
Fieldwork ID:	MON-0047584

## About the designated centre

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

Gorey Care Centre is a purpose-built facility located adjacent to a residential area, close to Gorey town centre with access to local shops and amenities. The centre can accommodate a maximum of 96 residents and it is a mixed gender facility catering for dependent persons aged 18 years and over. The centre offers 24-hour care and support providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with needs varying from low to maximum dependency levels. The centre is divided over three floors, and all residents have access to a secure courtyard. Bedrooms are all single occupancy rooms with ensuite toilet, hand wash sink and shower facilities.

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

Number of residents on the date of inspection:	55
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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
Thursday 19 March 2026	09:10hrs to 17:15hrs	Sinead Corbett	Lead
Thursday 19 March 2026	09:10hrs to 17:15hrs	Catherine Furey	Support

## What residents told us and what inspectors observed

This inspection was a one day unannounced inspection conducted by two inspectors to monitor compliance with the regulations. To gain insight into the residents' experiences in the centre inspectors spoke to residents, visitors, staff and spent time observing the environment and reviewing documentation.

Overall, based on the observations of inspectors and discussions with the residents, the centre appeared to be a very nice place to live. Inspectors spoke with many residents and ten resident in depth about their experiences living in the centre. Residents were generally complimentary about the centre and care delivered by the staff, with one resident telling inspectors that they were 'very happy', and others saying that the staff were 'kind' and 'helpful'. Some residents who could not verbally communicate their needs appeared comfortable and content. Inspectors observed staff interacting in a kind manner with residents and they were attentive, responding quickly to residents' request for assistance. There was a relaxed atmosphere in the centre and residents were going about their day in line with their own preferences, for example, residents chose when they wished to get up, what activities they wanted to participate in, and the food that they ate.

Visitors were observed in the centre throughout the day, visiting residents in their bedrooms or in the communal spaces. A visitors log was kept at the reception. Six visitors spoke with inspectors and provided positive feedback on the care delivered in the centre. One visitor said "they are honestly amazing here", in relation to the staff and another told inspectors "The care is superb".

Inspectors arrived to the centre in the morning and conducted a walk around of the premises followed by an introductory meeting with the person in charge. Gorey Care Centre is located in a residential area approximately two kilometres from Gorey town in County Wexford. Bedroom accommodation comprises 96 single ensuite bedrooms situated over three floors. The ground and first floor were occupied, and the third floor remained vacant.

The premises was warm and clean and was laid out to meet the needs of the residents. Handrails on both sides of the corridors and in bathrooms supported residents with mobility issues to mobilise. Passenger lifts enabled residents to move between floors. Residents had a choice of communal spaces in the centre which were easily accessible from the bedroom corridors and were comfortable and spacious. Residents had access to a day room, a large dining room and a quiet room on the ground floor. In addition, there was a dayroom, activities room, dining room and quiet room on both the first and second floors.

There was adequate space for activities to take place on each floor. The dedicated activities room on the first floor was a bright and welcoming space, with a functioning bar "Joey's Bar" where residents gathered for entertainment. The areas

was decorated for St. Patrick's Day and residents' artwork was displayed. There was plenty of games, activities and art supplies in the room, and a large television that connected to the internet. Residents were getting ready to celebrate Easter and were preparing Easter decorations.

Bedrooms were spacious and were personalised with the residents' own belongings. The layout of the bedrooms ensured that there was sufficient space for residents requiring additional supportive equipment, and there was plenty of space provided in wardrobes, lockers and drawers for residents to store their clothes and personal belongings. Residents also had access to locked storage in their bedrooms. Call bells were available for residents' use in bathrooms and bedrooms.

Residents had access to a large, well-maintained internal courtyard, where residents could choose to sit in the sun or shade. Many residents spent time outside and enjoyed the good weather on the day of the inspection, and staff ensured that sun protection cream and sun hats were available to protect residents. The courtyard was an attractive and usable space, safely accessible by wheelchair and contained nice garden furniture and seasonal planting. Doors from the corridor and dining room were open to allow access to this area.

All areas of the centre were cleaned to a high standard. Staff that spoke with inspectors were knowledgeable about infection control procedures. Handwash stations, hand sanitiser gel and personal protective equipment (PPE), such as gloves and aprons were accessible on the corridors of the centre, close to the point of care. Inspectors saw appropriate use of PPE and safe management of laundry, sharps and waste.

The centre had employed dedicated activities staff to facilitate a schedule of daily activities in the centre. Activities include reading, painting, games, bingo, sing-along and 1:1 activities. Residents were observed joining in an art class and later in the day, a group of residents enjoyed games in the courtyard. Residents had access to newspapers, televisions and WiFi in the centre. Residents gave positive feedback about activities. Residents' input and feedback on the service provided was requested, with residents' meetings held five times since the centre opened. Minutes of the meetings include discussion items and actions. Residents and families were invited by the provider to give feedback on the centre in January 2026. An overall positive rating of 94% was given for the centre.

Inspectors observed the lunch time meal and saw that the dining rooms were nicely decorated with table cloths and condiments. Residents told the inspector that they were offered a choice of meals and were very complimentary regarding the quality of food provided. Some residents said that they found the small packets of salt and pepper difficult to open, and that they would prefer a regular salt and pepper shaker like they had at home. Staff provided assistance to residents who required it in a dignified and respectful manner. Residents sitting together in the dining room were chatting together and with staff. Residents who required texture modified meals had a choice at each mealtime and these modified diets were well-presented. The majority of residents chose to dine in the dining room, and those who preferred to stay in their rooms were promptly served their meals to ensure that they stayed

warm. Some residents said that they found the dining room to be very warm at lunch time. Inspectors checked the thermostat which showed a temperature of 26.5 degrees Celsius. This was brought to the attention of management and addressed by maintenance staff.

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

## Capacity and capability

Overall, there were good local governance and management systems in the centre. These systems provided good oversight to ensure the effective delivery of a safe, appropriate and consistent service on a day-to-day basis.

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended, following the initial registration of Gorey Care Centre in June 2025. The registered provider had also submitted an application to vary the current condition 1 of registration to incorporate a second sluice room on the ground floor and an additional set of fire doors on the first and second floors.

The registered provider is Mowlam Healthcare Services Unlimited. This group operates many designated centres located nationally. The person in charge of Gorey Care Centre works full-time in the centre and is supported in the management of the centre by a regional healthcare manager and the director of care services for the wider Mowlam group. Within the centre, the person in charge leads a team consisting of an assistant director of nursing, clinical nurse manager, nurses, care assistants, activities, maintenance, catering, household and administration staff. The centre is registered to provide accommodation for 96 residents, and there were 55 residents living in the centre on the day of inspection. The centre was adequately resourced with appropriate staffing levels both day and night to meet the needs of residents. A staffing strategy was in place to ensure that there was sufficient staff recruited and employed over time, in line with increasing occupancy.

An extensive suite of mandatory training was available to all staff in the centre with good attendance at training documented in the training records available to inspectors. Training was organised in the areas of fire safety, manual handling, infection control, and food safety in the coming weeks. Staff said there is a good system of induction in place for new staff. While inspectors were told that a system will be put in place to ensure contracted staff have refresher training when required, training records for contracted household staff were not available for inspectors to review and therefore inspectors could not be fully assured that all required training under the regulations was completed. Also, some gaps were noted in safeguarding

training and managing responsive behaviours, this is discussed in further detail under Regulation 16: Training and staff development.

Systems were in place to ensure that the care provided to residents was safe, effective and regularly monitored. For example, a continuous schedule of audits monitored areas of care including infection control, safeguarding and falls prevention. These audits identified high levels of compliance, however, where deficits were identified time bound action plans were not consistently recorded. This is discussed further under Regulation 23: Governance and management. A review of documentation identified that data was analysed and trended in relation to falls, this identified areas for review to reduce the incidence of falls. Inspectors were told that the annual review for 2025 was in progress.

Meetings were held frequently in the centre to facilitate communication and involvement of staff and to support governance, for example oversight of risk and incident management was facilitated at monthly quality and safety meetings, with time-bound action plans recorded to address any issues. Also, issues pertaining to residents' rights, such as restrictive practices and complaints were discussed at residents' rights review meetings. Staff meetings were held regularly in the centre with discussion points and actions identified and recorded.

#### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

A completed application to vary Condition 1 of the centre's registration was submitted by the provider, containing all of the required information including floor plans and an updated statement of purpose.

Judgment: Compliant

#### Regulation 15: Staffing

There were sufficient staff with an appropriate skill mix on duty to meet the assessed needs of the residents both day and night. Staffing levels were kept under review and were adjusted upwards in line with the increasing occupancy of the centre.

Judgment: Compliant

#### Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Notwithstanding this, some gaps in training were noted on the training matrix provided to inspectors, for example:

- 11 out of 36 staff had not completed training on managing responsive behaviours.
- 3 out of 36 staff had not completed training on safeguarding
- Inspectors could not establish, from the available records, training compliance among contracted household staff.

Judgment: Substantially compliant

### Regulation 23: Governance and management

While there was a clearly defined management structure in place, some of the management systems in the centre required review to ensure the service provided was safe, appropriate, consistent and effectively monitored, for example:

- Where audits identified areas for improvement, time-bound action plans were not consistently developed to address any deficits.

Additionally, there was insufficient oversight of the following areas:

- Fire precautions, as discussed under Regulation 28
- The provision of staff training, as discussed under Regulation 16
- Care planning, as discussed under Regulation 5

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A centre-specific complaints policy detailed the procedure in relation to making a complaint and set out the time-line for complaints to be responded to, and the key personnel involved in the management of complaints. The provider ensured that the complaints procedure was accessible and displayed in the centre. Complaints were managed according to the requirements of the regulation.

Judgment: Compliant

## Quality and safety

Overall, residents were supported to have a good quality of life in the centre. Staff and resident interactions were kind and respectful and staff had a clear understanding of residents' needs.

Inspectors reviewed a sample of residents' care plans. Care plans were documented within 48 hours of a resident's admission to the centre. A wide range of validated assessment tools were utilised to identify risks of falls, pressure ulceration, and malnutrition. Care plans were person-centred and were reviewed at minimum of every four months or when indicated. Notwithstanding these good practices, some care plans were not detailed enough to direct care, this is discussed further under Regulation 5: Individual assessment and care plan.

Residents were provided with a good level of evidence-based healthcare in the centre. There was good access to General Practitioners (GP) and other health and social care professionals including speech and language therapy and physiotherapy. There was appropriate delivery of evidence-based, preventative skin assessments and regular monitoring for pressure-related skin damage. Residents who were admitted with, or developed pressure ulcers or other wounds, were appropriately referred to specialist wound care nurses for additional expertise.

Comprehensive systems were in place for medicine management in the centre. Medicine administration was observed to be in line with best practice guidelines. Medicines that required administering in an altered format such as crushing were all individually prescribed by the GP and indication for administration were stated for short-term and "as required" medicines.

Staff that spoke with inspectors were knowledgeable of their role in protecting residents from abuse and in reporting concerns. The registered provider acted as a pension agent for one resident and held small quantities of money for a small number of residents. There was a good system in place for management of this, ensuring that residents had access to their finances. A review of records and discussion with the person in charge showed that safeguarding incidents and allegations had been investigated according to the provider's own policy. Safeguarding awareness posters and details of the designated safeguarding officer were displayed in prominent areas of the centre.

Overall, the centre was well-maintained, and tidy which provided a comfortable environment for residents. An up-to-date outbreak contingency plan was in place, and this had been communicated to staff to ensure prompt action should an outbreak be declared. Good procedures were seen in relation to staff practices such as hand hygiene. The person in charge maintained records of antimicrobial use and was the centre's nominated infection control link practitioner. Audits of staff practices and the environment were completed regularly and showed good levels of compliance

The food provided to residents was of a high quality and all meals, including those of a modified consistency were nicely presented and served to residents. There was

a system in place for the identification of residents likes and dislikes, and their dietary and swallowing requirements on admission to the centre. Records showed that resident's changing needs in this regard were quickly handed over to kitchen staff to ensure the safety of the resident. Additionally, weekly reviews were held between the management and kitchen staff, where any required changes were discussed and all relevant paperwork, notices and care plans relating to residents food and nutrition requirements were updated accordingly.

The registered provider had made good progress on addressing fire safety issues that were identified during the initial site visit on 20 May 2025. Fire safety equipment, such as fire extinguishers, running man exit signs and smoke detection devices were located throughout the centre and fire doors were equipped with door closure devices. Fire safety procedures and evacuation maps were displayed on the walls. Staff had completed training on fire safety and staff confirmed to inspectors that they had participated in simulated fire drills. Despite these good practices, some deficits in fire precautions were noted, this is discussed further under Regulation 28: Fire precautions.

Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre and resident meetings were held regularly. Discussion items were recorded and included issues pertaining to the day to day running of the centre. Actions required were recorded. A review of records showed that the Community Garda was invited to the most recent residents' meeting. Staff were employed in the centre to facilitate a programme of structured daily activities; these included bingo, arts and crafts, and spa-days. Residents had access to Wifi, books, television and radio.

## Regulation 17: Premises

The layout and design of the premises met residents' individual and collective needs. The premises conformed to the matters set out in Schedule 6 of the regulations and was very well-maintained both internally and externally.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents had a choice of menu at meal times, including residents who required a modified consistency diet. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of high quality food, drinks and snacks at times outside of regular mealtimes.

Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

### Regulation 26: Risk management

There was an up-to-date risk management policy which contained all of the required information including the measures and actions in place to control the six specified risks outlined in the regulation. The policy also outlined arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents and a process for the review and learning from these events.

Judgment: Compliant

### Regulation 27: Infection control

The provider ensured that infection control procedures were aligned with the *National Standards for infection prevention and control in community services* (2018). For example, there were good systems in place to ensure that the centre and any equipment used were effectively cleaned and decontaminated and there were sufficient clinical handwashing sinks in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting a healthcare-associated infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The records of fire evacuation drills did not provide full assurance that residents could be safely evacuated by staff in the event of a fire emergency. For example, many of the recent drills were not timed, despite the drill record sheet directing staff to record the time, to compare against safe evacuation times.

Where drills were timed, the time taken to evacuate one resident was excessive, for example a drill carried out in November 2025 documented a time of nine minutes to evacuate one resident using a ski-sheet evacuation aid. The record indicated that there was a five minute delay due to lack of training and manpower. The record stated that weekly drills would be required to reduce the time, however the

following two drills were not timed and no further action was taken to ensure that staff were competent to safely evacuate all residents.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The pharmacists who supplied residents' medicines were facilitated to meet their obligations to residents. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Notwithstanding the good practices observed relating to care planning, some care plans did not fully reflect the assessed needs of the resident, for example:

- One resident did not have a safeguarding care plan in place despite a recent safeguarding incident.
- One resident's care plan included information on the location and type of wounds that the resident had, however, this differed from the wound management progress notes and this could lead to errors.
- While multi-drug resistant organisms (MDROs) are included in care plans, the care plan is not detailed enough to direct care in relation to this.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to a doctor of their choice and an in-house physiotherapist. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics and palliative care, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

### Regulation 8: Protection

The registered provider has taken appropriate measures to protect residents from abuse, such as:

- The provider had a local policy in place that referenced the national safeguarding policy.
- Staff displayed a good understanding of the types of abuse and who to escalate any concerns to.
- The person in charge investigated incidents or allegations of abuse and referred to external agencies such as the local safeguarding and protection teams when appropriate.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had provided facilities for residents' occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer. Residents were provided with the opportunity to be consulted about, and participate in, the organisation of the designated centre by participating in residents meetings

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Gorey Care Centre OSV-0009029

Inspection ID: MON-0047584

Date of inspection: 19/03/2026

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"><li>• The Person in Charge (PIC) has completed a comprehensive review of training and all outstanding training has been booked. The PIC will ensure that as new staff are hired, training will be provided as a priority.</li><li>• The mandatory training of all staff has been further enhanced with the introduction of the Mowlam Healthcare Online Academy. This will allow staff to complete mandatory online training courses, many of which are further enhanced by the provision of on-site tutor-led training.</li><li>• As well as the training available on the Mowlam Healthcare Online Academy, on-site training workshops have been scheduled to deliver further training on managing behaviours that challenge and safeguarding vulnerable adults from abuse. In addition, a Safeguarding workshop will be facilitated for all staff to attend.</li><li>• The PIC will ensure that the staff files of all contracted services are available including the training records and will ensure their staff contracted staff attend all scheduled training.</li><li>• The PIC will maintain oversight of the training matrix and it will be discussed as part of the monthly management meeting in the Home. The PIC and Clinical Nurse Manager (CNM) will monitor attendance at training to ensure all staff are compliant with requirements.</li></ul>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• There is a monthly management team meeting in the home which reviews all operational aspects of the home, including key performance indicators, risk management, incidents, and complaints.</li> <li>• The Person in Charge (PIC) and Healthcare Manager (HCM) will review Key Performance Indicators (KPIs) weekly and a Quality Improvement Plan (QIP) will be developed as necessary and implemented to address any learning outcomes identified and the learning outcomes will be discussed with the wider team at the monthly management team meetings.</li> <li>• The PIC has completed a review of all audits completed to date and will ensure that all action plans are uploaded to the electronic audit system. Where deficits are identified, a quality improvement plan will be developed to address them. Learning outcomes will be shared with all staff at handovers /safety pause meetings / monthly management meeting and staff meetings.</li> <li>• While simulated drills were taking place improvements were required and have now been implemented to ensure that all staff are competent to evacuate all residents in the event of an emergency in the home.</li> <li>• The PIC will ensure that a weekly drill will take place, the results of which will be shared with staff and discussed at monthly management meeting. The PIC will ensure that all staff have an opportunity to participate in a fire drill and any learning deficits identified will be addressed</li> <li>• The PIC will review the training matrix weekly and ensure that all staff are compliant with mandatory training.</li> </ul> <p>The PIC will oversee the assessment and care planning records and will ensure that care plans are audited in line with the Mowlam Audit timeline or more frequently should the need arise, such as when there is a change in a resident's condition.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• The PIC has completed a review of simulated evacuation drills and has put measures in place to ensure all staff are competent to safely evacuate residents in the event of a fire emergency.</li> <li>• The PIC will ensure that fire drills are conducted weekly simulating nighttime conditions and using different compartments.</li> <li>• Following the drill the observer will give feedback to the group and to individuals to enhance understanding and ensure preparedness for an emergency.</li> </ul>	

- Residents will be invited to take part in these drills.
- High risks identified during a drill will be actioned in real time as a matter of priority.
- Learning outcomes will be shared with all staff at handover/safety pause and will be discussed at monthly management meeting.
- The PIC will ensure that fire drill records are readily available for all staff to review.

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Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- The PIC / CNM will ensure that residents care plans are updated to reflect the assessed care needs of the residents.
- The PIC will ensure that residents assessments are completed accurately and reviewed / updated as necessary to ensure they reflect the current status of the resident, this information will be shared at handover and safety pause.
- The PIC will ensure that the care plan is developed only after a series of assessments are completed, the care plan will then be developed in consultation with the resident / representative.
- For those residents with safeguarding concerns, the PIC will ensure that appropriate assessments are carried out and the care plan is updated to ensure that the care interventions are appropriate.
- The PIC will ensure that all residents where skin integrity is compromised will have appropriate detail in the care plan to ensure staff are correctly guided with care delivery. Referral will be made to tissue viability nurse as necessary, and all recommendations will be clearly documented in care plan. The PIC / CNM will review wound care documentation weekly to ensure information available is accurate and consistent.
- The PIC will ensure that the care plan accurately reflects the status of a resident with a MDRO and that information is detailed enough to direct appropriate care.
- The care plan will focus on what matters to the resident and will incorporate the Age Friendly framework, the 4 Ms (what matters to me, medication, mentation and mobility).
- The PIC/CNM will complete a care plan audit monthly and develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.

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## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2026
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	Substantially Compliant	Yellow	31/05/2026

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
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	31/05/2026