



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

## Issued by the Chief Inspector

Name of designated centre:	The Marlay Nursing Home
Name of provider:	Brehon Care
Address of centre:	Kellystown Road, Rathfarnham, Dublin 16
Type of inspection:	Announced
Date of inspection:	10 March 2025
Centre ID:	OSV-0000108
Fieldwork ID:	MON-0040880

## About the designated centre

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

The Marlay Nursing Home is located in Rathfarnham in South Dublin near the M50 motorway. It is a purpose-built centre containing 190 registered beds. The centre opened in 2006. It is well-serviced with amenities including a local park, restaurants, pubs, shops and churches. It provides long-term 24-hour general care, convalescence and respite care to males and females over the age of 18 years. The centre has a team of medical, nursing, direct care and ancillary staff and access to other allied health professionals to deliver care to residents.

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

Number of residents on the date of inspection:	179
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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
Monday 10 March 2025	08:40hrs to 17:00hrs	Niamh Moore	Lead
Monday 10 March 2025	08:40hrs to 17:00hrs	Karen McMahon	Support
Monday 10 March 2025	08:40hrs to 17:00hrs	Sharon Boyle	Support

## What residents told us and what inspectors observed

The inspectors spoke with a number of residents and relatives and spent time observing residents' routines and care practices in the centre in order to gain insight into the experience of those living there. Residents appeared relaxed and those spoken with were content with the care they received within the Marlay Nursing Home. For example, residents said that staff "could not be kinder" and were "thoughtful", and some visitors spoken with reported that communication from the nursing home was good. Residents who could not verbally communicate their needs appeared comfortable and content. However, some residents who had difficulty communicating their needs at mealtimes were observed to experience a less comfortable dining experience, this is further discussed in the report.

Following an introductory meeting with the person in charge and other members of the clinical management team, the inspectors walked around the centre. The centre is spread out over three floors with five different units referred to as Grange, Whitechurch, Ticknock, Threerock and St Sabh's. Each unit had day and dining space available. In addition, there was an oratory and a coffee dock area on the ground floor.

Resident's accommodation was spread out over all floors, and comprised of 190 single rooms, all with en-suite facilities. Inspectors viewed some bedrooms and saw that residents were supported to personalise their bedrooms, with items such as photographs, artwork, bed linen, personal belongings and furniture. Bedrooms were seen to be clean and residents reported being happy with their bedroom accommodation, with one resident reporting "my bedroom is as comfortable as you can get".

Residents had access to two courtyards, the courtyard on the first floor accessible from the Ticknock unit was recently renovated with new garden furniture. However, the courtyard on the ground floor, accessible from the Grange unit was observed to be untidy and not maintained, with damaged flower beds, rubbish and old broken flower pots lying on the ground. Management told the inspectors there were plans in place to replace the broken flower beds in the ground floor courtyard and to add a mural to the wall in the first floor courtyard.

Noticeboards throughout the centre displayed information for residents' such as the activities calendar, which detailed numerous activities available to all residents, the complaints procedure, safeguarding and advocacy arrangements. During the inspection, residents were seen to participate in activities such as balloon tennis. Residents also had access to religious services with a priest attending the centre three times a week.

Inspectors reviewed the questionnaires completed by residents or their family members as part of this announced inspection. A total of 15 questionnaires were completed. Overall, the feedback was very positive with comments such as "I feel

safe in the knowledge that my mother is cared for so wonderfully in a modern, bright and clean nursing home” and “staff are dedicated, compassionate and gentle with the residents”. However, there were areas that some residents and family members would like improvements on which included; the laundry arrangements to ensure clothes did not get lost, to ensure call-bells were accessible at all times in residents’ bedrooms, the mealtime choices, and improvements in the activity provisions and time spent with residents, especially for respite residents who are more independent.

There was a cooked breakfast option, different choices for the tea-time meal and sandwiches available in the evening. On the day of the inspection the inspectors observed the lunch-time meal on all floors, and found that the centre’s dining rooms were a social occasion for residents, who sat together in small groups at the well-presented dining tables. A menu was displayed on each dining table, and there were also pictorial menus available. Inspectors saw that residents were provided with a choice of meals, including the choice of soup or fruit before their main meal. The meals provided were seen to be of a high quality.

Overall, feedback from residents was positive, they reported to enjoy the meals and that portions were plentiful. One resident said that if they didn’t like what was on the menu that day, the chef would cook them whatever they wanted. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. Residents who chose to eat in their rooms were facilitated to do so. However, inspectors observed that not all residents were afforded the same dining experience. Inspectors saw that the dining rooms were full and on two units the day rooms were used to facilitate the extra residents, management told inspectors that there was only one sitting at lunch time. Inspectors saw nine residents on the first floor and eight residents on the second floor being served their meals in the sitting rooms. Those residents who could eat independently had their meals placed on small coffee tables and were sitting in armchairs which did not provide good postural positioning for eating. Staff in the centre told inspectors that it was these residents’ choice to sit here, however inspectors noted that many of these residents did not have the cognitive ability to make this decision for themselves, while one resident told the inspectors they would like to eat in the dining room but “it is what it is”.

The inspectors spoke with 14 residents on the day of inspection. All were positive and complimentary about the staff and had positive feedback about their experiences living in the centre except in relation to mealtimes from the paragraph above, those spoken with said that the staff were very friendly and caring, and that they felt safe within the centre.

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

## Capacity and capability

This was an announced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). There were governance and management systems in place which promoted person-centred care and ensured there were arrangements to oversee the operation of the centre.

The registered provider of The Marlay Nursing Home is Brehon Care. There are four company directors with one of these directors present during the inspection. The local management team on site included the person in charge, two senior assistant directors of nursing, one assistant director of nursing and five clinical nurse managers, who were responsible for the daily operations in the centre. The management team were supported in their roles by a bed manager, staff nurses, healthcare assistants, activity personnel, reception, catering, housekeeping, maintenance and physiotherapy.

Records requested as part of this inspection, such as policies and the certificate of insurance were kept in a manner that was organised and accessible. The registered provider had an electronic directory of residents available in the centre. From a sample review, this directory was seen to include accurate and up-to-date information in respect of each resident.

The designated centre had sufficient resources in line with the statement of purpose. There was evidence of some good and safe systems in place to oversee the service. For example:

- Following a recent critical incident an after action review was completed which identified areas for learning within a time-specific action plan.
- A review of documentation evidenced that there were communication systems in place, including governance meeting, safeguarding and care team meetings, where key aspects of quality service provision such as policies and procedures, staff training, incident reports, clinical care and care planning were discussed amongst management and staff.
- The registered provider had recently under-taken a revised fire safety risk assessment.
- The registered provider had completed an annual review of the quality and safety of care delivered to residents of the year 2024 in accordance with the National Standards. There was evidence of consultation with residents with their relevant feedback included. There was an action plan in place for 2025 which identified areas for improvement such as the refurbishment of the second and third floor with carpets being removed and new furniture acquired for day spaces and bedrooms.

However, these systems had not addressed all areas of care which is further discussed under Regulation 23: Governance and Management.

There was a complaints policy which outlined the handling, investigation and review of complaints about any aspect of the service, care and treatment provided in the

designated centre. The complaints process was accessible to all residents and visitors, and was displayed prominently in the reception area.

### Regulation 19: Directory of residents

There was a directory of residents established within the designated centre and formed part of the registered provider's electronic system. This directory contained all the information required by the regulations, and where there were any admissions and discharges of residents. The directory was up-to-date.

Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

As discussed within this report, the management team had some good systems in place to monitor the service and the effectiveness of care given. Clinical care provided was well-monitored and met the requirements of the regulations. However, there are a number of findings reported within the quality and safety section of this report which had not been identified or fully-addressed by these oversight and monitoring systems such as auditing or action plans at residents' meetings. For example:

- Auditing systems were not fully reliable in monitoring the mealtime experience for residents. For example, these systems did not identify residents' feedback on their dining experience and inspectors observations on the day of the inspection.
- Residents raised an issue three times without actions being taken to address this.
- Environmental auditing systems did not identify that the temperature within medication storage rooms exceeded 25 degrees and that sluice rooms did not contain clinical waste bins.



Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaints officer and review officers had received suitable training to deal with complaints. Inspectors reviewed the complaints log and from a sample of five closed complaints, and saw that complaints were recorded and investigated in line with regulatory requirements.

Judgment: Compliant

### Quality and safety

Overall, the inspectors found that the care and support residents received was of good quality and ensured they were safe and well-supported. Residents' needs were being met through good access to health and social care services and they had opportunities for social engagement. Residents and visitors voiced their satisfaction with the care provided in the centre. Notwithstanding the good oversight of clinical area, some areas such as residents' rights, premises and infection control were not fully compliant with the regulations.

Residents had access to a general practitioner (GP) who attended the centre regularly. The centre had a referral system in place for health and social care practitioners, such as dietitians, speech and language therapists and tissue viability nurses, when such services were required.

Care plans in the centre had recently gone through a review process and improvements had been made to ensure they were clear, concise and relevant to the resident's personal care and social needs. Care plans specific to responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) clearly identified triggers for responsive behaviours and methods for de-escalation that had been found to be effective for the resident.

Residents had opportunities to participate in social activities led by enthusiastic activity coordinators. Inspectors observed documented residents meetings which were held regularly. Nonetheless, inspectors observed some practices which were not considerate of residents rights, needs or wishes, this is further discussed under Regulation 9: Residents' rights.

Inspectors reviewed the management of personal possessions and found that overall there were safe systems in place. Management told inspectors that they

were reviewing how laundry was managed to ensure there were processes that clothing was returned to the correct person.

Residents receiving end-of-life care had their needs and wishes respected and clearly documented in their care plans. There was access to medical services as required. Resident's family and friends were facilitated to remain with residents at all times, in accordance with the resident's wishes.

The centre was clean and the premises was suitable for the needs of the residents living there. However, inspectors' found that all the clinical rooms for the storage of medication, with the exception of one, were above the recommended temperature and were noticeably warm. The floors in the clinical room and sluice rooms on the first and second floor were damaged and marked and could not ensure effective cleaning. Management informed the inspectors that these floors are due to be replaced as part of the overall upgrades to the centre.

Residents' nutritional and hydration needs were assessed and closely monitored. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Information on residents' requirements regarding special diets and correct food consistencies were communicated to the catering staff.

Systems for discharging and the temporary absence of a resident to a hospital was seen to be in place. Inspectors reviewed documentation for a resident who was temporarily discharged to attend a hospital appointment, all information pertaining to the residents current needs was provided for review by the hospital team. Discharge letters were sent to the residents' GP or public health nurse on discharge.

The risk management policy was requested prior to the on-site inspection and was reviewed by the inspectors. This policy had been updated in July 2024 and outlined the systems in place for responding to emergencies such as a fire, power outages, flooding, snow and ice.

Arrangements were in place to support effective hand hygiene practices, and provide staff with appropriate and accessible personal protective equipment such as; aprons, surgical masks and gloves. Nonetheless, the arrangements in place for the management of clinical waste was not in line with the national standards or the registered provider's cleaning manual. This is discussed further under Regulation 27: Infection control.

## Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings.

Judgment: Compliant

### Regulation 13: End of life

Care plans for resident's receiving end-of-life care were appropriate and individualised. They clearly identified the personal beliefs and wishes of the resident. Family and friends who wished to stay with the resident, with their consent, were facilitated to do so. The centre had access to relevant medical services to provide comfort and support to the resident.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of residents, it was of sound construction and overall in a good state of repair internally. However, the following areas of Schedule 6 of the regulations had not been fully met:

- The temperature in the clinical rooms was found to be above the recommended temperature in all but one clinical room.
- Management confirmed that some areas of wear and tear to flooring including bedrooms with carpet on the first and second floor were due to be replaced this year.
- The courtyard accessible from the ground floor required further maintenance, the flower beds were damaged, the bin was overflowing and broken plant pots and rubbish was observed. Management told the inspectors that there are plans in place to replace the damaged flower beds.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Inspectors found that not all residents' had choice on how their meals were served and this is further outlined under Regulation 9: Residents' Rights.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

Systems were in place to record the temporary absence and discharge of residents. Inspectors observed three residents records and found that they contained relevant information which was accurate, and complete to ensure a safe and effective transition of care.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy included all the required information in line with the regulations. For example, it detailed the measures and actions in place to control the five specified risks.

Judgment: Compliant

### Regulation 27: Infection control

Infection control arrangements in place for healthcare risk waste was not in line with national waste management guidelines and legislation. For example; the healthcare risk waste bins were stored in the clinical rooms, which are designated clean rooms, and not in the sluice rooms, which are designated dirty rooms, meaning waste was not disposed of appropriately to minimise the risk of acquiring infection. Inspectors acknowledge that management verbally confirmed with inspectors that this had been rectified on the day.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care plans were individualised and reflective of the health and social care needs of the resident. They were updated quarterly and sooner if required. Care plans demonstrated consultation with the residents and where appropriate their family.

Judgment: Compliant

### Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied health and social care professional support to meet their needs. Residents had a choice of general practitioner who attended the centre as required or requested. Residents were also supported with referral pathways and access to allied health and social care professionals.

Judgment: Compliant

### Regulation 8: Protection

The inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse, including an up-to-date policy. All staff had attended training and staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights to exercise choice was impacted by the available space and timing of meals provided in the dining room. As discussed earlier within this report, some residents were sitting in arm chairs and at low tables in day rooms to have their lunch-time meal, meaning these residents did not have access to the same dining experience as other residents who sat at dining tables and chairs in the dining room.

Inspectors observed minutes of residents' meetings where residents were afforded the opportunity to participate in the organisation of the centre, however, residents requests, for a review of the labelling system for their clothing, had been identified at three residents meetings with no evidence of being followed up or actioned. Inspectors also saw this issue was raised on one of the questionnaires completed as part of this inspection.

Judgment: Substantially compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially 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 The Marlay Nursing Home OSV-0000108

Inspection ID: MON-0040880

Date of inspection: 10/03/2025

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"><li>• Resident Dining Room Experience – Feedback Mechanisms Currently, resident feedback on the dining room experience is gathered through multiple channels to ensure a comprehensive understanding of satisfaction and areas for improvement. These include: Annual Resident Satisfaction Survey: This survey captures a broad range of feedback, with results consistently indicating ratings from fair to excellent. Resident Sub-Committee and Resident Meetings: Dining experiences are a standing agenda item at these meetings, which are regularly attended by the Head Chef to ensure direct communication and responsiveness to feedback. Annual Dining Experience Audits: Conducted by both the CareChoice Head of Catering and the Head Chef at Marlay as part of our quality assurance schedule, these audits provide a structured assessment of the dining service. However, as part of our commitment to continuous improvement and in line with our ongoing Dining Room Experience Review, we are introducing a weekly unit-based dining room survey. This will allow for more timely and specific feedback from residents, ensuring we remain responsive to their evolving preferences and concerns. Furthermore, dining rooms are supervised by nursing staff in attendance in order to ensure that any issues raised by residents during meal times are rectified with immediate action taken. In addition, follow-up meetings with residents will be held on a regular basis, and all discussions will be formally minuted to ensure accountability and transparency in how feedback is actioned.</li><li>• We are investing in air coolers (Air-Conditioning) for the medication storage rooms that exceed 25 degrees in order to bring down the temperature. We have reviewed all the medication storage rooms and found that 2 units slightly exceed the max temperature of 25 degrees however, we will review all clinical areas for air-conditioning units.</li><li>• The clinical bins were put into the sluice rooms during the inspection, and this was observed by inspectors on the day. Compliance will be monitored by unit managers through regular spot checks. Additionally, the IPC link Nurse will conduct regular IPC spot checks that reviews environment and compliance to IPC practises. IPC audits are</li></ul>	

conducted in line with the audit calendar, audit findings are monitored and discussed in local governance meetings and learnings are disseminated to staff through staff meetings.

- The Group Governance team conducts site walks and monitors audit compliance to ensure that audit process is effective in identifying gaps in IPC standards.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- As previously discussed above, we are currently looking into investing in air coolers (Air-Conditioning systems) units for both clinical and medication storage rooms. This will involve a design approval and installation.
- We have embarked on a mission to upgrade the existing building and grounds with a 'make over' to bring the existing building up to the standards on the new extension. The ground floor is now completed and We have now commenced the second phase of the project on the first floor, which includes the removal of all carpets and outdated flooring, to be replaced with modern, durable, and easy-to-maintain materials that support both comfort and infection control standards. This upgrade programme is being carried out in a phased manner to minimize disruption to residents and to ensure the highest standards of quality and safety at every stage.
- A garden survey was completed post inspection and a plan for regular maintenance and oversight of the garden area is agreed. Gaps identified on the day were addressed, bins are emptied and any debris noted were removed. There is a plan in place to replace any damaged flower boxes and plant pots. The Director of Nursing met with the registered provider and head of facilities and a budget is approved towards the proposed works.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- The clinical bins were put into the sluice rooms during the inspection, and this was observed by inspectors on the day

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>• We are currently reviewing the dining room experiences for those that have not previously had access to the dining room during meal times. This includes two sittings and or managing the available space better in order that all residents are in the allocated dining rooms.</li> <li>• The current labelling system in use is a universal system implemented throughout Ireland and in the CareChoice organisation. However, we acknowledge that, on occasion, labels may detach when garments are placed in washing machines. In response to this issue, we trialled an alternative labelling system. Unfortunately, this solution proved unfit for purpose, as feedback indicated that residents found the new tags uncomfortable. We have contacted our supplier, to assist us in identifying a more effective labelling system—one that ensures labels remain secure while also being comfortable for residents. We are aware of residents' concerns regarding the current labels and are committed to improving communication on this matter. Updates and feedback regarding the labelling system will be addressed both during residents' meetings and through individual follow-ups where concerns have been raised. To further support this process, the Household Manager will attend residents' meetings and liaise directly with residents to provide updates and gather feedback on labelling improvements.</li> </ul>	

## 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 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	23/10/2025
Regulation 23(c)	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	29/09/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	10/03/2025

	associated infections published by the Authority are implemented by staff.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	14/06/2025
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	14/06/2025