Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Trim
Name of provider:	CareChoice Trim Limited
Address of centre:	Knightsbridge Village, Longwood Road, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	17 June 2026
Centre ID:	OSV-0000145
Fieldwork ID:	MON-0049549

About the designated centre

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

CareChoice Trim is a purpose built modern nursing home registered to provide care to 174 residents. The centre provides care primarily for dependent older persons, both male and female, aged 65 years and over, including frail elderly care, dementia care, general palliative care as well as convalescent and respite care. It also provides care to young physical disabled and acquired brain injury residents, under 65 years and over 18 years of age. All dependency levels can be accommodated for in the centre, ranging from supported independent living to high dependency. The designated centre offers 174 single en-suite bedrooms spread over 3 floors. There are two gardens on the ground floor. One is landscaped and secure and the other is partially landscaped and not secure. There is a large car park at the front of the building. CareChoice Trim is located outside the town of Trim, close to local amenities, Trim castle and the river Boyne.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	172

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 17 June 2026	08:15hrs to 17:45hrs	Maureen Kennedy	Lead
Wednesday 17 June 2026	08:15hrs to 17:45hrs	Sheila McKevitt	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors spoke with many residents to gain insight into their experience of living in CareChoice Trim Nursing Home. Overall, residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents reported that this was 'a good place to live' and that there was 'wonderful staff' in the centre. The inspectors also spoke with some family members who were visiting on the day, one relative said the staff were 'brilliant' and they delivered 'end-of-life care with great empathy'. There were 172 residents living in the centre on the day of this unannounced inspection.

The design and layout of the home met the needs of the residents and promoted free movement and relaxation. It was visibly clean, tidy and overall well-maintained with a calm and friendly atmosphere observed. The bedrooms viewed by the inspectors were homely and well laid out with sufficient storage space for belongings. Bedrooms were personalised to help residents feel more at home. The provider was proactive in maintaining and improving facilities and physical infrastructure in the centre, through ongoing maintenance. For example, a programme of works upgrading the gardens was in progress. However, inspectors observed that at times, some areas of the centre were not being used for the function or purpose outlined in the centre's statement of purpose, including facilities such as bathrooms and communal spaces, which impacted residents' rights and will be detailed further under the relevant sections of the report.

Overall, residents were supported to enjoy a good quality life in the centre. A residents' guide was available and included a user-friendly summary of services available, terms and conditions, visiting arrangements and complaints procedures. The registered provider ensured residents were consulted about the management of the designated centre through participation in residents' meetings. Residents had access to an independent advocacy service.

Staff who spoke with the inspectors were knowledgeable about the residents they cared for and what their needs were. Staff were observed attending to residents' requests for assistance in a timely manner, and were kind and caring in their interactions with residents. Residents had access to their call-bells when in their bedroom alone. One resident told the inspectors that 'they never had to wait more than a minute for their call-bell to be answered'.

Activities were provided by a team of activity coordinators in accordance with the needs and preference of residents with opportunities for residents to participate in group or individual activities. Residents were observed actively participating in an exercise class before lunch, which they appeared to be enjoying. However, the inspectors observed some practices which did not uphold residents' rights to privacy and dignity, which will be discussed later under Regulation 9: Residents' rights.

Inspectors observed that residents in two units were congregated in a wide section of the corridor within each of the two units. This transit area was being inappropriately used as a seating area/sitting room, and a television had been mounted on the wall of each corridor. During that time, the inspectors observed that the communal rooms for these units were empty. These residents were living with dementia and this appeared to the inspectors as institutional practice. Furthermore, inspectors were told by staff that cohorting the residents in that one area facilitated the supervision they required. Inspectors observed that 11 of the 15 residents living on Ledwich unit were positioned in their chairs on the corridor while personal care was being delivered to some of them in view of all other residents. This was not in keeping with the purpose and function of this area outlined in the centre's statement of purpose. This is discussed further under Regulation 17: Premises.

Inspectors observed the mealtime experience in the centre's dining rooms. Mealtime was observed to be relaxed and calm and the food served on the day of inspection was seen to be wholesome and nutritious with a choice of food available. Food was freshly prepared and cooked on site. A variety of drinks were offered to residents with their lunch and condiments were within easy reach enabling residents to maintain their independence. There was sufficient staff assisting as required and staff spoken with were knowledgeable of residents' dietary needs including relevant modified diets. Regular drinks and snacks were provided throughout the day.

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

Capacity and capability

Notwithstanding the improvements noted in respect of food and nutrition and the management of personal possessions, overall, the inspectors found that there was a decline in the level of compliance with the regulations since the last inspection carried out in August 2025 and this was having a negative impact on residents' rights and quality of life in the centre

This inspection was carried out to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 to 2025 (as amended). The registered provider of CareChoice Trim Nursing Home is CareChoice Trim Limited. It is part of the wider CareChoice group who own and operate a number of designated centres in Ireland.

The provider had structures in place to oversee and ensure all staff had received training appropriate to their role. The inspectors reviewed a sample of staff duty rotas and found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. However, while the staffing levels on the day of inspection were in line with the statement of

purpose, the inspectors observed that the allocation of staff was not adequate to allow for the effective supervision of residents in the morning in the dedicated communal areas, as registered. This had led to practices such as cohorting residents on the corridors, which did not upheld residents' rights, as further detailed under Regulation 9: Residents rights.

There was a clearly defined management structure in place. The person in charge has responsibility for the day-to-day operations of the centre and was supported by three Assistant Directors of Nursing (ADON) and seven Clinical Nurse Managers (CNMs), a team of nurses, health care staff, kitchen and household staff. There was a schedule of team meetings in place including clinical governance and the management team had developed audits. However, this inspection found that the management and oversight of the service did not consistently ensure that the service effectively met residents' needs as outlined under Regulation 23: Governance and Management.

Regulation 15: Staffing

Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

While there were appropriate staffing levels to meet the health and social care needs of the residents on the day of inspection, the management and oversight of staffing resources required review as further outlined under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training matrix in place in the centre and staff were facilitated and encouraged to attend both mandatory and other professional training offered in order to meet the needs of residents. All staff had up-to-date training in areas such as fire safety, manual handling, infection control and safeguarding. Notwithstanding, supervision of staff practices required strengthening to ensure a person-centred culture was promoted at all times as further described under Regulation 23: Governance and management.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established a directory of residents which met the regulatory requirements and was made available when requested.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure that the service provided was adequately resourced at all times, appropriate, consistent and effectively monitored. For example, areas where insufficient oversight was identified included:

- The registered provider did not ensure that the allocation of resources was appropriate at all times and that the premises was used in line with its condition of registration and as per the registered statement of purpose. Communal areas registered for the use of residents were seen empty in the mornings, with residents congregated on corridors in some of the units so that staff could supervise the residents in one area. The use of corridors was not appropriate as it posed a risk of obstruction or congestion on the evacuation corridor, which was the means of escape from one area to another.
- Oversight of staff practices required strengthening to ensure a human rights-based approach was consistently at the heart of care delivery as inspectors observed a number of task-orientated practices which did not consistently upheld residents' rights.
- The audit process was not sufficiently robust to identify areas for improvement. For example, care planning audits conducted had not picked up on the gaps in documentation and key safety risks observed on this inspection as identified under Regulation 5: Individual assessment and care plan.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Quality and safety

Inspectors found that the delivery of care required further improvement, particularly in relation to upholding residents' rights, providing care as outlined in assessments and care plans and ensuring that areas of the premises were used for their intended purposes as outlined in the centre's statement of purpose. Inspectors observed some poor practices which had a negative impact on the quality and safety of care provided to residents, as further detailed in the report.

The rights of some residents were not being consistently upheld. Care practices such as brushing a resident's hair, and assisting with breakfast were being delivered to residents on an open corridor which adversely impacted their right to privacy and dignity.

There was information displayed on notice boards for residents and visitors. These was to inform residents of the services available to them whilst being a resident in the centre such as how to make a complaint, advocacy and other support services with their contact details displayed. The resident information guide included a summary of services and facilities available, visiting arrangements and contact details of independent advocacy services available to residents.

While there was evidence that residents' needs had been assessed using some validated assessment tools, the care plans reviewed were not always informed by these assessments, and did not reflect person-centred guidance on the current care needs of the residents. In addition, not all care plans were implemented in practice, as outlined under Regulation 5: Individual assessment and care plan.

Despite the documentation not meeting the regulatory requirements, the delivery of some aspects of care were good, such as food and nutrition was good. The quality and quantity of the food served met the needs of residents. Residents received the food in the consistency for which they had been assessed and for those who required the assistance of staff they received such assistance.

Residents had good access to general practitioners (GP) and a range of healthcare professionals such as physiotherapists, occupational therapist, dietitians, tissue viability nurse and speech and language therapists and overall, there was evidence that residents were referred to these specialists when required.

The end-of-life care was provided in line with the centre's end-of-life policy with the support of the staff and wider multi-disciplinary team including the local palliative care team.

Residents had access to unrestricted visiting. Visitors were requested to sign the visitor's book and they had access to the coffee dock and a private visitor's room.

Regulation 11: Visits

There was a visitors' policy in place and the registered provider had arrangements in place for residents to receive visitors, which was unrestricted. There was a visitors sign-in book at the reception desk.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had an adequate amount of storage space in their bedroom for personal possessions including a lockable space to store their personal possessions safely.

Judgment: Compliant

Regulation 13: End of life

Inspectors reviewed the record for one resident who had been admitted for end-of-life care. Records showed that the resident was in receipt of the appropriate care and comfort to meet their physical, emotional, psychological and spiritual needs. There was good clear and compassionate communication between the multi-disciplinary care team, the resident and their next-of-kin.

Judgment: Compliant

Regulation 17: Premises

Some registered communal areas and facilities of the centre were not being used for the function or purpose outlined in the centre's statement of purpose and identified on the floor plans. For example:

- In two units, residents were being seated in a space on the middle of a corridor where a wall-mounted television was insitu. In the mornings, as confirmed by the staff on the day, the corridor was being used as a day space/sitting room, even though this space is identified as a corridor on the registered floor plans. The dedicated communal spaces in both these units were empty during this time. Staff informed inspectors they sat the residents in the corridor so they could supervise them when going about their work. If

they brought them to the communal space they would not be able to supervise them.
- Registered facilities to be used by residents had been taken out of use for prolonged periods of time, as confirmed by staff on the day of the inspection. For example, a bath on the first floor was out-of-order and while there was a sign on the door stating that it was a 'temporary store room', inspectors observed that a keypad access lock had been installed. This meant that the centre was not operating in line with the current certificate of registration.

Overall the premises conformed to the matters set out in Schedule 6 of the regulations, however the inspectors found gaps and inappropriate storage and practices as follows:

- Residents' equipment was inappropriately stored in a number of communal bathrooms, making them difficult for residents to access and posing a risk of cross-contamination.
- The counter tops in some medication storage rooms were cluttered and not available for nurses' use.
- Hoists stored on one corridor were partially blocking the corridor, posing a trip hazard for residents and potential obstruction in the event of fire evacuation.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. They were provided with adequate quantities of wholesome and nutritious food. There were adequate numbers of staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide for the designated centre was available dated January 2026. This guide contained all of the required information in line with regulatory requirements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors observed good practices in how medication was administered to the residents in a number of units. Medicines were administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The sample of care plans reviewed were not person-centered, and measures to respond to key clinical and safety risks identified were not being implemented in practice. For example:

- A number of residents receiving one-to-one care did not have this outlined in their care plans.
- Care plans reviewed were generic in content and had not been adapted to reflect the residents' care needs. Many of those reviewed had the exact same wording, they were not person-centred.
- The information in the residents' care plans did not reflect their updated assessments. For example, one resident, who had absconded from the centre, had an updated assessment in place which identified the increased risk of absconsion however this did not inform the resident's care plan.
- A number of residents who were identified as at risk of absconsion had a care plan in place which stated that 15 minute safety checks should be carried out to ensure their safety, however the records reviewed showed that that those checks were completed on an hourly basis . Failure to implement interventions required from individualised risk assessments posed a significant risk to the residents' safety.

Judgment: Not compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to to their general practitioner (GP) of choice and members of the allied health care team.

Judgment: Compliant

Regulation 9: Residents' rights

Residents right to privacy was not upheld on two of the units:

- Personal care, such as hairbrushing, was being delivered to residents by staff on an open corridor in two different units; this infringed on the residents' right to privacy and dignity and reflected a task-based approach to care.
- Medications were being covertly administered by a staff nurse to a resident on an open corridor, this infringed on the residents' right to privacy.
- On one unit two male residents seated in high dependency chairs were positioned outside the bedroom door of female residents. While the chairs were positioned with the back to the bedroom doors facing the opposite direction, the bedroom door of both bedrooms were opened and the female resident living in each of these bedrooms were still in bed, therefore their right to privacy was infringed upon by the actions of staff.
- Residents' rights to avail of appropriate communal spaces for occupational and recreational opportunities as registered by the chief inspector was not being consistently upheld.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for CareChoice Trim OSV-0000145

Inspection ID: MON-0049549

Date of inspection: 17/06/2026

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Registered Provider has reviewed the allocation and use of resources within the centre to ensure that the premises continue to be used appropriately and in accordance with the conditions of registration and the Statement of Purpose. A site visit was undertaken by the Registered Provider Representative and Senior Management Team to review the use of the premises, resource allocation and supervision arrangements, and to support the Centre Management Team in progressing the identified areas for improvement. • The use and management of communal areas have been reviewed across the centre. Appropriate staffing and supervision arrangements have been implemented to support residents' safe and appropriate use of designated communal areas throughout the day. Measures are also in place to ensure that corridors and designated means of escape remain clear and unobstructed at all times. • Residents are supported to access designated communal areas for scheduled activities and social engagement, with appropriate communal spaces available and accessible throughout the day. • Residents' individual preferences and choices regarding communal areas, including their preferred places to sit, will be reflected in their care plans where appropriate and reviewed as part of ongoing care planning. Residents' choices regarding the use of communal and transit areas will be respected, supporting their rights to choice, dignity, independence and wellbeing. • A recent fire risk assessment has been carried out by an external fire consultant, including a review of means of escape along corridors and evacuation routes. The necessary measures are being implemented in line with the recommendations arising from this assessment, ensuring that evacuation routes remain clear and unobstructed while also facilitating the appropriate use of designated communal areas by residents. These measures have been communicated to all relevant staff and departments within the nursing home to ensure consistent understanding and implementation. • Daily checks will be undertaken by the Clinical Management Team to monitor	

compliance and ensure that corridors and designated evacuation routes remain clear. Any issues identified will be addressed promptly and monitored through the centre's governance arrangements.
• All healthcare staff have been instructed that assistance with residents' grooming, such as brushing residents' hair, is to be provided in the resident's bedroom or bathroom, in accordance with the resident's preference. This is to ensure that residents' privacy, dignity and confidentiality are always maintained.
• There are ongoing management presence and oversight on the floor to support staff in consistently applying a human rights-based approach to care delivery. Staff practices are monitored to ensure that care is person-centred and that residents' rights, dignity, choice and preferences remain central to all aspects of care delivery.
• Following the inspection, the Person in Charge has implemented a structured plan to review all existing care plans and address the gaps identified during the inspection. The review will ensure that care plans are person-centred, reflect residents' individual needs, preferences and assessed risks, and provide clear guidance for staff.
• An Assistant Director of Nursing has been assigned responsibility for overseeing the care plan review process and monitoring implementation. This includes ensuring that identified clinical and safety risks are appropriately assessed, that corresponding interventions are clearly documented within residents' care plans, and that these measures are consistently implemented in practice and reviewed for effectiveness.
• Audit training will be provided to all staff responsible for conducting audits to strengthen the quality and consistency of the audit process. Training will ensure that audits are sufficiently robust to identify gaps in documentation, risks to residents' safety, compliance issues and areas requiring improvement. Audit findings are reviewed by the Person in Charge, with identified actions clearly documented, assigned to responsible persons and monitored through the centre's governance processes.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• The Registered Provider Representative and Person in Charge have reviewed the use of communal areas to ensure that appropriate staffing and supervision arrangements are in place to support residents' safe and appropriate access and use throughout the day.
• Residents are supported to access communal areas for scheduled activities and in accordance with their individual needs, preferences and choices. Where appropriate, residents' preferences regarding communal and transit areas are reflected in their care plans and communicated to staff. Residents' rights to choice, dignity and independence are respected while ensuring that corridors and designated means of escape remain clear and unobstructed.
• The availability and use of communal areas are monitored to ensure that residents have access to suitable spaces throughout the day and that opportunities for meaningful

social, recreational and therapeutic engagement are maintained.
• The Registered Provider Representative has reviewed the use of the registered premises to ensure that facilities are used appropriately and in accordance with the conditions of registration and the Statement of Purpose.
• Arrangements are in place to ensure that residents have access to appropriate bathing facilities in accordance with their assessed needs, care plans and personal preferences. The bath referenced in the report was unavailable due to maintenance requirements, with plans in place for the installation of a new bath on the first floor. Assisted shower facilities are available across the centre, with alternative bathing facilities provided where required.
• Residents' equipment has been removed from communal bathrooms and appropriate storage arrangements have been implemented to ensure that bathrooms remain accessible and suitable for residents' use, while reducing the risk of cross-contamination.
• A review of existing storage arrangements has been completed by the Registered Provider Representative and Person in Charge, with a plan agreed to create additional appropriate storage within the centre. Hoists previously stored in corridors have been relocated to appropriate storage areas to ensure corridors and designated means of escape remain clear and unobstructed.
• In response to the finding regarding cluttered countertops in medication storage rooms, the Person in Charge has reviewed the relevant cleaning and housekeeping arrangements to ensure that countertops remain clean, decluttered and readily available for nurses' use.
• Daily monitoring is undertaken by the Clinical Management Team, supported by ongoing monitoring and spot checks by the IPC Link Nurse, to ensure that communal areas, bathrooms, storage arrangements, medication storage areas, corridors and designated means of escape remain appropriately maintained, accessible and free from obstruction. Any issues identified are addressed promptly and monitored through the centre's governance processes to support sustained compliance with Regulation 17.

Regulation 5: Individual assessment and care plan	Not Compliant

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

• Following the inspection, the Person in Charge has implemented a structured plan to review all existing care plans and address the gaps identified. The review will ensure that care plans are person-centred, individualised and reflect each resident's assessed needs, preferences, routines, risks and desired outcomes. Generic or duplicated wording will be replaced with personalised information relevant to the individual resident, providing clear and appropriate guidance for staff. The review also includes ensuring that identified clinical and safety risks are appropriately assessed, corresponding interventions are

clearly documented, and required measures are implemented in practice and reviewed for effectiveness.
• All care plans for residents in receipt of one-to-one care have been reviewed. The care plans clearly identify the prescribed duration and purpose of one-to-one support, including the intended outcomes. One-to-one care requirements are clearly identified on daily staff rosters to ensure the required level of support is provided.
• Following the inspection, the care plans and risk assessments for residents identified as being at risk of absconding have been reviewed and updated. Required interventions, risk management measures and monitoring arrangements are clearly documented and communicated to relevant staff.
• The identified discrepancy between the required frequency of safety checks and the frequency documented within the care plan has been addressed. The care plan has been amended to clearly specify the required frequency of checks, and the relevant staff have been briefed on the required monitoring arrangements. The Clinical Management Team will undertake daily review of safety-check records to ensure that prescribed monitoring is completed at the required frequency and appropriately documented.
• Progress with the care plan review will be monitored by the Person in Charge and Assistant Director of Nursing, with identified actions tracked through the centre's governance processes to ensure timely completion and sustained compliance with Regulation 5.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The centre is committed to respecting residents' rights to privacy and dignity and to delivering person-centred, human rights-based care. The gaps identified during the inspection in relation to residents' grooming, including brushing residents' hair outside bedrooms, have been addressed with the relevant staff.
• All healthcare staff have been reminded that assistance with residents' personal grooming such as hair brushing, is to be provided in the resident's bedroom or bathroom, in accordance with the resident's preferences, unless the resident chooses otherwise. Staff have been reminded of their responsibility to maintain residents' privacy, dignity, choice and preferences during all aspects of care delivery.
• The Person in Charge and Clinical Management Team will undertake ongoing observation and monitoring of staff practice to ensure that privacy and dignity are maintained in practice. Any issues identified will be addressed promptly with the relevant staff and monitored through the centre's governance processes.
• In relation to the administration of covert medication identified during the inspection, the arrangements have been reviewed with the relevant staff. Where covert medication is required, the rationale and associated risks will be appropriately assessed, with the resident's preferences and rights considered and the arrangements clearly documented in the resident's care plan. These arrangements will be reviewed regularly to ensure they

remain appropriate and proportionate.
• The practice identified in relation to residents being positioned outside other residents' bedrooms has been reviewed. Staff have been instructed to ensure that residents are not routinely positioned directly outside another resident's bedroom or personal space and to exercise appropriate judgement when positioning and supervising residents, particularly where bedroom doors are open. Compliance will be monitored through management oversight and observation of practice.
• The Registered Provider Representative and Person in Charge have reviewed the use of communal areas across the centre and implemented appropriate staffing and supervision arrangements to support residents to access designated communal spaces for occupational, social and recreational activities throughout the day.
• Residents' preferences and choices regarding communal spaces will be reflected in care planning where appropriate and communicated to staff. Staff have been reminded of their responsibility to facilitate access to communal areas in a person-centred manner while respecting residents' privacy, dignity and choice.
• The Clinical Management Team will undertake daily monitoring of these arrangements, with identified issues addressed promptly and recorded through the centre's governance processes. The effectiveness of the measures will be reviewed through ongoing management oversight and audit of practice to demonstrate sustained compliance.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/11/2026
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	30/11/2026
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	30/11/2026

	ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/11/2026
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant	Orange	30/12/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/10/2026
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	30/10/2026

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.	Not Compliant	Orange	30/10/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/10/2026