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:	Ratoath Manor Nursing Home
Name of provider:	Ratoath Nursing Home Limited
Address of centre:	Ratoath, Meath
Type of inspection:	Unannounced
Date of inspection:	07 January 2026
Centre ID:	OSV-0000152
Fieldwork ID:	MON-0046123

About the designated centre

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

Ratoath Manor Nursing Home is set in the village of Ratoath in County Meath. The two-storey premises was originally built in the 1820s and is located in landscaped gardens. It now provides accommodation to 60 male and female residents over 18 years of age. Residents are admitted to the centre on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Residents of all dependency levels are provided for. Residents are accommodated in single and twin bedrooms across three units; St Oliver's Unit, St Patrick's Unit and Ground Floor Unit. A proportion of these bedrooms have en-suite sanitary facilities. Communal shower rooms, bathrooms and toilets are available throughout the building. A variety of communal rooms are provided for residents' use across both floors, including sitting, dining and recreational facilities and an oratory. A number of outdoor areas are also available, including large gardens on the ground floor and two internal courtyards on the first floor. The registered provider employs a staff team consisting of managers, registered nurses, care assistants, activity coordination, maintenance, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57

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 7 January 2026	09:15hrs to 17:15hrs	Sinead Lynch	Lead
Wednesday 7 January 2026	09:15hrs to 17:15hrs	Bernadette McDonald	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out with a focus on adult safeguarding. Inspectors reviewed the measures the registered provider had in place to safeguard residents from all forms of abuse. During the inspection, the inspectors spoke with seven residents to gain insight into their lived experience in the centre and with three visitors. The feedback from residents was mixed, while the visitors reported that they were happy with the care provided to their family member. They were knowledgeable about how they would raise concerns or complaints and who to speak to about them. They reported that staff were "always approachable and they could voice concerns openly".

The inspectors also spent time observing interactions between staff and residents, as well as reviewing a range of documentation and speaking with staff and management.

There were no thermometers available in the centre, however several areas of the premises were noticeably cold in the morning of the inspection. Seven residents said to inspectors that they were cold, and many bedrooms were found to have electric heaters in use. There was one resident in a communal room wearing their coat while two other residents in their bedrooms were wearing extra layers of clothing and informed inspectors this was due to the 'coldness'. The inspectors immediately notified a senior member of management and issued an urgent action plan to ensure there was adequate heating. The provider purchased multiple new heaters on the day and the bedrooms identified as cold earlier in the day had reached an appropriate temperature by the end of the inspection.

Some areas of the centre that should have been locked were found to be unlocked, such as a room containing residents' personal files and medicines. This was highlighted on the morning of inspection to management, however, when checked four hours later it remained unlocked. Such practices were not appropriate and posed a risk.

Inspectors observed that many residents looked well dressed and well-groomed. However, the standard of personal care provided to residents was not consistent and a number of residents were seen to require additional assistance in relation to mouth care or nail care. One resident who spoke with the inspectors said that they were waiting for a fresh sheet to be put on their bed. The resident was lying on a plastic mattress while they waited. The inspectors asked staff on three occasions to assist this resident and to make their bed, so that they were comfortable. When no action was taken, the inspectors informed senior management and requested immediate action be taken.

Overall, aspects of the premises were not well-maintained. Residents' equipment was found to be unclean in many areas. There were falls mats on the floor in three bedrooms and curtains in a shared room that were visibly dirty.

On the first floor, two communal bathrooms were found to be locked. The staff or management could not tell inspectors why these were locked from the outside. This restricted residents from utilising the facilities should they require them.

Residents in multiple bedrooms were found to have no access to call-bells. In some cases there were no call-bells in the bedrooms and in other bedrooms they were not plugged in. This would restrict residents from requesting assistance should they required it.

Inspectors observed staff and residents' interactions throughout the day. In most cases, staff were attentive with the residents. They appeared to know their residents well and provided care when requested. The majority of residents that spoke with the inspectors praised the staff and said they were 'kind' and 'caring'.

Residents were provided with choice in relation to how they spent their day. Residents spoke very positively about the activities in the centre and how it helped to 'pass the day'. There was a designated activity person each day to meet the social care needs of residents.

Residents were provided with access to advocacy services. Notices and contact details for these services were displayed around 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 delivered.

Capacity and capability

The governance and management systems in the centre required review to ensure residents were provided with safe quality care at all times. There were a number of concerns identified on this inspection that required immediate action both in respect of residents' care and the environment. This inspection identified that significant action was required to ensure effective governance and management arrangements were in place to ensure that the service provided met the needs of the residents. Action was required in respect of the management of records and key quality and safety regulations such as premises, infection prevention and control and medication management, as further evidenced under their respective regulations.

The management team had implemented improvements in relation to fire precautions following the inspection in August 2024.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 to 2025 (as amended), and inform the application to renew the registration. This inspection had a specific focus on the provider's performance with respect to safeguarding arrangements and practices. However, due to other immediate risks identified on the day of inspection, additional regulations were included.

There was a person in charge in the designated centre, who was not on duty on the day of the inspection. Appropriate deputising arrangements were in place, and the assistant director of nursing (ADON) took responsibility for the centre in their absence and facilitated this inspection. They were supported by a clinical governance team who were present on the day of the inspection. The ADON led a team of nurses and health care support staff.

The management of records required review in relation to ensuring residents' records were stored safely, as detailed further under Regulation 21: Records.

Inspectors were informed that care and environmental audits were carried out at regular intervals, however, no evidence of call-bell audits, care planning audits or other areas could be provided for the previous four months. There was one environmental audit found on the day of inspection that had been completed, however, there was no action plan in place to ensure deficits could be rectified. Inspectors were not assured that there was effective oversight of the service as numerous areas of improvements found on this inspection had not been recognised as issues that were required to be addressed.

An application for registration renewal was submitted to the Chief Inspector of Social Services within the required time-frame and was being reviewed at the time of this inspection.

Staffing levels in place on the day of inspection were sufficient to meet the assessed needs of the residents. While the numbers and skill-mix of staff was appropriate and in line with the statement of purpose, oversight of staff practices required improvement as further detailed under Regulation 23: Governance and management.

A review of training records indicated that all staff were up-to-date with mandatory training in relation to safeguarding vulnerable residents. Staff were aware of their role in protecting and safeguarding residents and how to report a concern and identify all forms of abuse.

Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner and were under review at the time of inspection.

Judgment: Compliant

Regulation 15: Staffing

The inspectors reviewed a sample of staff duty rotas and in conjunction with observation of practice and communication with residents and visitors, 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.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training.

Training records were well-maintained and made available to the inspectors on request. Inspectors were assured that staff had completed all the mandatory training in safeguarding residents from abuse and had access to other relevant training to support them in their role.

Judgment: Compliant

Regulation 21: Records

Residents' records were not maintained in such a manner as to be safe and accessible. For example:

- On the first floor there was a built-in-cupboard in the wall that was used to store residents' files. This was not locked and observed to be easily accessible throughout the day, which would impact residents' confidentiality.
- The nurse's station door was left unlocked. Inside there was a filing cabinet also unlocked that contained residents' files. This was flagged as a risk to the management team in the morning and when the room was checked four hours later it remained unlocked.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in place to ensure the service provided was safe, appropriate, consistent and effectively monitored were not appropriate. For example:

- There was only one audit found that was completed within the last four months. This was an environmental audit, however, there was no action plan in place following this audit and no learning identified. Significant concerns in respect of the management and oversight of premises were found on this inspection which had not been identified by providers' own management systems. The failure to identify and timely address the heating in the centre had adverse impact on the residents, a number of whom chose to remain in bed for the day as it was too cold. The provider took action to address the immediate risks in respect of adequate heating in the centre.
- The oversight of care planning required review. Care plans did not guide care and could not be relied on to ensure residents received the appropriate care required. There had been no recent audits completed in this respect and therefore no deficits had been identified.
- There were many bedrooms where the residents did not have access to call-bells. This meant that they were not able to ask for assistance should they require. Staff or management did not identify this as an issue prior to the inspection and there was no evidence of call-bell audits or any oversight whether the call-bells were in working order.
- The oversight of housekeeping and cleaning required review. There were many areas of the centre that were visibly dirty.
- The management of records and medication required strengthening as detailed further under Regulation 21 and Regulation 29.

Judgment: Not compliant

Quality and safety

This inspection, focused on adult safeguarding, was carried out to review the quality of the service being provided to residents and ensure they were receiving a high-quality, safe service that protected them from all forms of abuse. Overall, inspectors found that the provider was proactive in their approach to safeguarding residents and appropriate measures were taken to protect residents from harm. However, as identified in the capacity and capability section, there were significant failures of oversight that negatively impacted the service provided to the residents.

Notwithstanding the good range of activities made available to residents, residents' rights were not always upheld. This was evidenced by the inspectors observing delays to care at times, which adversely impacted residents' dignity and choice.

Significant improvements were required in relation to the premises, infection prevention and control, medication storage and individual assessment and care planning, these are detailed further under their respective regulations.

There were arrangements in place to assess residents' health and social care needs upon their admission to the centre, using validated assessment tools. These were used to inform the development of residents' care plans, however, they were not always reviewed every four months or more frequently if required. While some were person-centred and reflected the care needs of the residents, there were several care plans that were not being implemented in practice, or did not reflect residents' current needs, as further evidenced under Regulation 5.

While medication administration practices were good, medicines were not stored securely in the centre. There were two areas where medicines could be accessed by residents or visitors without restrictions, which posed a health and safety risk. This is discussed further under Regulation 29: Medicines and pharmaceutical services.

Staff were trained and understood the principles of safeguarding vulnerable adults and their responsibilities in relation to protecting the residents. Residents' finances were effectively safeguarded.

Staff training in the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was completed and up-to-date. Residents with identified behaviours that challenge were managed appropriately. There were appropriate and detailed care plans in place and the supervision provided was as per the residents' individual needs. The use of restraints was minimal and where deemed appropriate, the rationale was reflected in the individualised risk assessment.

Residents with greater dependency needs that required additional supports were provided with appropriate assistance and had allocated staff to ensure their social and care needs were effectively met.

Regulation 17: Premises

The premises did not conform to the matters set out in Schedule 6. For example:

- Emergency call-bell facilities were not accessible from each resident's bed and in every room used by residents.
- One twin bedroom on the first floor was not of suitable layout for the needs of residents. This required review. However, on the day of inspection there was only one resident residing in this bedroom.
- The level of heating was not suitable in all parts of the designated centre which are used by residents. One corridor where there was bedroom accommodation was found to be very cold. The registered provider was given

an immediate action to mitigate the risk to residents. The heating of these areas was rectified before the inspectors left the centre.
- Equipment for use by residents was not in a good working order. For example; in one bedroom the bed was not stable and was in need of service and repair.
- A more proactive approach to internal maintenance was required as unsightly signs of wear and tear could be seen in some areas. For example, there was damage present and plaster could be seen on the walls in some bedrooms where damage had been caused from beds.
- The sluice room on the 1st floor was not locked. In this room there was a cabinet with chemicals that had the key in the door which would be a risk for residents that maybe confused and attempt to consume these items.

The premises of the designated centre were not used in accordance with the centre's statement of purpose. There were two bathrooms on the 1st floor that were found to be locked and therefore not available to the residents.

Judgment: Not compliant

Regulation 27: Infection control

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by:

Resident equipment was not consistently cleaned after use to prevent infection spread to other residents. For example:

- Crash mats in use were visible soiled. This was observed in three different rooms.
- A urinal was found on a resident's wash hand basin which was visibly soiled.
- The drip tray in the water fountain was heavily stained.
- Curtains in a shared room were visibly dirty.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The storage of medicines was not appropriate and posed a risk to residents. For example:

- There was a storage press on the corridor that held medicinal products. This press was not locked and was easily accessible to passing residents, staff and visitors.

- The door into the nurses' station was open and the medicine fridge was found to be unlocked. This was used on the day to store antibiotics. This room was found unlocked at various times during the day, despite inspectors highlighting the risks associated with this practice.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was required in relation to assessment and care planning to ensure that it supported staff to provide care in accordance with each resident's assessed and changing needs.

Notwithstanding some good person-centred care plans, there were numerous examples where regulatory requirements were not met as follows:

- Not all care plans were reviewed at a minimum four month intervals or updated when residents' condition changed.
- Care plans did not consistently reflect residents' needs. For example, staff informed the inspectors that a resident could not communicate and was non-verbal, however this was not identified in their individual care plan. This meant that no interventions were identified to support this resident and guide care.
- Where care plans identified interventions such as weekly weights to monitor for the risk of weight loss, such interventions were not being adhered to.
- Residents' personal care was not being delivered in line with their care plan. This was found in relation to one resident who required assistance with mouth care and another resident who required assistance with nail care.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge and skills to respond to challenging behaviour.

Restraint used in the designated centre was used in accordance with national policy. The designated centre's policy was available to review.

Judgment: Compliant

Regulation 8: Protection

The provider was a pension agent for six residents. There were clear and transparent systems in place to ensure residents' finances were protected at all times.

All staff in the centre had completed the required training on how to recognise and respond to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' choice was not always upheld in respect of being provided with assistance in a timely manner. For example, inspectors observed one resident who had been left waiting for an extended period of time in an undignified manner, despite requesting repeatedly to have sheets put on their bed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Ratoath Manor Nursing Home OSV-0000152

Inspection ID: MON-0046123

Date of inspection: 07/01/2026

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Record storage facilities have been reviewed and a repair schedule implemented where required. All residents' records are stored securely in locked cabinets. • Access to residents' records is strictly restricted to authorised staff only. • Regular spot checks are carried out by the Assistant Director of Nursing (ADON) and the Person in Charge (PIC) to ensure records remain secure at all times. • Staff education and training in relation to GDPR and confidentiality requirements is being delivered, with all staff scheduled to complete this training within one month. • Regular staff huddles are facilitated by the Person in Charge to reinforce staff understanding of confidentiality, safe storage of records, and their individual responsibilities under data protection legislation.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • A full review of governance and management systems has been undertaken to strengthen oversight and ensure the safe, effective, and consistent delivery of care in line with the centre's statement of purpose. • A structured audit programme is in place using the Viclarity system, covering clinical care, care planning, medication management, infection prevention and control, environmental standards, and housekeeping. All audits include documented action plans, clearly assigned responsibilities, defined timelines and review dates to ensure identified risks are addressed promptly.	

• Monthly audits and governance meetings are held within the nursing home, where concerns are reviewed, actioned and monitored to completion. A comprehensive monthly governance report is submitted to the Governance Team incorporating KPIs, audit findings, trends, and learning to support continuous quality improvement.
• Care plans are audited monthly through Viclarity. Staff meetings were held in December and January to reinforce care planning standards and expectations, and ongoing review is monitored through the governance structure.
• All bedrooms now have functioning call-bell systems. Daily call-bell checks and weekly call bell tests Monthly audits are in place to ensure continued functionality. Where residents remove their call-bell, this is managed through individual risk assessment and monitoring.
• A formal maintenance and facilities escalation process is in place and accessible to staff via EPIC to ensure environmental and equipment-related risks (including heating and maintenance issues) are identified and addressed without delay. Monthly site visits are carried out by the Estates & Engineering Manager and the Person in Charge to review the premises.
• Keypad locks have been fitted to identified areas to strengthen environmental security and risk management.
• Staff huddles are conducted to promote a culture of accountability and continuous improvement.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• All bedrooms now have functioning call-bell systems. Daily call-bell checks, weekly call bell tests and monthly audits are in place to ensure continued functionality. Where residents remove their call-bell, this is managed through individual risk assessment and monitoring.
• Heating systems throughout the centre have been reviewed and thermometers fitted where required to ensure appropriate and consistent temperatures in all resident areas. Environmental temperatures are monitored daily to ensure the centre remains warm and comfortable for residents.
• All sluice rooms, chemical storage areas, and clinical rooms are secured and locked when not in use to reduce risk and ensure resident safety.
• Maintenance issues are routinely logged on a dedicated maintenance management platform. A comprehensive approach is taken in relation to how maintenance issues are captured and acted upon. The process is monitored on a continual basis and evidenced in the Estates & Engineering Manager's monthly facilities review report.
• Items for repair noted during the inspection have been logged to ensure timely repair and upkeep of the premises.
• Bathrooms that were previously locked have been reopened and are fully accessible to residents in line with the centre's statement of purpose.
• A review of the twin bedroom has been completed, and appropriate steps have been taken to ensure the layout of the rooms meets the residents' needs.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Cleaning schedules have been reinforced, with clear responsibility assigned for the cleaning and decontamination of resident equipment.
• All reusable equipment, including crash mats, urinals, and water dispensers, are included in cleaning checklists and monitored through spot checks carried out by the PIC and ADON.
• Crash mats in use are now cleaned daily.
• Drip trays on water fountains are included in a weekly cleaning schedule.
• New urinals have been purchased to support improved hygiene standards.
• A formal curtain cleaning schedule is in place, and curtains identified as unclean have been removed, cleaned or replaced as required. Staff have been advised to report any concerns promptly to laundry services.
• Compliance with cleaning standards is monitored through daily spot checks carried out by the Person in Charge and Assistant Director of Nursing.
• Daily Staff huddles are being delivered to reinforce infection prevention and control practices and to ensure staff understanding of their responsibilities.
• Infection prevention and control audits are conducted on a quarterly basis, with findings reviewed through Health and Safety meetings and actions monitored to completion.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
• All medicine storage presses, medication fridges, and clinical rooms are now kept locked at all times. Compliance is monitored through regular spot checks completed by the Person in Charge.
• Access to medication storage and preparation areas is restricted to authorised nursing staff only.
• A staff briefing has been delivered to nursing staff to reinforce responsibilities in relation to safe medication storage and security.
• Medication management audits are included in the centre's audit schedule, with findings reviewed through the governance framework to ensure learning and sustained improvement.

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:
• A structured plan has been implemented to ensure all residents' care plans are reviewed and updated to confirm that:
o Reviews occur every 3 months
o Care plans are easy to read and accurately reflect residents' current assessed assessed and changing needs, including residents' communication needs.
o Identified interventions are implemented consistently in practice
• A full review of all residents' care plans has been completed to ensure compliance.
• Monthly care plan audits are conducted using the Viclarity system to monitor compliance, identify gaps, and ensure timely actions.
• Staff have been reminded of their responsibilities in relation to accurate documentation and delivery of care in line with residents' assessed needs and care plans.
• Residents and, where appropriate, their families are actively involved in care plan reviews to support person-centred care.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Staff have been reminded of residents' rights to dignity, timely assistance, and choice in all aspects of care delivery.
• The PIC and ADON monitor response times to residents' requests through call-bell audits, daily site walkarounds, and feedback from residents/relatives.
• Any incidents or concerns impacting residents' dignity or choice are reviewed through the incident and complaints management system to identify learning and prevent recurrence.
• Learning arising from incidents, feedback, and audits is shared with staff through team meetings and staff huddles to promote continuous improvement in practice.

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.	Substantially Compliant	Yellow	25/02/2026
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	25/02/2026
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	25/03/2026

Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	25/02/2026
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.	Not Compliant	Orange	25/02/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	25/02/2026
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	25/02/2026
Regulation 5(4)	The person in charge shall formally review, at	Not Compliant	Orange	25/02/2026

	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.			
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	25/02/2026