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:	Sheelin Nursing Home
Name of provider:	Sheelin Nursing Home Limited
Address of centre:	Tonagh, Mountnugent, Cavan
Type of inspection:	Unannounced
Date of inspection:	07 April 2026
Centre ID:	OSV-0000160
Fieldwork ID:	MON-0049824

About the designated centre

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

The designated centre provides nursing care and support over a 24-hour period to meet the needs of up to 30 older persons. The centre is a converted building, on three levels overlooking an expanse of water. It is situated in a rural area. The philosophy of care is to provide a caring environment that promotes residents' health, independence, dignity and choice. The holistic approach aims to provide a quality service with the highest standard of care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25

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
Tuesday 7 April 2026	08:30hrs to 16:00hrs	Catherine Connolly-Gargan	Lead

What residents told us and what inspectors observed

This unannounced inspection was carried out to monitor the provider's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended), with a focus on adult safeguarding and the measures the provider had in place to safeguard residents from all forms of abuse in the designated centre. The inspector met with many of the residents living in Sheelin Nursing Home and they said they were very happy living in the centre, were well cared for, felt safe, and enjoyed a good quality of life in the centre.

On arrival, the inspector was met by the provider representative and the person in charge. The inspector completed a walk around the centre and observed that some residents were preparing to get up either by themselves or with the assistance of staff, while others continued to sleep on later into the morning, as they wished. A small number of residents were in the dining room eating their breakfast. Residents told the inspector that they made their own decisions regarding what time they got up in the mornings and when they went to bed at night. The catering staff prepared residents' breakfasts late into the morning to ensure all the residents' individual preferences regarding their morning routines were met as they wished.

Sheelin Nursing Home is located in a rural setting close to Lough Sheelin in Co Cavan. The centre premises is a split-level design over three floors, each with residents' bedroom and communal room accommodation. While a communal sitting room on each floor gave residents choice regarding where they wished to spend their time, on the day of the inspection, the majority of the residents chose to spend their day on the first floor going between the sitting and the dining room. In response to feedback from the residents, the provider was supporting residents to trial a change in the locations of the sitting room, and the dining room on the first floor to ensure they were satisfied with the proposed new arrangement. The inspector observed that this arrangement provided residents with increased sitting room space, and meant they their choices to spend their day in the communal rooms on first floor could be met. As a result of this change, the space in the dining room was reduced, and to facilitate all residents to comfortably eat their meals together, the residents' meals were served in two sittings. Residents told the inspector they were satisfied with the changed location of these two communal rooms.

There was a lively atmosphere in the centre as the residents participated together in the social activities taking place during the day. Residents' feedback regarding the social activities provided was that they were satisfied with the opportunities available to them to participate in activities that interested them. Two residents told the inspector that there was always 'good craic' during the activities, and there was 'plenty of different things to do'. Staff and residents were observed chatting and laughing together and it was evident that residents and staff knew each other well and enjoyed being in each others' company. All the residents who spoke with the

inspector spoke highly about the staff, and the care and service they received. One resident told the inspector that staff in the centre were 'exceptional' and another resident said that the staff were 'always smiling and happy'. One resident told the inspector that their life 'changed for the better' when they came to live in the centre. Another resident said they were 'never so happy', and 'my life is good here, and I don't want to be anywhere else'. There were photographs of the residents enjoying the social activities and social events displayed on the corridor walls. Residents' artwork was also displayed in the dining room, corridors and the sitting rooms. One resident who loved to knit had knitted colourful coverings for the furniture in her room and clothes for her soft toys.

The inspector observed that one or more members of staff were with residents in the communal rooms at all times, and responded to residents' needs for assistance without delay. Staff were seen throughout the day to be regularly checking on residents who preferred to stay in their bedrooms.

The residents' lived environment, including their bedrooms and communal areas were visibly clean, bright, homely, warm and comfortable. Although most areas of the premises were well maintained, the inspector observed that the floor covering on the ground and second floor corridors was worn and damaged in a number of areas. The provider representative told the inspector that replacement of the floor coverings on the corridors on both floors was scheduled to be done during the week following the inspection. The inspector observed that the layout of the residents' bedrooms ensured they had adequate storage for their belongings, and could move around their bedrooms safely, and as they wished. Many of the residents had personalised their bedrooms with their family photographs and other personal items. Residents' lockers were located within close proximity to their beds to support them to easily access their possessions when resting in bed. Residents had unrestricted access to an outdoor area from the newly located dining room.

The inspector observed that the residents were involved in all decisions regarding the running of the centre and their views were valued, and utilised in enhancing the service provision. Residents told the inspector that they would talk to the person in charge or any of the staff if they were worried about anything or were not satisfied with any area of the service. Residents said that they were always listened to and any issues they ever raised were addressed to their satisfaction.

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. Areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, this inspection found that this designated centre was well-managed, and the management and staff ensured that residents were kept central to the service provided. Although, the management team were proactive in responding to deficits identified in the quality and safety of the service, some further actions were necessary to ensure that deficits in residents' needs assessment and care documentation were identified and addressed. While this inspection focused on residents' safeguarding, the inspector also followed up the provider's compliance with the regulations, and on the statutory notifications, and other information received.

Sheelin Nursing Home Limited is the registered provider of Sheelin Nursing Home. One of the two directors on the company board represents the provider and this director works on a full-time basis in the designated centre. The person in charge is a registered nurse and their management qualification and experience meets regulatory requirements. An assistant director of nursing (ADON) supports the person in charge with auditing activities, supervision of staff and clinical care, and provides suitable deputising arrangements for the person in charge. The management team oversaw the work of a staff team of nurses, health care assistants, activity staff and catering and cleaning staff.

At the time of this inspection, the residents were trialling a change in the location of the sitting and dining rooms on the first floor. The provider was aware that if this change in the purpose of these communal rooms was an arrangement was to be continued, an application must be made to the Chief Inspector of social services to vary a condition on the designated centre's registration to ensure that the layout of the premises was in accordance with the centre's statement of purpose and floor plans.

A variety of monitoring and oversight systems were in used by the provider to monitor the quality and safety of key areas of residents' care and the service provided. Although there was evidence that any areas identified as needing improvement were effectively addressed, actions were necessary to ensure that the deficits found regarding residents' assessment and care documentation were effectively identified and addressed. This finding is discussed further under Regulation 5: Individual Assessment and Care Plan.

The provider ensured there were adequate numbers of skilled staff available to meet residents' needs. While, staff were for the most part appropriately supervised, improvements in staff supervision were necessary to ensure they completed residents' care documentation as required. Arrangements were in place to support and facilitate staff to attend mandatory and professional development training to ensure they had the necessary skills and knowledge to meet residents' needs. There was an ongoing schedule of training in place and training records were maintained to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff who spoke with the inspector were familiar with each resident's needs and were competent with carrying out their respective roles.

The provider had arrangements for recording accidents and incidents involving residents in the centre. All accidents and incidents were investigated, actions were implemented to mitigate risks identified, and learnings were appropriately communicated. The provider had arrangements in place for appropriately notifying the office of the Chief Inspector of Social services of incidents involving residents, as required by the regulations. The inspector found that all notifiable incidents that had occurred in the centre had been reported in writing to the Chief Inspector's office, within the timelines required by the regulations.

Regulation 15: Staffing

There were adequate numbers of staff with appropriate skills available to meet the residents' needs, taking into account the residents' individual needs, and the layout of the designated centre. The person in charge assessed and closely monitored the staffing numbers and staff skills needed, to ensure that there was sufficient staff available at all times to respond to each resident's needs without delay.

All new staff completed a supervised induction period on commencing their employment, and an annual appraisal was completed with each staff member.

Judgment: Compliant

Regulation 16: Training and staff development

Although residents' needs were met, actions to improve staff supervision were necessary to ensure that staff completed residents' care documentation to the required standards.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider's quality assurance and oversight systems in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by the following findings;

- Assessment and care planning procedures were not implemented in line with the provider's own policy and procedures and the requirements of the regulations. As a result, the standards of residents' care documentation were not adequate, and this finding posed a risk that relevant information regarding each resident's needs and care interventions would not be

identified, and available to staff. These findings are discussed further under Regulation 5: Individual assessment and care plan.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted as required, and within the time frames specified by the regulations. All additional requested information was provided by the person in charge in a complete and timely manner.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the management and staff were committed to providing a service to residents that fosters the FREDA principles (internationally recognised framework of five human rights concepts used in health and social care) of fairness, respect, equality, dignity, and autonomy. In addition, residents living in the centre were protected from risk of harm and abuse.

The provider had measures in place to safeguard residents from abuse, and ensured that all staff attended up-to-date safeguarding training. A centre-specific safeguarding policy was available and available to staff to guide them. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was not an agent for any residents' social welfare pensions. A small number of residents who periodically experienced episodes 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) were appropriately supported to ensure their and other residents' safety. The information in these residents' behaviour support care plans was sufficiently detailed to guide staff on provision of care and supports they were person-centred and effective.

The person in charge and staff were actively promoting a minimal restraint environment in the centre. Any restrictions that impacted on residents were only implemented following a trial of less restrictive alternatives, and were informed by appropriate assessments, and regular review. As residents' accommodation is provided over three floors in the centre, residents' access was by means of a stairs or a passenger lift between the floors. While the potential restriction risk on residents' access posed by the stairs and passenger lift had been considered and a general risk assessment for all residents was completed, a risk assessment was not

completed for each resident to ensure that any restrictions posed on any of the residents' access between the floors was identified and effectively mitigated. The inspector's findings are discussed under Regulation 7: Managing behaviour that is challenging.

Residents' communication needs were individually assessed, and where residents needed additional support, person-centred care plans were developed. Tailored person-centred communication tools and equipment were made available to residents to meet their needs.

While, residents' care needs were comprehensively assessed on admission, this level of assessment was not completed thereafter and this posed a risk the residents newly developing needs would not be identified in a timely manner. Residents' care plans were mostly detailed with person-centred information that clearly informed their care and safety needs, however, not all residents personal care plans had sufficiently detailed information to guide staff on their preferred care routines.

Residents had timely access to their general practitioners (GPs), specialist medical and nursing services, including psychiatry of older age, community palliative care and health and social care professionals as necessary. However, actions were necessary to ensure that when a resident returned to the centre from hospital, that the recommendations made by speech and language therapist in hospital were available for to reliably guide residents' care in the centre.

Residents' bedrooms and communal living areas were maintained to a good standard with the exception of the floor covering on the corridors on the ground and second floors. Work was scheduled in the week following the inspection to replace the floor covering on both floors.

Residents' quality of life in the centre was important to the management and staff team, and they ensured that residents had adequate opportunities to participate in a meaningful and varied social activity programme. It was evident that residents' feedback on the service was important to the provider and the residents were facilitated and encouraged to voice their views regarding the care and service they received. Records of residents' meetings demonstrated that this feedback was used to inform service improvements.

Regulation 10: Communication difficulties

Each resident's communication needs were regularly assessed, and a person-centred care plan was developed to guide staff on the supports needed by individual residents to support them to communicate effectively. Clear signage, assistive equipment, and various tools were available, and used to support residents with meeting their communication needs. Staff ensured that assistive communication tools and equipment was kept within residents' easy reach and used to ensure their communication needs were effectively met at all times.

Judgment: Compliant

Regulation 17: Premises

While, the provider ensured that the premises were appropriate to the number and needs of the residents living in the centre, the following findings were not in accordance with Schedule 6 of the regulations, and in line with the centre's stated purpose;

- The floor covering on the corridors on the ground and second floors were worn and were damaged in a number of areas.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider ensured that a centre-specific and up-to-date risk management policy was available to staff. The policy ensured residents were safeguarded, and detailed the arrangements in place for identifying, recording, investigation and learning from safeguarding or other incidents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a number of residents' care documentation, and found actions were required to ensure residents' needs were adequately assessed, and that care plans developed were sufficiently detailed to guide practice. This was evidenced by the following findings;

- There was a risk that residents' needs were not adequately assessed. The inspector found that a comprehensive assessment of residents' needs was completed on admission but was not completed on a regular basis thereafter. This posed a risk that residents' newly developing needs would not be adequately identified.
- The information in a small number of the residents' care plans reviewed by the inspector was not sufficiently detailed to guide staff on residents individual preferences regarding their personal care delivery.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioner (GP) services, including out-of-hour services. Residents had access to other health and social care professionals such as tissue viability nurse, speech and language therapy services and a dietitian where required. Residents were supported to attend out-patient services as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Due to the layout of this designated centre premises over three floors, access between the floors for the residents was by means of a passenger lift. However risk assessments were not completed for each individual resident to ensure that any restrictions posed by the passenger lift on their access, as they wished, were assessed and effectively mitigated.

Judgment: Substantially compliant

Regulation 8: Protection

The centre had policies and procedures in place to safeguard residents from abuse. The provider ensured that staff were facilitated to attend up-safeguarding residents from abuse training, supported by an interactive daily discussion with staff. Staff were aware of the reporting procedures and of their responsibility to report any concerns they may have regarding residents' safety in the centre. Residents confirmed to the inspector that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported and encouraged to make individual choices regarding their day-to-day lives in the centre. Staff ensured that residents had the necessary information to support them to make informed decisions regarding individual

choices, and regarding their positive risk taking. Residents' rights to privacy and dignity were respected at all times by staff caring for them in the centre.

Resident's social activity needs were assessed, and a variety of meaningful individual and group activities were available to meet each resident's interests and capacities, including residents who did not wish to join in group based activities. Residents were supported by staff to go out into their local community with their friends and families, as they wished.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents. Residents had access to televisions, telephones and newspapers, as they wished, and were informed about and supported to avail of advocacy services to support them.

Regular residents' meetings were convened, and residents' their feedback, views and suggestions were valued and utilised by the service to improve the service provided. For example, residents expressed they would like to change around the locations of their sitting room and their dining room on the first floor. This revised arrangement was being trialled on the day of the inspection do that residents were satisfied before the provider made the necessary application to the Chief Inspector to vary the purpose of these communal rooms.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

One resident with swallowing difficulties was receiving modified consistency meals since their admission from hospital in July 2025. The documented recommendations made by the speech and language therapist in the hospital were not available in the centre to inform this resident's food modification and care.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant

Compliance Plan for Sheelin Nursing Home OSV-0000160

Inspection ID: MON-0049824

Date of inspection: 07/04/2026

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: We are committed to enhancing nursing staff competencies in relation to care planning. All nursing staff will receive additional training on the development review & evaluation of person-centered care plans. The training will be delivered through a combination of in house education sessions, mentorship & supervision together with relevant external training programmes. This will be monitored through regular audits of care plans & ongoing supervision and feedback to ensure compliance of our own policies & procedure & regulatory requirements	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A comprehensive review of all residents' assessments & care plans will be undertaken to ensure they well informed & accurately reflect individual residents current needs & the care interventions required in a more person centered way. Clinical oversight & supervision of care documentation will be strengthened with regular audits to monitor compliance with policy & regulatory requirements. Findings from audits will be discussed with staff & corrective action implemented to ensure sustained improvements on documentation standards.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The improvement works to the floors are ongoing on all three floors, including corridors, bedrooms & toilets.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All residents assessments will be reviewed & updated to ensure they accurately reflect their current needs. A schedule of regular reassessments will be implemented with additional assessments to be completed promptly following any significant changes. A review of all care plans will be undertaken to ensure they include comprehensive person centered information that clearly guides staff in delivering care in accordance with each residents individual wishes, preferences & routines.
The planned training in assessment & care planning together will the strengthened supervision will ensure improvement in assessments & care planning practices.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Individual risk assessments are completed for all residents in relation to the use of the lift, identifying & mitigating any risk of accessibility / restriction & the risk of use.
"Lift use" is now a topic included in residents meeting ensuring residents are confident in using the lift independently or feel assured to ask for assistance.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
A review of all residents requiring SALT input has been completed to ensure current assessments & recommendations are available. All SALT reports & recommendations are filed promptly in residents records & reflected in relevant care plans. Nursing staff have been reminded of the importance of maintaining accurate & accessible multidisciplinary records documentation. Regular audits of residents records will be under taken to ensure all specialist assessments are available up to date & incorporated into care planning & care delivery.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/08/2026
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.	Substantially Compliant	Yellow	30/08/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2026
Regulation 25(2)	When a resident returns from another designated centre, hospital or	Substantially Compliant	Yellow	30/06/2026

	place, the person in charge of the designated centre from which the resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/06/2026
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	20/06/2026
Regulation 7(3)	The registered provider shall	Substantially Compliant	Yellow	20/06/2026

	ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			