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:	Mount Sackville Nursing Home
Name of provider:	Sisters of St Joseph of Cluny
Address of centre:	College Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	12 March 2026
Centre ID:	OSV-0000176
Fieldwork ID:	MON-0044750

About the designated centre

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

Mount Sackville Nursing Home is located in Chapelizod, Dublin 20 and is close to the Phoenix Park amenities, schools and bus routes. The centre has 34 single bedrooms all laid out over three floors, and can accommodate both male and female residents. Floors can be accessed by stairs or passenger lifts. Full-time long-term general nursing care is provided for persons over the age of 65, and people living with dementia. Admission takes place following a detailed pre-admission assessment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32

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
Thursday 12 March 2026	08:55hrs to 17:25hrs	Sinead Corbett	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection that took place over the course of one day to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended). The inspection was conducted by one inspector, who spoke to residents to gain insight into their lived experiences in the centre. The inspector also spoke to staff and spent time observing the environment and reviewing documentation.

Overall, based on the observations of the inspector and discussion with residents the centre appeared to be a nice place to live and the residents were generally very complimentary about the care they received from the staff. The inspector spoke to many residents and spoke to eight residents and one visitor in greater detail. Residents told the inspector that staff are 'lovely', very helpful and are responsive to their needs. One resident told the inspector that the three best things about the centre were the food, the grounds and that they could choose to go to mass daily. Staff were observed to interact in a kind manner with residents and were attentive to their needs. The inspector observed that there was a relaxed atmosphere in the centre and residents were going about their day in line with their own preferences, for example, residents chose when they wished to get up, what activities they wanted to participate in, and the food that they ate.

The inspector arrived to the centre in the morning and conducted a walk around of the premises followed by an introductory meeting with the person in charge. Mount Sackville Nursing Home is situated over three floors with laundry and storage facilities in the basement. The centre is situated on an elevated site close to the Phoenix Park and Farmleigh Estate in Dublin. A new extension on the ground floor had access to a well maintained secure garden area where residents could choose to sit. The residents also had access to the expansive gardens on the grounds of the centre.

The premises were observed to be warm, well ventilated and comfortable. Handrails on corridors and in bathrooms supported residents to mobilise as independently as possible. A passenger lift provided access for residents to mobilise between all floors. Residents had access to adequate communal areas, including a large dining room, a dining room/activity room, a day room and a parlour on the ground floor. In addition residents were welcome to sit in small seated areas located along the corridor on the ground floor and in the new extension. There were tea making facilities and comfortable seating in the day room. Communal areas were bright and appeared clean and well maintained. There was a large chapel in the designated centre and a small oratory. Residents were welcome to attend Roman Catholic Mass in the chapel daily. Closed Circuit Television (CCTV) was noted on corridors.

Bedrooms were single rooms situated across the three floors of the centre. Bedrooms were observed to be clean, well maintained and decorated with residents'

personal belongings. Each resident had access to adequate storage and lockable storage in their bedrooms. The inspector saw that new residents were supported in their transition to living in the centre by the advance preparation of their room with their own personal belongings.

A board displaying the day's activity schedule was noted in the activities room, this included exercises, sing along, art and mass. There were two activities co-ordinators employed by the centre and a wide range of activities was provided for example Chat Cafe, Sonas, Bingo, Crafts Club and a weekly visit from a hairdresser. On Sundays, the nearby convent facilitated a coffee morning for residents and their families in the centre. Residents told the inspector that they could choose to participate in the activities if they wished. The activities room was decorated for St. Patrick's Day and daffodils were displayed on the tables. Residents had access to daily newspapers, books and WiFi. A small phone booth provided a private seated area for residents to make calls. The inspector saw that some residents enjoyed spending time with the centre's pets, such as their dog and goldfish.

The dining experience at the main lunch time meal was observed by the inspector in both dining rooms. Tables were set with table cloths, cutlery and condiments. The lunch time meal consisted of three courses and there was a choice of two home cooked main courses on the day of inspection. The food was cooked on-site and appeared wholesome and nutritious. Modified diets were well presented and residents requiring assistance were assisted in a discreet and relaxed manner with staff sitting beside them. There was an adequate number of staff present to assist residents. The dining experience was seen to be pleasant with residents sitting together and chatting while having their meal. Residents that spoke with the inspector were all complimentary about the food and said they had a choice what to eat.

Visitors were seen to come and go throughout the day of inspection. A digital visitors log was located at the front door. One visitor told the inspector that the person they were visiting was 'well cared for'. Residents could chose to meet their visitors in any of the communal areas.

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

Capacity and capability

Overall, the local governance and management systems in the centre contribute to the delivery of good quality care. There was a clearly defined management structure in place with clear lines of authority and accountability. Despite these good systems in place there were some gaps that may impact on the quality of care delivered to the residents, these relate to oversight of the security of the premises, risk

management, individual assessment and care planning, and training and staff development, these are discussed in further detail under the relevant regulations.

The inspector followed up on the compliance plan following the May 2024 inspection and found that many actions had been progressed, for example, a fire suppression system and automatic gas detection system were installed in the kitchen, thus enhancing safety in this regard. While on inspection, the registered provider was responsive to correcting a fault noted on the fire alarm panel and an issue with the fire door located between the kitchen and dining room, these were identified and dealt with on the day of the inspection.

Mount Sackville Nursing Home is operated by The Sisters of St Joseph of Cluny, an unincorporated body who are the registered provider. There are two committee members who are Religious Sisters of the order, with responsibility for running the centre. One of the Sisters works full time in the centre and supports the person in charge in the operational management of the service. The person in charge is further supported by a clinical nurse manager and a team consisting of nurses, healthcare assistants, activities, catering, household, administration and maintenance staff.

Staff that spoke to the inspector said that they had access to training and they said that the induction period for new staff was adequate.Staff told the inspector that they could approach management with issues or concerns. An extensive suite of mandatory training was available to all staff in the centre, for example fire safety, safeguarding, manual handling, cardio-pulmonary resuscitation and dementia care. The inspector was told that manual handling and fire safety training was booked in the coming weeks and a date was awaited for cardio-pulmonary resuscitation training. Notwithstanding good attendance in at training, a review of documentation identified some gaps, this is discussed further under Regulation 16: Training and staff development.

On the day of the inspection, there were adequate staff on duty to meet the needs of the residents.Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support. The inspector was told that there was a vacancy for a nurse at night and the recruitment process was underway. In the interim, agency staff were used to backfill the vacancy. The staffing level at night is reduced to one nurse and two care assistants and a review of documentation identified that ten residents are assessed as having a maximum level of dependency, this reduces the level of supervision for the residents and is discussed further under Regulation 15: Staffing.

On the day of the inspection, there were sufficient resources in the centre to ensure the effective delivery of care to the residents. There was a clearly defined management structure. The annual review for 2025 was not yet completed and the inspector was told it was in progress. the annual review for 2024 was completed and a quality improvement plan developed. The person-in charge collates data to monitor aspects of care delivery, for example the frequency of GP review for each resident to ensure they are assessed frequently. Meetings were held regularly in the centre, for example staff and management meetings. Minutes of these were

recorded to include discussion points and a time-bound action plan to address issues raised. Despite these good systems there were gaps in the oversight of the security and safeguarding of residents, and in the area of fire safety, this is discussed further under Regulation 23: Governance and management.

Regulation 15: Staffing

There was one nurse and two carers rostered on duty from 1945 hrs to 0730 hrs each night.The inspector was informed that each of the ten residents deemed to be of maximum dependency would require two staff to assist them. Furthermore, the nurse should not be disturbed during the medication round in order to prevent medication errors. This combined with the layout of the centre over three floors does not allow for adequate supervision and support of all residents, particularly during busier times of the night-time shift.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While there was a high level of staff attendance at training, some gaps were noted for example:

- 6 out of 24 nursing and care assistant staff had not completed up to date safeguarding training.
- 14 out of 24 nursing and care assistant staff did not complete training on dementia care.
- 6 out of 24 nursing and care assistant staff did not complete training on hand hygiene.

Judgment: Substantially compliant

Regulation 23: Governance and management

There were gaps in systems to ensure that the service was safe, consistent and effectively monitored, for example:

1. Oversight of access points into and from the centre was not fully efficient, resulting in a risk of uncontrolled access points to and from the centre, this was evidenced as follows:

- From the second floor, residents could access the stairs leading to the loft space, this poses a risk to residents of harm if they were to access this space unsupervised.
- Access to and from adjacent services were not adequately controlled from the ground floor and first floor of the centre.

2. Some gaps in oversight of fire safety were identified as follows:

- A fault on the fire alarm panel was identified by the inspector, the inspector was told there is an ongoing issue with the alarm system originating from one of the adjacent services. While this was rectified by staff on the day of the inspection, systems in place did not alert staff to the presence of a fault.
- Some records relating to fire safety drills were brief and did not consistently include detail to support further learning. Also, it was not clear if evacuation drills included the largest fire compartments or included night staff.
- During servicing of the emergency lighting system in January 2026, required actions were identified but had not been addressed, and servicing of the kitchen fire suppression system was overdue since January 2026.
- Some nurses on night duty did not have fire training specific to the designated centre.

3. There were some gaps in the systems in place to monitor the quality of care delivered in the service and to oversee incidents, for example:

- Since the last inspection audits were not completed to monitor the standard of care delivered and identify areas of quality improvement.
- The incident log did not include incidents that occurred in the centre since the last inspection and one notifiable incident was not notified to the Office of the Chief Inspector.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A review of a sample of residents' contracts for the provision of service confirmed that residents had in place a signed contract of care which outlined the services to be provided and the fees which were to be charged, including fees for additional services.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were supported to have a good quality of life in the centre. Staff and resident interactions were kind and respectful and staff had a clear understanding of residents' needs. Residents and visitors that spoke with the inspector were very complimentary about the care delivered in the centre. Notwithstanding this, the inspector identified that the requirements outlined in the regulations for individual assessment and care plan, and risk management were not fully met. This is discussed further under the relevant regulations.

Good practice was observed in the area of care planning for residents. The inspectors viewed a sample of electronic care plans and found that care plans were developed within 48 hours of the resident's admission to the centre. Validated assessment tools were used to assess risks such as falls, pressure ulcers, and malnutrition and care plans were developed accordingly. Recommendations from health and social care professionals were included in residents' care plans. Progress notes were updated daily. Despite this good practice, some gaps in the area of care planning were identified, for example care plans were not always reflective of the residents' needs, this is discussed further under Regulation 5: Individual assessment and care plan.

Residents' medical and health needs were met through a broad range of community-based health and social care services, for example General Practitioner (GP) and psychiatry of old age, speech and language therapy, dietetics and tissue viability nursing.

Residents had access to a wide range activities in the centre, these are facilitated by designated activities staff, for example, exercise, bingo, Sonas, Craft Club and Chat Cafe. Residents were observed enjoying art class. Residents were provided with opportunities to be consulted with and participate in the organisation of the designated centre. The last residents meeting was held in September 2025 and minutes showed that a broad range of issues were discussed, such as the menu, vaccination, fire safety and food. Residents had access to newspapers, radio and television and there was WiFi in the centre. Roman Catholic Mass is celebrated daily in the centre.

On the day of inspection, the centre was warm, clean and comfortable. Residents had a choice of communal spaces in the centre and there was adequate space for activities to take place. Bedrooms were decorated with resident's own belongings giving the rooms a homely feel. Residents had access to call bells in their bedrooms and in bathrooms and they had adequate space for personal items and lockable storage in their bedrooms. The internal and external areas of the premises appeared well maintained.

Residents had access to nutritious home-cooked meals, snacks and drinking water throughout the day. The inspector was told that staff could access the kitchen at any time to get food for residents. Residents were offered a choice with regards to their meals. There were adequate numbers of staff to support residents at mealtimes.

Regulation 17: Premises

The registered provider provided premises which were appropriate to the number and needs of the residents living there. The premises conformed to the matters set out in Schedule 6 of the Regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were provided as recommended. The daily menu was displayed and choice was available at every meal

Judgment: Compliant

Regulation 26: Risk management

The risk management policy did not set out all requirements according to Schedule 5 of the regulations as it omitted the measures and actions in place to control the risk of infectious diseases. This is a repeated finding.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care-plans were digitally stored and a review of a sample of care plans identified the following gaps:

- Care plans were not consistently updated every four months.
- Care plans were not consistently updated to reflect changing needs, for example a reduction in a resident's nutritional risk of malnutrition was not reflected in their food and nutrition care plan and one resident assessed at risk of pressure ulceration did not have a specific care plan in relation to this.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant

Compliance Plan for Mount Sackville Nursing Home OSV-0000176

Inspection ID: MON-0044750

Date of inspection: 12/03/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Resident dependency levels have been reviewed and updated following inspection to ensure that assessed care needs accurately reflect residents' current requirements across all areas of the centre. Night-time staffing arrangements and skill mix have been reviewed against updated dependency assessments, the layout of the centre over three floors, residents' assessed support requirements, medication administration practices, and emergency evacuation procedures. Night staffing has been strengthened through the inclusion of additional rostered staff available overnight where required. This includes a registered nurse with active NMBI registration on site who can be rostered to provide additional clinical support, together with an additional staff member trained in care support who can also be rostered to supplement night-time staffing arrangements. This provides increased capacity during periods of higher demand, including residents requiring two staff assistance, maintenance of supervision across all areas of the centre, support during medication rounds, and emergency response. Current arrangements are further supported by residents' mobility profiles, the availability of evacuation aids, compartmentalisation within the building, and established emergency response procedures. The person in charge will continue to monitor dependency levels, resident acuity, and night-time workload through ongoing governance systems to ensure staffing arrangements remain responsive to residents' needs.	

Regulation 16: Training and staff development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
A full review of staff training records was completed following inspection.
The six staff members identified as outstanding in hand hygiene training and safeguarding training have since completed this training and records have been updated accordingly.
Dementia care training was reviewed, and a training session has been scheduled for 27 May 2026. The fourteen staff members identified as requiring dementia training are booked to attend this session, together with any additional staff whose training may fall due before that date.
The training matrix is monitored regularly by management to ensure mandatory training remains current and that refresher training is scheduled in a timely manner.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The fault displayed on the fire alarm panel indicated a network fault. This occurred because fire alarm panels in the adjacent school building were undergoing scheduled servicing, during which the network connection is temporarily disabled as part of the servicing process.
During inspection, incorrect information was initially provided suggesting there was an ongoing issue with the school fire alarm panels. Systems in place always alert staff to the presence of a fault, and faults are responded to promptly.
There was one access point from adjacent services, which was normally secured by thumb lock, and this has now been thoroughly secured and certified as compliant by G4s.
The attic space was technically accessible from the second floor; however, there has been no instance of resident access. We acknowledge the potential risk and this has now been thoroughly secured.

Access to the nursing home from school assembly hall was not possible from the assembly hall side. Access to school assembly hall from the nursing home side was controlled by thumb screw. This was to facilitate access for Residents to concerts and parties. We acknowledge that the access from the Assembly Hall might not always be secured and a secure lock has now been fitted.
Fire drill documentation has been reviewed and updated to ensure records include sufficient detail to support learning, including evacuation time, number of residents involved, staffing present, compartments used, challenges identified, and actions arising.

Fire drills will include scenarios involving the largest fire compartment and will include drills carried out with night staff to ensure arrangements are tested across different staffing levels and conditions. We have had two sessions already.

Actions identified following servicing of the emergency lighting system in January 2026 have been addressed, and servicing of the kitchen fire suppression system has now been completed. A schedule is in place to ensure all fire safety servicing requirements are addressed and completed within required timeframes.
Fire training records have been reviewed and all staff, including nursing staff on night duty, have completed fire training specific to the designated centre, including local evacuation procedures, compartmentation, and night-time response arrangements. A structured training schedule is in place to ensure mandatory and centre-specific training, that is appropriately monitored and recorded, thus ensuring sustained staff compliance.
Governance systems for monitoring quality of care are being strengthened through the introduction of a revised audit format which will include clearer findings, identified areas for improvement, assigned responsibility, timeframes for completion, and follow-up of actions arising to support oversight and quality improvement.

The incident log has been reviewed and updated to ensure all incidents are recorded consistently. Notification processes have also been reviewed with nursing and management staff to ensure reportable incidents are identified promptly and submitted to the Office of the Chief Inspector within required timeframes. Oversight of incident recording and notification will form part of ongoing governance review.

Regulation 26: Risk management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management:
The Risk Management Policy is currently under final review and will be amended within one week to explicitly include the measures and actions in place for the management and control of infectious diseases, in line with Schedule 5 requirements.
These measures are already reflected within the centre's risk assessment processes and current operational practice; however, they are now being formally incorporated into the overarching policy to ensure full consistency between written policy and practice within the centre.
The revised policy will clearly outline infection prevention and control measures, including outbreak management, isolation precautions, use of personal protective equipment, environmental cleaning procedures, and escalation arrangements where required.
This review will be completed through the centre's governance systems, with ongoing oversight to ensure all regulatory requirements are fully reflected in written policies.

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:

A full review of residents' care plans has been completed to ensure that all care plans are formally reviewed within the required four-month interval and updated to accurately reflect residents' current assessed needs.

A structured schedule is in place for nursing staff to complete and review designated residents' care plans on an ongoing basis, ensuring timely review, updating, and documentation of any changes in clinical condition or support needs.

Oversight of care plan completion and quality is maintained by the Director of Nursing, with regular checks to ensure reviews are completed within required timeframes and that care plans accurately reflect current assessments, multidisciplinary recommendations, and clinical risks.

Specific care plans identified during inspection have been updated, and all relevant areas of care including nutritional support, skin integrity, mobility, continence, infection prevention, and other individual clinical needs are now fully reflected where indicated.

Ongoing monitoring is in place to ensure care planning remains person-centred, responsive to changing needs, and fully compliant with regulatory requirements.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	29/04/2026
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	27/05/2026
Regulation 23(1)(d)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	18/04/2026

Regulation 26(1)(c)(vi)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control infectious diseases.	Substantially Compliant	Yellow	01/05/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	01/05/2026