

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

Issued by the Chief Inspector

Name of designated centre:	Brookhaven Nursing Home
Name of provider:	Brookhaven Nursing Home Limited
Address of centre:	Donoughmore, Ballyraggett, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	08 July 2026
Centre ID:	OSV-0000207
Fieldwork ID:	MON-0050896

About the designated centre

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

Brookhaven Nursing Home is situated in the village of Ballyragget, seven kilometres from the town of Durrow, Co. Kilkenny. The centre is registered to accommodate 71 residents, both male and female. It is a two-storey building but resident's accommodation and facilities are located on the ground floor; the staff changing facilities and offices are located upstairs. Residents' accommodation comprises single and twin bedrooms with en-suite shower and toilet facilities, two dining rooms, an activities room, sitting rooms and a sun room. There are comfortable seating alcoves throughout the centre and toilet facilities are strategically located for residents' convenience. Residents have access to five enclosed garden areas with seating and walkways. Other facilities include the main kitchen and a laundry. Brookhaven provides full-time nursing care for people with low to maximum dependency assessed needs requiring long-term residential, palliative, convalescence and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	43
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 July 2026	08:50hrs to 17:00hrs	Mary Veale	Lead
Wednesday 8 July 2026	08:50hrs to 17:00hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspectors was that they were happy living in Brookhaven Nursing Home. Residents were complementary of the centre, the food, and the quality of the care provided. During the day, the inspectors met with many of the 43 residents living in the centre, and spoke to 15 residents and two visitors in more detail. Inspectors spent time observing the daily life in the centre to gain an insight into the lived experience of the residents in Brookhaven Nursing Home. Over half of the residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared relaxed and content in the company of staff.

Brookhaven Nursing home is located on the outskirts of the village of Ballyraggett in Co.Kilkenny. The centre comprised of a two-storey building. The centre is registered to accommodate 71 residents. There were 43 residents living in the centre at the time of inspection. The first floor of the building was not part of the designated centre. The location, design and layout of the centre was general suitable for its stated purpose. The outdoor spaces included inner courtyards from each wing and were readily accessible and safe, making it easy for residents to go outdoors independently or with support, if required.

The centre was divided into four wings, the Attanagh, Donoughmore, Kilminan and Rosconnell wings which were called after local townlands. Bedroom accommodation consisted of 63 single and four twin bedrooms, all with en-suite shower, toilet and wash hand basin facilities. The privacy and dignity of the residents in the multi-occupancy rooms was protected, with adequate space for each resident to carry out activities in private and to store their personal belongings. Most bedrooms were observed to be decorated with residents' personal items such as family photographs, art pieces and bed linen. Pressure relieving specialist mattresses, cushions and fall prevention equipment were observed in some of the residents' bedrooms. Assistive call-bells were available in both the bedroom and en-suite for residents' safety.

The centre was clean and tidy, and the atmosphere was calm and relaxed. The building was well-lit, warm and adequately ventilated throughout. Residents had access to all communal spaces such as day rooms, an oratory, a conservatory, a visitor's room and a relaxation room. Communal spaces contained appropriate furniture, were decorated appropriately and appeared comfortable.

Inspectors observed the dining experience at lunch time in both the Ash and the Oak dining rooms. The dining room tables had white tablecloths and floral arrangements. The menus were displayed on the tables for the residents in both dining rooms. The inspectors observed that the meals provided appeared appetising and were served hot. Residents were complimentary about the food and confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. Adequate numbers of staff were available to

assist the residents. Residents were supported during mealtimes and residents who required help were provided with assistance in a respectful and dignified manner. Residents were observed to be offered clothes protectors by staff. Most residents chose to use napkins, and some chose clothes protectors.

The centre provided a laundry service for residents. All residents' spoken with on the day of inspection were happy with the laundry service.

On the day of inspection, residents participated in an exercise class and enjoyed a visit from a mobile library. Other activities available to residents included a fit for life program, quizzes and bingo. Residents were also supported to participate in events and special occasions, and information on activities and events was clearly displayed on notice boards throughout the centre. Notice boards also offered information to residents about other matters, including hairdressing services, and advocacy services. An advocate service had been in the centre in the weeks prior to inspection to provide information to the residents on their service.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were happy with the care and support their relatives received.

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

Inspectors found that since an inspection of the centre in April 2026, the provider had maintained effective governance and management systems. The provider had oversight systems for the day-to-day operation of the centre. Findings from this inspection indicated that the provider was sustaining regulatory compliance. This inspection, found that the management of restrictive practices and areas of the premises did not fully align to the requirements of the regulations.

This inspection was a one-day inspection conducted by two inspectors to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended) and to follow up on the detail of a compliance plan submitted by the provider following an inspection in April 2026.

The registered provider had applied to renew the registration of Brookhaven Nursing Home. The application was made in a timely manner, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration. The registered provider had also applied to remove a restrictive condition which was attached to the centre's registration following poor compliance found with the regulations on inspections in September, October, and December of

2025. This restrictive condition required admissions to the centre to cease until improvements in compliance with specific regulations were demonstrated and that a robust governance system is in place with effective governance and management systems and processes. The detail of these applications were also reviewed on this inspection.

Brookhaven Nursing Home Limited is the registered provider for this centre. There were three directors of the company. The centre is part of a group of four nursing homes and has access to group resources, such as finance, human resources and facilities management.

The person in charge worked full-time in the centre and was supported by a team consisting of an assistant director of nursing, three clinical nurse managers, registered nurses, health care assistants, kitchen staff, housekeepers, activities staff, administration and maintenance staff. There were clear reporting structures and staff were aware of their roles and responsibilities. It was evident that there was a stable management team in the centre, and overall, there was appropriate oversight of the service and its current risks. The person in charge had support from a clinical operations director and a chief governance, risk and compliance officer within the management structure.

The staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at mealtimes and responding to requests for support.

A review of staff records found that mandatory and other training was facilitated for staff, appropriate to their various roles. Training relating to infection control, manual handling, responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), and fire safety was scheduled and facilitated. Supplementary training was also offered to staff, in areas such as human rights, nutrition, hand hygiene, restrictive practices and end-of-life care. Staff with whom the inspectors spoke, were knowledgeable regarding safeguarding, and infection prevention and control procedures.

Improvements were found to the monitoring system in the centre. The provider had an audit schedule examining key areas of service, including falls, medication management, infection prevention and control, and the care environment. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. Inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place monthly and staff meetings took place quarterly in the centre. Key performance indicators (KPI's) such as weights, wounds and infections were monitored on a monthly basis and discussed with the directors.

The management team had a good understanding of their responsibility in respect of managing complaints. There had been no complaints raised by residents or their relatives since the previous inspection. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Registration Regulation 4: Application for registration or renewal of registration
All documents requested for the renewal of registration were submitted in a timely manner.
Judgment: Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration
The registered provider had submitted an application to remove a restrictive condition from the registration of Brookhaven Nursing Home Limited. The required information was submitted with the application and was under review and the time of this inspection.
Judgment: Compliant
Regulation 15: Staffing
On the inspection day, staffing levels were found to be sufficient to meet the needs of the residents. There was a minimum of two registered nurse and five health care assistants on duty at all times.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging, and infection prevention and control. There was an ongoing schedule of training in place to ensure that all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported by a nurse management team.
Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 3: Statement of purpose

Amendments were made to the centre's statement of purpose during the inspection. The statement of purpose now contained all of the information set out in Schedule 1 of the regulations, in accordance with the guidance.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider provided an accessible and effective procedure for dealing with complaints, which included a review process. The required time lines for the investigation into, and review of complaints was specified in the procedure. The procedure was prominently displayed in the centre. The complaints procedure also provided details of the nominated complaints and review officer. These nominated persons had received suitable training to deal with complaints. The complaints procedure outlined how a person making a complaint could be assisted to access an independent advocacy service.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents living in Brookhaven Nursing Home were supported to enjoy a good quality of life. Staff and resident interactions were kind

and respectful, and staff had a clear understanding of residents' needs. Residents and visitors were complimentary about the centre and the care from the staff.

Since the previous inspection in April 2026, the provider had progressed parts of a compliance plan of works to improve the premises. Notwithstanding this, there were some areas relating to restrictive practices in use and the premises that were not fully aligned to the regulations.

The inspectors reviewed a sample of residents' care plans and appropriate practices were noted in relation to individual assessment and care planning. Care plans were developed following an assessment of the residents' needs using a wide range of validated assessment tools to identify risk levels in areas such as falls, pressure ulceration, and malnutrition. Care plans were person-centred and were reviewed at minimum intervals of four months. It was clear from the documentation that residents and families were consulted in the development of care plans.

Residents had timely access to a general practitioner (GP) of their choice. Residents identified as requiring additional health and social care professional expertise were referred to these service, as required.

There was a policy in place to inform management of responsive behaviours. There was evidence that staff had received training in managing behaviour that is challenging. Residents had access to psychiatry of later life. For resident's with identified responsive behaviours, nursing staff had identified the trigger causing the responsive behaviour using a validated antecedent- behaviour- consequence (ABC) tool. There were clear care plans for the management of the resident's responsive behaviour. It was evident that the care plans were being implemented.

A register of restrictive practices in use was maintained in the centre. The service had a specific policy on the management of restrictive practices. The consent form for residents that had a physical restriction, were signed by the resident in conjunction with the nursing staff and in consultation with the resident's family if appropriate. Restrictive practices were audited regularly. Notwithstanding this good practice, improvements were required to the documentation of restrictive practices in use. This is discussed under Regulation 7: Managing behaviour that is challenging.

While the premises was designed and laid out to meet the number and needs of residents in the centre, parts of the centre were observed have wear and tear and were not in full compliance with Schedule 6 requirements. This is detailed under Regulation 17: Premises.

Inspectors identified examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of laundry and waste. Hand sanitiser dispensers were available at the point of care, thus facilitating hand hygiene at the point of care to reduce the risk of cross contamination. Bedrooms and communal rooms were observed to be clean. Household staff were

knowledgeable about their role in following infection control procedures. A cleaning schedule for daily and deep cleaning was in place, with all rooms cleaned daily and deep cleaned frequently.

A choice of home-cooked meals and snacks were offered to all residents. A daily menu was displayed and available for residents' in both dining rooms. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. Mealtimes varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and to ensure residents' safety and nutritional needs were met. Residents' weights were routinely monitored.

Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. All interactions between staff and residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was acting as a pension agent for four residents living in the centre. Records reviewed found these pensions were paid into a separate residents' client account to ensure residents' finances were safeguarded. The provider held monies in safe keeping for several residents. The provider had a transparent system in place where all lodgements and withdrawals of residents' personal monies were signed by two staff and logged. The provider audited the balances on a regular basis in line with the centre's policies.

There was a rights-based approach to care in this centre. Residents' rights, and choices were respected. Resident feedback was sought in areas such as activities, meals and mealtimes and care provision. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre and records demonstrated that this service was made available to residents if needed. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. Residents had access to a oratory room in the centre.

There was a comprehensive centre-specific policy in place to guide care staff and nursing staff on the safe management of medications; this was up-to-date and based on evidence-based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Regulation 17: Premises

There were aspects of the premises that did not fully comply with the requirements of Schedule 6 of the regulations. For example;

- In a small number of areas, floor coverings, as well as sections of walls, ceilings, skirting boards and door frames were damaged or left unfinished following recent fire safety works.
- The bed pan washer on Kilminan unit was not working on the day of inspection

Judgment: Substantially 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. Residents who required assistance received it, in an unhurried and respectful manner. It was evident that residents who required review by a dietitian or a speech and language therapist, were referred and assessed, in a timely manner. The inspectors saw that drinks and snacks were provided to residents regularly.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean and there was adequate cleaning staff employed. Staff were observed to be adhering to good hand hygiene techniques. There were three sluicing facility on the premises which were clean. There were a minimum two cleaning staff on duty daily. These staff members were knowledgeable about cleaning practices, processes and chemical use. Hand-washing facilities were available for staff on each of the four units.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. There was good oversight with regular medication reviews carried out.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four-monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre's usage of restraint, such as bedrails, was not always managed in accordance with national policy, published by the Department of Health, entitled Towards a Restraint Free Environment in Nursing Homes (2011), and the centre's restraint policy. These policies required that all restraints be risk-assessed, that residents' consent be obtained before a restraint is introduced, and that consideration of all alternative interventions be explored and deemed inappropriate before a decision on an episode of restraint may be taken.

In a review of three residents' records, where bedrails were being used, inspectors found:

- One circumstance where there was no documented risk assessment. Risk assessment was necessary to ensure risks were appropriately assessed, and the use of bed rails was monitored to prevent resident injury.
- Two circumstances where there was no documented evidence showing that alternatives had been trialled before the bed rail was used.
- One circumstance in which there was no record of a resident providing consent for the use of the bedrail.

Judgment: Substantially compliant

Regulation 8: Protection

Residents who spoke with the inspectors said they felt safe living in the centre. Staff were aware of their responsibilities regarding reporting of safeguarding concerns. Staff had completed safeguarding training and an up-to-date policy was available. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and courteous. There was access to independent advocacy services on display in the centre. Residents were provided with a varied and interesting range of activities each day. Residents also participated in regular outings to various locations in the community.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brookhaven Nursing Home OSV-0000207

Inspection ID: MON-0050896

Date of inspection: 08/07/2026

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: S: To comply with Regulation 17, the premises will be maintained in accordance with the requirements of Schedule 6. During inspection, several areas were identified as requiring attention, including damaged and unfinished flooring coverings, door frames, and sections of walls following the fire safety upgrade works. The bedpan washer was also found to be non-functional on the day of inspection. M: Maintenance works have commenced, and a schedule of outstanding works following the fire safety upgrades is in place. Flooring repairs have been scheduled, while repairs to door frames and ceilings are ongoing. The bedpan washer has since been repaired and is operational. Completion of the identified maintenance works will be monitored until all outstanding items are addressed. A: The PIC will oversee the completion of the identified works through regular monitoring and monthly audits. Any outstanding or newly identified maintenance issues will be escalated promptly to the Facilities Manager for action. R: The identified actions are realistic and achievable through the existing maintenance processes, regular monitoring, and appropriate escalation of outstanding works. T: All outstanding maintenance works will be monitored on an ongoing basis, with priority given to completing the flooring, door frame, wall and ceiling repairs as soon as practicable. Progress will be reviewed through monthly audits, with ongoing oversight until full completion. To be completed by 2nd October, 2026.	

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: S: To comply with Regulation 7, documentation relating to the use of bedrails was reviewed during inspections. One incident was identified where a risk assessment was missing, evidence of alternatives trialled prior to implementation was not documented, and consent was not recorded. M: The PIC undertook a full review of the use of restraints to ensure compliance with Regulation 7 and the relevant national policy (2011). Prior to the implementation of bedrails, all appropriate alternatives will be trialled and considered, with the outcomes documented. Bedrails will only be implemented where deemed necessary and appropriate following assessment. Appropriate consent will be obtained and documented prior to implementation. A: Responsibility for implementation and monitoring will rest with the PIC/ADON, with oversight provided by the Regional Manager. R: The actions identified are realistic and achievable through review of existing processes, appropriate documentation, staff awareness, and ongoing monitoring. T: Actions completed on the 9th of July 2026	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	02/10/2026
Regulation 7(3)	The registered provider shall 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.	Substantially Compliant	Yellow	09/07/2026