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:	Flannery's Nursing Home
Name of provider:	Flannery's Nursing Home Limited
Address of centre:	Chapel Road, Abbeyknockmoy, Tuam, Galway
Type of inspection:	Unannounced
Date of inspection:	11 August 2026
Centre ID:	OSV-0000341
Fieldwork ID:	MON-0051329

About the designated centre

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

This registered centre is a modern purpose-built single-storey premises, which provides residential care for 60 residents. The building has many features that contribute positively to residents' quality of life. These include large bedrooms with en-suite facilities, windows that provide a view of the outside when sitting down, a range of sitting areas where residents can spend time during the day and wide hallways that enable residents to walk around freely. The centre cares for both female and male residents aged 18 years and over with the following care needs: respite care to residents following hospital stay, post-surgery or from home. Long-term care is provided to residents requiring full-time care, including those with dementia and who are no longer able to look after their own physical and mental wellbeing. The registered centre provides palliative care, dementia care, and convalescence care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 11 August 2026	08:45hrs to 17:30hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Overall, residents described a positive experience of living in Flannery's Nursing Home. Residents told the inspector that they felt safe and secure, and that staff treated them with kindness, dignity and respect. Residents' accounts of their daily lives indicated that they were supported to make choices, maintain their independence, and exercise their rights, while having access to assistance and support, when required.

The inspector arrived at the centre unannounced and was met by members of the nurse management team, who provided an overview of the staffing arrangements for the day, and the care and support needs of residents. The inspector then walked through the centre, meet with residents, and observed the environment and care practices. An introductory meeting was subsequently held with the person in charge.

The inspector met with the majority of residents living in the centre and spoke in more detail with 12 residents about their experience, with particular regard to their rights and safety. Residents consistently said that they felt safe and were treated well by staff. They described being treated with dignity and having their choices and independence respected. Residents also spoke positively about their engagement with the person in charge, who was visible and accessible to them. They described being encouraged to express their views and recalled being reminded by staff that the centre was their home and that their feedback was important in shaping how the service was provided.

The premises were well-maintained and laid out in a manner that supported residents' safety, independence and well-being. Residents had access to outdoor areas and could move freely through the areas of the centre. Two communal areas, located at either end of the building, were well-used and formed a focus for social activity throughout the day. Residents were seen spending time together, engaging with staff, participating in activities or choosing to relax in these areas.

The inspector spent time in the communal areas observing residents' daily experiences and the delivery of care. The atmosphere was calm and relaxed, and staff interactions with residents were unhurried. Residents were supported to decide where and how they spent their time; some chose the communal areas, others spent periods in their bedrooms and some walked independently throughout the centre. Supervision was provided in a discreet manner and reflected residents' individual assessed needs. Where residents required a staff member to remain nearby to support their safety, this was provided in a way that sought to preserve their independence and freedom of movement. Other residents were supported through less direct observation, according to their individual needs.

Staff demonstrated detailed knowledge of the residents they supported, including their care needs, preferences, routines, personalities and factors that could affect

their well-being. Staff were also aware of relationships and interactions between residents, and described how they supported residents where particular interactions had the potential to cause distress or present a risk to their safety. The approaches described sought to manage identified risks without unnecessarily limiting residents' movement, choices or opportunities to engage with others.

Staff also demonstrated an understanding of the importance of balancing safeguarding with residents' autonomy and the right to make choices involving an element of risk. For example, staff described how a resident who required increased supervision could be supported to undertake an activity privately, where this was their preference. Staff considered the individual circumstances and supported the resident to understand the associated risk, rather than automatically restricting the activity because a risk had been identified.

Staff who spoke with the inspector demonstrated good knowledge of safeguarding and were able to describe the actions they would take if they witnessed or became aware of potential abuse, neglect or other concerns regarding a resident's safety. Staff understood their responsibility to report concerns and spoke about safeguarding in the wider context of residents' rights, dignity, choice and well-being. Interactions observed throughout the inspection were respectful and person-centred, with staff seeking residents' views, responding to their requests and supporting them in a manner that respected their individuality.

Residents had opportunities to express their views about the service and contribute to decisions about matters affecting their daily lives. Residents described regular engagement with the management team, including through resident meetings attended by nurse managers. Residents told the inspector that they felt comfortable raising concerns or making suggestions and that their views were listened to. Importantly, residents described receiving feedback from management about matters they had raised and being informed about actions taken in response to their suggestions.

Residents were supported to maintain important relationships with family and friends. Visitors were observed coming and going throughout the day and their presence formed a normal part of life in the centre. Residents could meet visitors in communal spaces or spend time with them privately, according to their wishes. This supported residents' right to maintain personal and social relationships.

Residents spoke positively about the nursing and social care available to them. Staff were available to respond to residents' assessed health and care needs and demonstrated knowledge of changes that could affect individual residents' safety or well-being. Alongside nursing care, residents' social and emotional needs were supported, with staff taking account of residents' established routines, interests and preferences in the delivery of day-to-day care.

Information to support residents to understand and exercise their rights was prominently displayed and readily accessible throughout the centre. This included information on independent advocacy services and how residents could access safeguarding and protection supports. Residents also had access to information

about safeguarding, including the different types and indicators of abuse. This supported residents to recognise potential concerns and understand how they could seek advice and support.

Residents also had opportunities to participate in meaningful activities and social engagement. Group activities were observed during the inspection and provided opportunities for residents to spend time with others and participate according to their interests and abilities. Individualised opportunities were also available for residents who preferred not to participate in groups, or whose needs were better supported on an individual basis. Residents were supported to decide whether they wished to participate. This reflected an approach which promoted choice and recognised residents' right to determine how they spent their time.

The following sections of this report described the provider's capacity and capability in relation to safeguarding and protection of residents from harm, and how these arrangements impacted on the quality and safety of care and support provided to residents.

Capacity and capability

This was an unannounced inspection which focused on the safeguarding and protection of residents from abuse and harm. The inspection also examined how residents' human rights were promoted and upheld in practice, including how residents were supported and empowered to exercise choice and control over their daily lives.

The findings of this inspection were that the service placed a strong emphasis on safeguarding and protecting residents from the risk of abuse. There were effective arrangements in place to support residents to live meaningful lives in a manner that respected their individual needs, preferences and rights. Overall, governance arrangements and management practices supported the protection of residents from abuse or harm. However, this inspection found that some incidents which presented potential safeguarding concerns had not been recognised as such, and issues of non-compliance were also identified in the systems of incident and record management, and residents' individual assessment and care plans.

Flannery's Nursing Home Limited is the registered provider of the centre. There was a clearly defined management structure in place, with identified lines of accountability and authority. The centre was governed by a board of directors, one of whom represented the registered provider. A person in charge was employed full-time and reported to a director of the company. Overall, the management structure supported effective governance and oversight of the service, with clear accountability for safeguarding practices and for promoting residents' safety, rights and well-being.

Management systems were in place to support the monitoring, oversight, and implementation of safeguarding practices within the centre. This included a risk register which identified risks within the centre, the controls in place to mitigate those risks, and arrangements for an ongoing review of the risks. Safeguarding risks, including the potential for abuse of residents, were identified and monitored through these arrangements.

The provider had systems in place to assess safeguarding practices and monitor compliance with safeguarding policies and procedures. Safeguarding audits were completed on a scheduled basis, and following potential safeguarding incidents to assess whether concerns had been managed in accordance with the provider's policies and procedures. The scope of these audits was comprehensive and included governance and oversight of safeguarding, the management of safeguarding concerns, staff knowledge, training, recruitment safeguards, residents' rights and safeguarding considerations within care planning.

An incident management system was in place for the documentation, investigation and review of incidents, including the identification of outcomes, learning and any safeguarding implications arising from an incident. Where required, management sought advice and guidance from safeguarding professionals, which informed safeguarding plans and supported referral to other relevant professionals where additional safeguards were required to protect and support individual residents. However, the incident management system was not consistently effective. A review of records found that incidents associated with responsive behaviours involving interactions between residents, and which had potential safeguarding implications, were not appropriately recorded or investigated. In addition, some incidents of unexplained injuries, while recorded and reviewed as incidents, had not been considered from a safeguarding perspective. Consequently, these incidents had not been appropriately assessed to establish whether there were any safeguarding concerns, in accordance with the provider's safeguarding policy and procedure. Furthermore, some incidents had remained open since July 2026 without evidence of management review or documented outcomes. This impacted on the provider's ability to identify learning from incidents and ensure that appropriate measures were promptly implemented to reduce the risk to residents.

Records of residents' care were not always appropriately maintained. In particular, records of enhanced supervision did not evidence that residents had received the care as set out in their care plans.

Staff were facilitated to attend training relevant to their roles, including safeguarding, restrictive practices, supporting residents with responsive behavioural and positive behaviour support, and human-rights based training. Staff who spoke with the inspector demonstrated knowledge of their safeguarding responsibilities, the appropriate use of restrictive practices and the actions to be taken in response to safeguarding concerns to ensure residents were protected from the risk of harm. Staff also demonstrated an understanding of positive risk-taking and spoke knowledgeably about balancing the management of identified risks with residents'

rights, choice and autonomy, without placing unnecessary restrictions on residents' daily lives.

There were arrangements in place for the supervision of staff, with a nurse management presence in the centre to provide oversight of care delivery and staff practices. In addition to formal training, nurse managers used informal meetings and discussions with staff to reinforce safeguarding knowledge and practice, including identification and reporting of safeguarding concerns and staff responsibilities in responding to such concerns.

The provider had established recruitment procedures, underpinned by policies and procedures, which included safeguards to support the protection of residents from the risk of abuse. The inspector reviewed a sample of staff personnel and found that records contained the information required under Schedule 2 of the regulations, including Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications, required references and current professional registration details.

Regulation 15: Staffing

The number and skill mix of staff was appropriate to meet the identified needs of residents, while maintaining their safety and promoting their rights. Residents were appropriately supervised at all times and support to exercise choice in how they spend their day. Residents were provided with kind, considerate, and timely assistance in a respectful and unhurried manner.

The provider had ensured that staff personnel files contained all the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training appropriate to their roles, including safeguarding training and training in relation to a human rights-based approach to care. Arrangements were in place for the ongoing supervision of staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider's oversight and management systems to identify, manage and respond to risk and ensure residents' safety were not fully effective. For example;

- Not all potential safeguarding incidents were recognised, documented, investigated, or notified to the Chief Inspector, in line the centre's policies and procedure. This impacted on the timely implementation of effective safeguards to protect residents.
- The system and oversight of record management was not fully effective. Records relating to residents' care, supervision and safeguarding arrangements were not consistently maintained to demonstrate that the identified measure to support residents' safety and protection were implemented, as required.

Judgment: Substantially compliant

Quality and safety

Overall, residents were generally supported to remain safe and enjoy a good quality of life, with their individual rights, choices and preferences respected in the delivery of care. Safeguarding principles were evident in day-to-day practices and there was a positive approach to promoting residents' rights. However, some potential safeguarding risks, particularly those arising in the context of responsive behaviours, were not sufficiently identified or addressed through residents' assessments and care plans. Furthermore, some incidents with potential safeguarding implications had not been recognised and investigated as safeguarding concerns.

There were systems and measures in place to protect residents from the risk of abuse. These included safeguarding training for staff and oversight arrangements by the person in charge to review and investigate safeguarding concerns and identified risks. All staff had An Garda Síochána (police) vetting disclosures on file. Staff had completed safeguarding training. However, the inspector found that some incidents involving injuries where the cause had not been established had not been recognised as potential safeguarding concerns. As a result, these incidents had not been appropriately investigated to establish whether there were any safeguarding implications.

Residents' safeguarding needs were generally identified through assessment and care planning processes, with care plans reviewed at regular intervals to assess their continued relevance and effectiveness. Where specific safeguarding risks had been identified, safeguarding plans were in place which set out the measures required to management and mitigate those risks. These plans provided a structured approach to safeguarding individual residents and supported staff to understand and consistently implement the measures required to promote residents' safety and well-being. However, where some incidents of injuries had not been recognised as

having potential safeguarding implications, residents' assessments and care plans did not reflect consideration of any associated safeguarding risk or the measures required to address it. In addition, while care plans were subject to review, they were not always amended to accurately reflect the care and support being provided in practice, particularly for residents who required enhanced supervision to support their safety.

Residents with communication difficulties had their individual communication needs assessed and documented within their care plans. Where a safeguarding concern arose, information about the concern, and the supports available, was communicated to the residents in a manner appropriate to their individual communication needs and abilities.

Residents' rights were promoted and upheld as an integral part of safeguarding practices in the centre. Residents were supported to exercise choice and control over their daily lives and to participate in decisions about their care and support. Staff demonstrated an understanding of the importance of balancing residents' safety with their right to autonomy and positive risk-taking, and safeguarding measures were generally implemented in a manner that was proportionate to the identified risk and respectful of residents individual preferences and rights. The provider fostered a culture in which a human rights-based approach to care was central to how residents were supported. Residents' care was underpinned by the principles of fairness, respect, equality, dignity, and autonomy, which were evident in day-to-day practice. Residents were supported to exercise their rights and make choices about their lives, including the right to take reasonable risks.

Regulation 10: Communication difficulties

Residents were supported to communicate freely and were provided with appropriate assistance in accordance with their individual communication needs and preferences. Where safeguarding concerns arose, residents were provided with information about matters affecting them and the supports available in a manner appropriate to their communication abilities.

Individual communication needs were identified and documented in residents' care plans, including the use of aids such as hearing aids and glasses. Staff were knowledgeable about residents' communication needs and adapted their approach to support residents to understand information, express their views and participate in decisions affecting them.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' assessments and care plans did not always comprehensively assess their safeguarding needs and the measures required to support their safety. For example;

- Where residents had sustained injuries for which a cause had not been established, this was not comprehensively assessed or reflected in their care plans, including consideration of any potential safeguarding risk and the measures required to support their safety.
- Care plans were not always updated to reflect changes is residents' supervision needs, particularly for residents with complex care needs. In addition, a resident's care plan had not been updated to reflect changes in their behavioural support needs following an incident with another resident. Consequently, staff were not always aware changes is residents behavioural support needs or the current supervision arrangements required to safeguard residents, and care was not consistently delivered in accordance with residents' needs.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was supported in the centre. Each residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and multidisciplinary team. Arrangements were in place to support residents who experienced responsive behaviours. Staff had up-to-date knowledge to support residents to manage their responsive behaviours and detailed how a person-centred, respectful and non-restrictive approach to care was implemented.

Judgment: Compliant

Regulation 8: Protection

The registered provider had not ensure that all incidents and potential safeguarding concerns were appropriately identified and investigated.

Some incidents involving injuries, where cause had not been established, were not recognised as having potential safeguarding implications, and consequently, were not appropriately investigated or managed, in line with the centre's safeguarding policy and associated procedure.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to exercise choice and autonomy while being informed of any risks associated with their decision. For example, where a resident's choice or preferred activity presented a potential risk to their safety or well-being, staff discussed the identified risks with the residents, including the potential benefits and possible consequences of their choice.

Care records demonstrated that measures put in place to manage identified safeguarding risks were individualised and proportionate and sought to maintain residents' independence and freedom rather than unnecessarily restricting their rights.

Residents were involved in decisions relating to their own safeguarding arrangements. Safeguarding plans reviewed by the inspector reflected residents' views, preferences and desired outcomes and identified how staff should support them while respecting their rights, privacy and autonomy. Where residents required assistance to understand information or participate in decision-making, appropriate communication and decision-making supports were made available.

Residents had access to information about their rights and the supports available to assist them in exercising those rights. Information on independent advocacy services was available within the centre, and residents were aware they they could access advocacy support when required. This provided residents with an independent means of expressing their views and preferences, particularly where decisions relating to their care, finances, safeguarding or living arrangements were being considered.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Flannery's Nursing Home OSV-0000341

Inspection ID: MON-0051329

Date of inspection: 11/08/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Regulation 23: Governance and management
Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

The incident management process has been strengthened to include documented clinical management review of safeguarding considerations, notification decisions, follow-up actions and outcomes. The PIC will ensure potential safeguarding concerns are recognised and investigated, and that incidents of alleged or confirmed abuse are notified to the Chief Inspector in line with regulatory requirements. Outstanding actions are allocated to relevant staff with a review date and remain under management review until completion and outcomes are evidenced.

The internal shift allocation sheet has been updated to identify specific staff members and their responsibilities for supervision, safety checks and recording. Staff training in electronic documentation has been completed, with clinical management oversight of electronic records of residents' daily care, supervision and safety checks. Staff have been briefed on contemporaneous recording. Management checks will compare records with residents' care plans and required supervision arrangements. Missing or inconsistent entries will be followed up, including checking whether the required care was provided.

Incident review, trends and outstanding actions are now standing agenda items at management and governance meetings. Decisions and agreed follow-up will be recorded in the minutes. The PIC will review incident and resident-record findings through these meetings to monitor progress and effectiveness. Required improvements will be recorded in the Quality Improvement Plan and followed through to completion.

The inspection findings were discussed at management and staff meetings. Management induction has been updated to include revised incident review, safeguarding and documentation responsibilities. The ADON and CNM are undertaking the updated induction programmes. The PIC has re-enrolled in Designated Officer training and the ADON has enrolled to strengthen safeguarding assessment and management.

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:
Clinical management is coordinating a centre-wide review of all residents' assessments and care plans. The review will check that safeguarding risks and protective measures associated with unexplained injuries, current supervision arrangements and behavioural support needs are reflected in care plans. This includes changes following incidents between residents. Required amendments will be made in consultation with residents and, where appropriate, their families.

Ongoing management checks will verify that assessments and care plans are reviewed and updated following incidents or changes in residents' needs. Care plans will be compared with incident records, handover information, staff allocations and care being provided to check that changes have been communicated and implemented. The audit will also check that care plans are completed within 48 hours of admission and formally reviewed at intervals not exceeding four months.

Identified gaps will be assigned to the relevant nurse for correction, with a completion date based on risk. Current resident safety concerns will be addressed immediately. The CNM will verify that corrections are completed and reflected in staff guidance and care delivery. The PIC will review audit findings and outstanding actions at management meetings, with improvements recorded in the Quality Improvement Plan and further checks used to assess effectiveness.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The revised incident review process includes prompt safeguarding screening of new incidents, particularly unexplained injuries and concerning interactions between residents. Identified concerns and uncertain decisions are escalated promptly to the PIC as Designated Officer. The PIC will review these to ensure safeguarding risks and recurring patterns have been considered, with the assessment and rationale recorded.

The PIC will investigate incidents or allegations of abuse in accordance with the safeguarding policy, supported by the clinical management team. Immediate protective measures will be put in place where required, with referrals to appropriate external safeguarding services. Investigation findings, protective measures, decisions and outcomes will be recorded in the incident record.

The PIC will notify the Chief Inspector of incidents of alleged or confirmed abuse within two working days, without waiting for investigation completion or incident closure. Follow-up actions will be allocated to relevant staff with a review date. The PIC will verify that protective measures have been implemented, required actions completed and outcomes recorded before closure. Reviews will also consider whether the protective measures remain appropriate to the resident's needs.

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 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	30/10/2026
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	15/10/2026
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Substantially Compliant	Yellow	15/10/2026

	under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	15/09/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	15/09/2026