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:	Marian House Alzheimer Unit
Name of provider:	West of Ireland Alzheimer Foundation
Address of centre:	Ballindine East, Ballindine, Claremorris, Mayo
Type of inspection:	Unannounced
Date of inspection:	17 April 2026
Centre ID:	OSV-0000358
Fieldwork ID:	MON-0050182

About the designated centre

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

Marian House Alzheimer Unit is a purpose-built facility located in the village of Ballindine, Co. Mayo. It is a specialist dementia care service that provides 24-hour respite care for 19 male and female residents. Care is provided for people with a range of needs, and in the statement of purpose, the provider states that they are committed to providing quality health and social care that is focused on ensuring residents maintain their independence during their stay. Residents' rooms are single or twin occupancy. The communal areas consist of a sitting room, a dining room, a conservatory and a visitors' room. There is a safe, secure garden area that is readily accessible to residents, and it has been cultivated with plants and shrubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

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
Friday 17 April 2026	08:45hrs to 17:00hrs	Sandra Rowland	Lead

What residents told us and what inspectors observed

Overall, residents availing of respite in Marian House Alzheimer Unit appeared happy and content. Due to the communication needs of the residents on the day of the inspection, there was a limited number of residents who could verbalise their experiences of the centre to the inspector. Residents who did share their thoughts informed the inspector that 'you couldn't ask for better' and 'I'm spoiled here'.

Staff were observed to be kind and helpful to residents and were responding to residents' needs in a timely manner. On the day of the inspection, there were 12 residents availing of respite care of varying timeframes. Some residents had just arrived at the centre two days prior, while more had been admitted to the centre the week previous. The inspector was informed that the usual timeframe for respite is a one or two-week period; however, there were a couple of residents who were in the centre for a longer period of time. The centre is currently registered for 19 beds.

On arrival at the centre, the inspector met with the clinical nurse manager (CNM). An introductory meeting was completed following a walk around of the centre. The person in charge (PIC) and the chief executive officer (CEO) met with the inspector later in the morning.

Overall, the centre appeared clean throughout. Significant developments had been completed to upgrade the building to a high standard. The centre was spacious and well laid out to meet the needs of the residents. There were a number of communal areas where residents could enjoy spending time as they wished in groups or individually. There was a large sitting room overlooking the garden, which was welcoming and decorated with memorabilia for residents to enjoy. There were points of interest located in the hallways of the centre which supported residents who liked to walk around.

There was a large enclosed garden with a recently added poly tunnel, with plans to incorporate it as an activity for residents when they attend the centre. Residents' bedrooms were finished to an exceptional standard, each bedroom had a spacious en-suite, ample storage for residents' clothes, a large television and some bedrooms were fitted with overhead tracking devices for hoists. There was also a smoking hut available for residents who required it.

Catering staff were familiar with residents' preferences and requirements in relation to their nutritional needs. Residents were offered a choice of meals and drinks. A menu that provided pictures was available to assist residents in their choices. The food served appeared to be wholesome and nutritious. The inspector observed mealtimes in the centre, and saw some staff standing and not communicating with residents when assisting them with their meals. This did not support effective communication and an enjoyable mealtime experience.

The following two sections of the report present the findings of this inspection regarding the centre's governance and management arrangements and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

There were established management structures in place; however, the oversight systems to ensure residents had their social and health care needs met required further development. The findings are discussed under relevant regulations in this report.

This was an unannounced one-day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 to 2025 (as amended). The inspector also followed up on the actions detailed in the compliance plan from the last inspection in September 2025.

The registered provider of Marian House Alzheimer Unit is the West of Ireland Alzheimer Foundation. The centre operates as a specialist dementia unit providing 24-hour respite care. The centre also operates a day centre. On the day of the inspection, there were three people attending the day centre. The centre has an experienced person in charge who reports to the chief executive officer. The chief executive officer is actively involved in the running of the centre. The person in charge is supported by an assistant director of nursing, a clinical nurse manager, registered nurses, healthcare assistants, catering, housekeeping, and maintenance staff. There was evidence of scheduled management meetings and staff meetings. A schedule of monthly audits was completed, and there were action plans formulated when improvements were required.

Feedback from residents and their family representatives was gathered via surveys. The feedback was used in the process of completing the annual review for 2025, which was available on the day of the inspection. The quality improvement plan for 2026 was also available, and this guided the operation of the centre. Residents' feedback was also provided through scheduled resident meetings.

The majority of staff had completed mandatory training on safeguarding, fire and manual handling. However, a significant number of staff did not have up-to-date infection prevention and control training, which included hand hygiene.

Records of complaints were maintained in the centre, and the complaints procedure was displayed. The inspector spoke with residents' families on the day of the inspection, and they were confident that if they had a complaint, it would be addressed, and they knew who to speak with in relation to complaints. However, from the complaint log review, a recent complaint had not been fully investigated or

followed up with the complainant. Following the inspection, the person in charge provided assurances that the complaint had been investigated and was addressed.

The inspector reviewed Schedule 2 files for nurses employed in the centre. Current NMBI (Nursing and Midwifery Board of Ireland) registration was available in each file.

Regulation 15: Staffing

There were sufficient numbers of staff to meet the residents' individual needs on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not adequately trained and supervised on the day of the inspection. This was evidenced by the following:

- Infection prevention and control training, including hand hygiene, was not up-to-date for all staff who had direct contact with residents.
- Activities co-ordinator role allocated at morning handover was not implemented on the day of the inspection. This meant that residents were not afforded with appropriate social care activities according to their wishes and preferences.
- At meal times, some staff were observed standing up while assisting residents with their nutritional needs and were not communicating with them.

Judgment: Not compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and it included all the relevant information as required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A selection of staff files was reviewed during the inspection. All required documents, as outlined in Schedules 2 and 4, were available and met the criteria of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

Overall, there were effective governance systems in place; however, further actions were required by the provider to ensure the centre is in compliance with the regulations. This was evidenced by;

- Supervision arrangements of staff were not effective regarding the provision of infection prevention and control training, as well as the availability of activities for residents. This is discussed under regulation Regulation 16: Training and staff development.
- The registered provider failed to implement findings from the previous inspection in September 2025 in relation to Regulation 27: Infection control and Regulation 17: Premises. In addition, infection prevention and control was not included in the agenda for staff meetings or management meetings.
- Falls in the centre were not investigated, reviewed or analysed in line with the centre's own policy. The centre was also not following its own protocol in relation to falls. In addition, appropriate nursing care was not consistently provided, and this is discussed under Regulation 6: Health care.
- Management systems of oversight of care records were not sufficient. The inspector noted that there were significant gaps in the centre's documentation. This included records of activities for residents, particularly those who received additional staff support on a daily basis, and in respect of recording falls that occurred in the centre. An allegation of suspected abuse was not notified to the office of the Chief Inspector of Social Services as required. This is discussed under Regulation 31: Notification of incidents. The allegation had also not been investigated in the centre. This is discussed under Regulation 8: Protection.

Judgment: Not compliant

Regulation 31: Notification of incidents

An allegation of suspected abuse, which required a notification under Schedule 4, was not submitted. It was submitted by the person in charge following inspection and was adequately addressed and investigated.

Judgment: Not compliant

Regulation 34: Complaints procedure

A recent complaint had not been managed, investigated or followed up with the complainant according to the centre's own policies.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 were available in the centre.

Judgment: Compliant

Quality and safety

While the feedback from residents and families who spoke with the inspector about their experience in the Marian House Alzheimer Unit was positive, the inspector found that residents did not have adequate opportunities to participate in activities in accordance with their interests and capacities. In addition, the inspector found that the health care was not provided according to the best evidence-based practice and the compliance plan from the last inspection completed in September 2025 was not implemented in relation to Regulation 27: Infection prevention and control and Regulation 17: Premises.

The inspector observed that there was mixed communication at the centre in relation to the appointed person to coordinate activities for the day. This resulted in no activities schedule being displayed in the centre, and impacted on the residents being offered an activities programme on the day of the inspection. Two residents were observed doing individual activities with staff members, and these interactions appeared to be kind. There appeared to be an over reliance on the television for the remainder of the residents. In addition, there were significant gaps in the recording of activities for residents, including residents who had daily additional staff support.

A sample of care plans was reviewed and found that overall, the standard of care planning was good and met the needs of the residents. A number of people who availed of respite in the centre returned for future respite stays, which gave the centre the opportunity to expand on the existing care plan from the previous respite

period. There was evidence of updated documentation reviews completed with the resident's family representatives prior to admission to the centre.

The inspector found that the clinical oversight of falls was not adequate. Falls in the centre were not investigated, reviewed or analysed in line with the centre's own policy. The centre also developed a falls protocol, which was not consistently implemented. There were gaps in the recording of incidents of falls that occurred in the centre, which impacted on the appropriate investigation. This is discussed under Regulation 6: Health care.

Repeated findings in relation to storage, a dedicated clinical room, a dedicated housekeeping room and a sluice room were observed on this inspection. Bedpans, urinals and commode pans were observed stacked after decontamination. The provider informed the inspector that the sluice room racking had been reviewed following the previous inspection; however, there was insufficient racking for all the sanitary equipment in use in the centre. This was a repeated finding from the last inspection carried out in September 2025.

The use of restrictive practices was monitored in the centre. Because the centre provided respite care, the number of restrictive practices varied from week to week. Assessment documents and consent were available for each restrictive practice in use. These were reviewed at each new admission, and if a previous resident was returning to the centre.

The inspector found that overall, staff had a good understanding of safeguarding and were aware of their responsibilities in safeguarding residents from all forms of abuse. However, a recent allegation of abuse had not been investigated in the centre. The person in charge provided assurances on the investigation and the measures implemented to reduce the risk of reoccurrence. The centre was not operating as a pension agent at the time of inspection.

Regulation 26: Risk management

There was a risk management policy in place that set out the scheduled plan for responding to incidents in the centre, and it addressed the specified elements as required under the regulations.

Judgment: Compliant

Regulation 27: Infection control

The provider was not in full compliance with Regulation 27: Infection control, and the National Standards for infection prevention and control in community services (2018). For example;

- The clean exit at the laundry was not accessible as it was blocked with an ironing board and clothes horse. This resulted in the entrance for unwashed linen being used for exiting with clean linen and increased the risk of cross contamination.
- Decontaminated items, including commode pans, urinals and bed pans, were stacked together due to insufficient racking available for all the sanitary equipment in use. This was a repeated finding from the last inspection carried out in September 2025.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A sample of care plans was reviewed and found that overall the standard of care planning was good and met the needs of the residents. Care plans reviewed included: personal care, nutrition and hydration, medical care, behavioural supports, and social wellbeing.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices was monitored in the centre, and was used in accordance with the national policy.

Judgment: Compliant

Regulation 8: Protection

The provider had not ensured that a recent allegation of abuse had been investigated and that the safeguarding actions to safeguard the resident and to prevent reoccurrences were implemented to ensure that all residents were safe in the centre.

Judgment: Substantially compliant

Regulation 9: Residents' rights

All residents were not provided with the opportunity to participate in activities in accordance with their interests and capacities. For instance:

- There was no activities schedule displayed in the centre on the day of the inspection.
- During the inspection, the residents were observed sitting in front of the television for long periods, with no other activities occurring.

Judgment: Substantially compliant

Regulation 17: Premises

A number of actions from the previous inspection in September 2025 had not been completed as per the registered provider's compliance plan, which included;

- There was a risk of cross-contamination in the centre as there was no specific housekeeping area for the storage and preparation of cleaning equipment for the kitchen. There was a shared room used by the kitchen and housekeeping staff in the centre.
- A nursing office was being used to store and prepare medications and clinical supplies. A dedicated clinical room was planned for the centre; however, development had not commenced.

Judgment: Not compliant

Regulation 6: Health care

Appropriate nursing care was not consistently provided to residents who sustained unwitnessed falls and who may have sustained a head injury as a result of the fall. There was a lack of evidence that neurological observations (a standardised, rapid assessment of a patient's neurological status used to detect early signs of brain injury, deterioration, or increased intracranial pressure) were carried out in some instances and on other occasions, they were recorded only once and not in accordance with the centre's policy. This lack of observations posed a risk that early signs of brain injury and deterioration would not be detected.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 6: Health care	Substantially compliant

Compliance Plan for Marian House Alzheimer Unit OSV-0000358

Inspection ID: MON-0050182

Date of inspection: 17/04/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have completed updated HSELand training in Hand Hygiene and training will continue to be undertaken yearly going forward. Also, a further two in-house infection prevention and control sessions are scheduled to take place on the 13th July 2026. The role of activity co-ordinator is clearly allocated in the mornings and documented in the allocation book- in the event of the allocated activity co-ordinator being absent, another staff member will be allocated the role of activity co-ordinator to ensure residents are afforded the opportunity to participate in social care activities every day. Height adjustable chairs and stools have been purchased for the dining room to ensure that staff are not standing over residents while assisting them with their meals. It has been impressed on staff the importance of engaging with residents, including mealtimes. An audit has been developed to evaluate the dining experience for residents. Any shortcomings identified will be the subject of action plans.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: All staff have completed updated HSEland training in Hand Hygiene. Two inhouse infection prevention and control sessions are scheduled for 13th July. The Training Matrix has been reviewed to ensure that all staff are up to date with training.	

The role of Activity Coordinator will be allocated each morning going forward to ensure that there are meaningful activities for residents each day.

The flexible tap in the sluice room is being replaced with a conventional tap (tap is ordered and expected to be installed by 17th July 2026).

The sink for the new clinical room is scheduled to be installed within two weeks (by 26th June 2026). An application to vary will be submitted on completion of the works.

Contact has been made with Environmental Health to seek advice on preparation and storage of kitchen cleaning equipment to ensure compliance with IPC.

Infection Prevention & Control has been added to the agenda for both staff meetings and management meetings going forward.

Falls prevention and management training has been provided to all nurses to ensure that the Falls Prevention Policy is strictly followed going forward, including the correct recording of all falls. All falls will be reviewed by a member of the management team within 48 hours of the fall to ensure a better outcome for the resident. Any preventative actions identified will be updated in the residents' care plan. The Accident Form has also been reviewed and updated to capture more information on the mechanisms of falls, manual handling practices and immediate first aid given to a resident post fall.

A service improvement plan has been developed for activities and residents' social engagement to ensure that all residents, including those receiving 1:1 care can participate in meaningful activities daily and that this is recorded in the activity section of care plans.

The NF06 was submitted to HIQA post inspection and a full investigation with a supporting action plan was implemented in consultation with the resident's family.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All notification of incidence as required under schedule 4 will be submitted as required.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaint was reviewed post inspection, and a detailed action plan was developed and implemented in consultation with the resident's family.

Going forward, all complaints will be fully investigated and appropriate plan implemented in consultation with resident / family in line with Marian House Complaints Policy.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
All items have been removed from the laundry room to ensure that both doors (Dirty in / clean out) are fully operational.

Additional racking has been installed in the Sluice Room to ensure that there is sufficient storage for all bed pans and urinals.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The incident of suspected abuse was investigated and an action plan put in place, and actioned in the allocated timeframe post inspection in consultation with the residents' family. Any incident which could possibly be construed as abuse will be reported going forward.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Activity schedule is now displayed daily in Dayroom.

Residents are consulted in relation to their preferences and are accommodated accordingly. This can sometimes include watching specific programmes on TV. In addition, a review has been undertaken of the way activity schedules are communicated to residents to ensure that they have an opportunity to participate in meaningful activities of their choosing.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The flexible tap in the sluice room has been replaced with a conventional tap.

The sink for the new clinical room is scheduled to be installed within two weeks (by 26th June 2026). An application to vary will be submitted on completion of the works.

Contact was made with Environmental Health Officer to seek advice on preparation and storage area for kitchen cleaning equipment to ensure compliance with IPC. A few possible solutions were discussed and require submission to Environmental Health for approval. Once solution agreed, works will be undertaken to implement. All solutions require structural changes and will be undertaken as soon as possible following approval

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
Additional training has been provided to nursing staff on actions to be taken in the event of a fall including neuro-observations in line with Marian House Falls Policy and with best practice.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	13/07/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2026
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	Not Compliant	Orange	30/09/2026

	effectively monitored.			
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Substantially Compliant	Yellow	13/07/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Yellow	20/04/2026
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	11/05/2026
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the	Substantially Compliant	Yellow	11/05/2026

	complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	22/04/2026
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	20/04/2026
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	11/05/2026
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	01/06/2026

	activities in accordance with their interests and capacities.			