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:	Moycullen Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Ballinahalla, Moycullen, Galway
Type of inspection:	Unannounced
Date of inspection:	16 April 2026
Centre ID:	OSV-0000365
Fieldwork ID:	MON-0047643

About the designated centre

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

Moycullen Nursing Home is a purpose built facility located in Ballinahalla, Moycullen, Co Galway. The centre admits and provides care for residents of varying degrees of dependency from low to maximum. The nursing home is single storey in design and accommodates up to 53 residents. Residents are accommodated in 47 single bedrooms and 3 double bedrooms. Resident living space is made up of a large sitting room and a large dining room. In addition, the centre has a smaller lounge, a visitors room and an oratory. Residents also have access to an enclosed courtyard and gardens. The provider employs a staff team consisting of registered nurses, social care workers, care assistants, housekeeping and catering staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 16 April 2026	10:00hrs to 18:00hrs	Sharon Kane	Lead
Thursday 16 April 2026	10:00hrs to 18:00hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Residents living in the centre received care and support from staff who were observed to be kind, caring and patient, which supported residents to enjoy a good quality of life. Feedback from residents was generally positive, and residents reported feeling well-supported and cared for in the centre. Staff were described as "very good". Feedback regarding the quality of the food provided was consistently positive, and one resident told inspectors that staff were "very generous with the ice cream", which they particularly enjoyed.

On arrival to the centre, inspectors were greeted by the person in charge and the clinical nurse manager. Following an introductory meeting, inspectors were given a tour of the premises, which provided an opportunity to observe the environment, interactions between staff and residents, and to meet residents and staff.

Moycullen Nursing Home is located in a rural setting on the outskirts of Moycullen village, County Galway. The centre is a purpose-built, single-storey facility registered to accommodate 53 residents. On the day of inspection, there were 47 residents living in the centre.

The centre was laid out to meet the needs of residents. Corridors were wide and fitted with handrails. There were a variety of communal rooms available for residents' use, including a large day room, a smaller sitting room, a visitors' room, an oratory and a large dining room. Residents also had access to an internal courtyard garden and the external grounds of the centre. There were sufficient toilet and bathroom facilities available for residents' use. Residents' bedrooms were personalised with photographs and personal belongings, and suitable storage facilities were provided. However, significant wear and tear was observed throughout the premises, including damaged flooring and worn wall surfaces in a number of residents' bedrooms and en-suite facilities.

The centre was observed to be busy throughout the inspection. Residents moved freely throughout the centre and accessed both the internal courtyard and external grounds independently. Many residents spent most of the day in the large day room, while others chose to spend time in their bedrooms. A small group of residents was observed socialising in the dining room and discussing books and current affairs. Staff were present in communal areas and provided appropriate supervision.

A comprehensive activity schedule was displayed in the reception area, and activities observed during the inspection included hand massage, Mass and bingo. Residents were supported and encouraged to participate in activities in line with their preferences. Residents who chose to remain in their bedrooms were observed to receive appropriate support and supervision from staff. Residents told inspectors

that there were sufficient opportunities for occupation and recreation, with one resident commenting that "there was always something going on".

The dining experience was observed to be pleasant and social. Tables were attractively laid for residents' use. A choice of main meals was displayed in the dining room, and residents were observed selecting their meals while seated at their tables. Although lunchtime was a busy period, with the majority of residents attending the dining room, the atmosphere remained calm and relaxed. Staff provided assistance to residents in an unhurried, discreet and respectful manner.

Residents spoken with were complimentary about the quality of care they received and the staff providing care. Residents spoke positively about the kindness of staff and described how staff "went out of their way to help" when assistance was required. One resident stated that staff made them feel welcome and cared for, Another resident described their preference to remain in their room listening to music and stated that staff checked in regularly throughout the day. This resident also described the food as "fantastic and plenty of it" and stated that they were supported in "being able to do as I please". Some residents expressed concerns regarding other residents entering their bedrooms without invitation. Several residents told inspectors that locks had been fitted to their bedroom doors; however, these measures were not always effective. One resident told inspectors that this was, at times, "unsettling".

Visitors were observed coming to and from the centre throughout the inspection and spending time with residents in communal areas and residents' bedrooms. Visitors spoken with expressed satisfaction with the care provided to their loved ones and stated that management staff were available and approachable when required. Visitors also stated that staff knew families by name and that continuity of staffing was positive. They confirmed that there were no restrictions on visiting and that there were sufficient areas available to spend time privately with their loved ones.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. Levels of compliance are detailed under the relevant regulations.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. Inspectors also followed up on the provider's compliance plan submitted following an inspection in August 2025, during which non-compliance had been identified in relation to premises, governance and management, temporary absence or discharge of residents, infection prevention and control, assessment and care planning, and the management of responsive

behaviours. While the provider had taken action to achieve compliance in some areas, repeated findings remained in relation to premises and assessment and care planning. Inspectors also reviewed solicited and unsolicited information received by the Chief Inspector since the previous inspection.

Mowlam Healthcare Services Unlimited Company is the registered provider of Moycullen Nursing Home. There was a clearly defined management structure in place. The person in charge worked full-time in the centre and was supported by a clinical nurse manager, who deputised in their absence. The staffing team included nurses, healthcare assistants, catering staff, activity staff, administration staff and social care practitioners. Maintenance and housekeeping services were provided by an external company. Members of the management team were visible in the centre and were known to residents.

Management systems were in place, including a programme of audits, covering areas such as wound care, medication management and nutrition. Audits identified areas requiring quality improvement and were supported by action plans. Systems were also in place to manage clinical and environmental risks.

Risk assessment records demonstrated that seven residents were supported to lock their bedroom doors to ensure their privacy. However, inspectors found that, despite the control measures implemented, resident feedback and a review of incidents in the centre, indicated that these measures were not fully effective. A review of the existing control measures had not been completed to determine whether additional or alternative measures were required. As a result, residents could not be assured of privacy in their own bedrooms.

The system in place to oversee the premises was not fully effective in ensuring the care environment was safe and appropriate. For example, issues relating to damaged flooring throughout the centre had been identified and escalated by local management to the provider; however, there was no clear timeframe for remediation works to be completed. As a result, risks to residents' safety, comfort and infection prevention and control were not addressed.

A complaints policy was in place and outlined the process for raising a complaint or concern. A complaints log was maintained, and records demonstrated that the majority of complaints had been addressed appropriately. However, inspectors found that not all complaints or expressions of dissatisfaction had been fully investigated, and there was no documented action plan to address the concerns raised.

The provider had allocated sufficient resources to support the day-to-day running of the centre. Inspectors observed that staffing levels were appropriate to meet residents' assessed needs. A review of staff rosters indicated that sufficient staff were available across all shifts.

There were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The provider facilitated staff training in areas including safeguarding, manual handling and infection prevention and control. Staff demonstrated the required skills, competencies and experience to fulfil their roles.

The person in charge and the clinical nurse manager provided clinical supervision and support to staff.

Notifications were submitted to the Chief Inspector, as required.

Regulation 15: Staffing

There were sufficient numbers of staff available with an appropriate skill mix having regard for the needs of the residents and the layout of the centre. A review of the rosters confirmed that there were a minimum of two registered nurses on duty, at all times, in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training, and staff had completed all necessary training, appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in place to ensure effective oversight of the service were not fully effective. For example, the oversight of the premises was ineffective. This was evidenced by the lack of time-bound plan to address the risks in relation to flooring and ongoing maintenance required in the centre, found on this, and previous inspections of the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints process in the centre was not fully in line with the requirements of the regulation. For example:

- A small number of complaints were recorded as incidents, and therefore were not managed in accordance with the centres' complaints procedure.
- A record of an investigation was not available for one resident complaint, which was logged in February 2026. The complaint remained open at the time of inspection.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents received a generally good standard of care and support in the centre. Residents spoken with during the inspection stated that they were happy living in the centre and described staff as caring and attentive to their needs. Inspectors observed positive and respectful interactions between staff and residents throughout the inspection. However, notwithstanding these positive findings, the premises and aspects of care planning and assessment did not fully meet the requirements of the regulations.

Overall, the premises were found to be in a poor state of repair. Walls and paintwork were damaged in several areas throughout the centre. Flooring in multiple locations, including the lobby area, dining room, corridors and some residents' bedrooms, was worn and damaged. This was a repeated finding. Damaged flooring also presented a potential trip hazard to residents. Records reviewed showed that cleaning schedules were in place and that, in general, the centre was clean and tidy. However, environmental deficits, including damaged flooring and wall surfaces, meant that these surfaces were not amenable to effective cleaning, and there was a risk that infection prevention and control practices would be ineffective.

A sample of residents' files was reviewed by inspectors. An electronic nursing documentation system was in use. Residents had assessments completed prior to admission to ensure that the service could meet their health and social care needs. Following admission, residents underwent a range of clinical assessments using accredited assessment tools. The outcomes of these assessments informed the development of individualised care plans to guide staff in meeting residents' health

and social care needs. Care plans were initiated within 48 hours of admission. Individual care plans contained person-centred information and guidance for staff on the supports required to maximise residents' quality of life. However, inspectors found that some care plans had not been updated in line with regulatory requirements. For example, several nutritional care plans had not been updated to reflect recommendations made by allied health professionals. This created a risk that current information would not be communicated effectively to staff.

Residents' rights and dignity were generally promoted in the centre. Residents could choose how to spend their day and were observed being supported by staff to exercise these choices. The provider facilitated residents to enjoy a wide range of meaningful activities, and dedicated staff were available to support residents' participation and engagement. Residents spoke positively about the activities programme and reported that there was always sufficient opportunity for social engagement and occupation. Notwithstanding these positive findings, inspectors found that the provider had not fully ensured that residents could undertake personal activities in private. A number of residents reported that other residents, including those presenting with wandering behaviours, entered their bedrooms at times, which impacted on their privacy and peaceful enjoyment of their personal space. While the provider had implemented measures aimed at supporting residents to maintain their privacy inspectors found that these control measures were not monitored or reviewed effectively to minimise the recurrence of such incidents.

Residents' healthcare needs were supported through access to general practitioners and allied health professionals, including physiotherapists, dietitians and tissue viability nurses.

Residents were provided with adequate quantities of nutritious food and drinks, and meal choices were available. Inspectors observed that residents who required assistance during mealtimes were supported in a discreet and dignified manner. Systems were in place to monitor residents identified as being at nutritional risk, and referrals had been made where required.

Measures were in place to support residents who experienced responsive behaviours. There was a low level of restrictive practice in the centre. Staff demonstrated good awareness of residents' needs and were observed using appropriate de-escalation and supportive techniques.

Safeguarding systems were in place, and staff demonstrated appropriate awareness of safeguarding procedures and policies. The provider acted as a pension agent for some residents, and practices reviewed were found to be in line with regulatory requirements.

Inspectors found that appropriate systems were in place to support safe medication management practices. Residents had access to pharmacy services, including arrangements for the return and disposal of unused medicines. Staff spoken with demonstrated good knowledge of residents' medication needs and confirmed that they had attended medication management training relevant to their role. Records

reviewed indicated that medications were administered as prescribed. Residents spoken with confirmed that they received their medications without difficulty.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not fully conform to the matters set out in Schedule 6 of the regulations in the following areas;

- Surfaces and finishes, including wall paintwork, and wood finishes in some resident bedrooms in some parts of the centre was showing signs of wear and tear.
- Damage was observed to a wall in a corridor.
- Flooring throughout the centre was in a poor state of repair, including in the lobby, dining room, and resident bedrooms. The surfaces were not amenable to effective cleaning and posed a potential trip hazard to residents.
- Areas where tiled surfaces met floor coverings, in some residents' en-suite bathrooms, were in a poor state of repair.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to an adequate supply of food and drink. A choice of meals was offered daily, and residents' dietary requirements and preferences were met. There was sufficient staff available to assist residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Resident care records demonstrated that when residents were transferred to hospital from the designated centre, relevant information was provided to the receiving hospital. Upon residents' return to the designated centre, staff ensured that all relevant clinical information was obtained from the discharging service or hospital. Records of transfer documents were stored electronically.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices were in line with regulatory requirements. Inspectors found that medications were securely stored, administration practices were safe, and records reviewed were complete and accurately maintained.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the residents assessments and care plans found that some care plans had not been reviewed, as required under Regulation 5. For example.

- A resident care plan did not contain up-to-date information regarding the management of responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), following an adverse incident.
- Records demonstrated that residents' were referred to dietietic services where required. However a sample of resident care records found that although dietitian recommendations were recorded, several resident care plans were not updated. The information was not easily retrievable, and this posed a risk that up-to-date information would not be shared with staff, to ensure that residents' nutritional needs were met.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Measures were in place to support residents with responsive behaviours. There was low level of restriction in the centre. Staff were very aware of residents with challenging behaviours and were observed using appropriate techniques to manage these behaviours.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. A safeguarding policy provided staff with guidance in recognising and responding to allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The arrangements in place to support residents to undertake personal activities in private was not fully effective. While the provider had implemented measures to support residents to maintain their privacy, these measures were not consistently monitored or reviewed to ensure they were effective in minimising repeated incidents of breaches of resident privacy.

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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Moycullen Nursing Home OSV-0000365

Inspection ID: MON-0047643

Date of inspection: 16/04/2026

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • The Facilities Manager and the Person in Charge (PIC) have developed a time-bound plan of works to complete the flooring and to undertake decorative upgrades such as painting and wood finishes. • The PIC will ensure that all outstanding actions that relate to maintenance of the premises are discussed at the monthly management team meeting and that the Facilities and Maintenance team will address outstanding works in a timely manner.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: • The Person In Charge (PIC), supported by the Healthcare Manager (HCM), will review incidents, communication records and progress reports weekly to ensure that any issues, concerns or expressions of dissatisfaction are recorded as complaints, and that they are addressed and responded to in line with the centre's Complaints Procedure. • HSEland "Dealing with Complaints Effectively" is available for all staff on the Learning & Development online Academy. • The PIC will ensure that learning outcomes form complaints received will be documented as part of an overall Quality Improvement Plan (QIP) and shared among the team at daily handover and safety pause; staff will be encouraged to • report to their line manager or the PIC if a resident or nominated representative	

expresses any concerns about any aspect of the care and service in the centre.
• The PIC will ensure that resident complaints are documented appropriately and escalated as necessary. The Quality & Compliance Coordinator (QCC) will periodically monitor daily progress notes to ensure all complaints are captured and recorded in accordance with the Complaints Procedure.
• There is a monthly management team meeting in the home which reviews all operational aspects of the home, including key performance indicators, risk management, audits and progress on identified actions and updates on quality improvement initiatives. This meeting is well attended and includes at least one representative from each department.
• The PIC, supported by the Healthcare Manager (HCM), will ensure that all learning outcomes from complaints will be reviewed as part of the monthly management meeting and shared with the team as part of daily handover and safety pause.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

• The PIC, HCM and Facilities team have undertaken a comprehensive review of the internal works, wall surfaces and painting works to be completed, and a refurbishment plan is in place.
• The PIC will monitor the progress of works and will escalate to the HCM if there are any delays or concerns with the quality of works being undertaken. Progress on the works will be reviewed and updated at the Monthly management team meeting.
• The PIC will monitor wear and tear of building as part of Manager daily walkabout.
• The PIC will ensure that any remedial works that can be completed by the on-site maintenance man will be completed in a timely manner.

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:
• The PIC will ensure that residents' care plans are person-centred and developed in consultation with the resident and/or their nominated representative.
• The care plan will focus on what matters to the resident and will incorporate the Age Friendly Health System, using the 4Ms framework (What Matters to Me, Medication,

Mentation and Mobility).
• The PIC/CNM will complete a care plan audit monthly and develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.
• For those residents with actual/potential responsive behaviour issues, the PIC will ensure that appropriate assessments are carried out and an individualized responsive behaviour care plan will be developed to ensure that the care interventions adequately outline the ways in which individuals may communicate or express social or physical discomfort and how staff may recognise these, even when the resident may have a cognitive impairment that may impact on their ability to express themselves verbally.
• Findings and recommended improvements will be discussed at nursing staff meetings, daily handover/safety pause and at monthly management team meetings. Any changes or developments in the resident's condition or plan of care will be updated as they occur.
• The PIC will develop a QIP as necessary, the results of which will be shared with nurses and used as an opportunity for learning.
• The PIC and CNM will review the assessments and care plans with the named nurses to ensure that assessments accurately inform the plan of care, that the care plan is individualised and person-centred, considering the resident's current medical conditions, health and lifestyle status.
• The PIC and nursing management team will provide support, guidance and direction to nursing staff on clinical documentation, and will monitor the accuracy and quality of the clinical records. Where deficits are noted, they will work with the individual nurses to ensure that the overall quality of documentation improves.
• The PIC will complete a weekly review of clinical documentation to ensure that information following review by Dietician is captured and the care plan is appropriately updated to effectively guide the delivery of care.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

• The PIC will ensure that residents are afforded an opportunity to undertake personal activities in private. The PIC will monitor as part of Manager daily walkabout and will ensure appropriate supervision arrangements are in place.
• The PIC and CNM will complete a review of the privacy arrangements available for all residents to ensure that they not only comply with the regulatory requirement but also respect the rights, privacy and dignity of each resident who occupies the room.
• The PIC will ensure residents' right to privacy is discussed at daily handover and safety pause meetings and will ensure supervision is ongoing.
• The PIC will ensure any deficits identified as part of monitoring standards will be addressed and quality improvements required will be implemented as part of a QIP.

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	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 effectively monitored.	Substantially Compliant	Yellow	31/08/2026
Regulation 34(6)(a)	The registered provider shall ensure that all complaints	Substantially Compliant	Yellow	31/08/2026

	received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/07/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/07/2026