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:	St Phelim's Nursing Home
Name of provider:	Flanagan's Nursing Home Limited
Address of centre:	Dromahair, Leitrim
Type of inspection:	Unannounced
Date of inspection:	24 July 2026
Centre ID:	OSV-0000395
Fieldwork ID:	MON-0048734

About the designated centre

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

St Phelim's Nursing Home is a purpose-built centre which opened in 1996. The centre is located in a rural area approximately 1km outside the town of Dromahair in County Leitrim. It is currently registered for 70 residents. Most of the residents have lived in the surrounding area prior to their admission to the centre. The centre provides care and support for female and male adult residents mainly from 65 years of age. Respite and convalescent care may be provided to both under and over 65 years. The building has two floors with all residents accommodated on the ground floor. Bedroom accommodation comprises a mix of single, double and multiple occupancy rooms, in four units: Lough Gill, Railway View, Railway Court and Inisfree. A secure courtyard garden is available. Nursing and care staff are available 24 hours per day and the management team are all based in the centre to oversee care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	69

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 24 July 2026	09:00hrs to 16:00hrs	Michael Dunne	Lead
Friday 24 July 2026	09:00hrs to 16:00hrs	Catherine Connolly-Gargan	Support

What residents told us and what inspectors observed

Residents in this centre were supported to achieve a good quality of life. Evidence indicated that residents were actively involved in decisions about their care and daily lives, including choices relating to activities, meal options, and how care and support were delivered. Effective communication systems ensured residents were kept informed of important matters within the centre. Notice boards were used appropriately to provide information on activities, advocacy services, and the complaints process. In addition, records of resident meetings demonstrated that regular engagement, and communication with residents took place.

Inspectors spoke with 10 residents during the course of the inspection, and all provided very positive feedback about their quality of life in the centre. They told inspectors that they felt safe, well cared for, and were satisfied with the food provided. One resident commented, "I find it great here; they look after me very well," while another stated, "This is a lovely place; it's like a home from home."

Inspectors also spoke with visitors attending the centre, and they described the care provided as "amazing." Visitors also reported that residents were treated as individuals, and that staff had a strong understanding of their personal needs, and preferences.

This unannounced inspection was conducted with a focus on adult safeguarding and to review the measures the provider had in place to safeguard residents from all forms of abuse. In addition inspectors followed up on the compliance commitments resulting from the last inspection held in August 2025.

Shortly after arrival at the designated centre, the inspectors were met by the person in charge, and following a request for documentation to support the inspection process, the inspectors commenced a walk around the centre where they had the opportunity to meet and chat with residents and staff members. There were 69 residents living in the designated centre at the time of this inspection.

Following the walk-around the centre, the inspectors held an introductory meeting with the person in charge, which included a review of the provider's compliance plan arising from the previous inspection. Inspectors also provided feedback on their observations, and findings from the walk around the designated centre.

Inspectors observed positive and respectful interactions between residents and staff throughout the inspection. Residents appeared comfortable, relaxed, and at ease in the presence of staff. Those who were unable to verbally express their views were observed to be content and relaxed within their environment. Staff members who spoke with inspectors demonstrated a good knowledge of residents' individual preferences, daily routines, assessed support needs, and personal interests. Staff

were familiar with the activities residents enjoyed, and were able to discuss individual interests, including art, singing, and knitting.

The centre was clean, comfortable, and well-maintained, with decorative murals, and artwork displayed throughout the centre. Residents had access to a range of communal, and private spaces to relax either independently or with others. Notice boards throughout the centre provided information on upcoming events, and activities, while thank-you cards, and photographs celebrating residents' milestones were displayed in the corridors.

Residents' bedrooms were clean, well-furnished and, found to be personalised by the residents with items of individual interest such as personal photos and, other items. Some residents brought in furniture from home which had a personal significance for them and made them feel comfortable and at ease in their environment. The majority of residents' bedrooms were spacious and suitable for the assessed needs of the residents. Residents' private accommodation was mainly provided in single-occupancy and twin-occupancy bedrooms with an en-suite facility which included a toilet, wash hand basin, and shower. There were also three multi-occupancy rooms which accommodated nine residents. These three bedrooms did not provide residents with sufficient space to be able to access their personal storage. In addition, residents in these bedrooms did not have sufficient space around their bed to put a comfortable chair so that they could sit out if they wished to do so.

During the inspection, many residents were observed relaxing in communal areas, and participating in activities. Others chose to spend time in their bedrooms reading newspapers, listening to the radio, or watching television. A live music session was held during the afternoon and was well attended by residents. Residents were supported by staff to go out into their local community with their friends and families, as they wished. Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents. Residents had access to televisions, telephones and newspapers, as they wished, and were informed about and supported to avail of advocacy services to support them.

Regular residents' meetings were convened, and residents' feedback, views and suggestions were valued and utilised to improve the service.

Residents who expressed a view told inspectors that they were satisfied with the food provided. The lunchtime menu offered three main options: battered cod, steamed salmon, or a savoury mince dish. Residents also reported that alternative meals were available on request if they did not wish to choose from the menu options.

Inspectors observed a lunchtime meal service and found it to be well organised, and effectively managed. The dining room was spacious, and residents were supported to enjoy a relaxed, and unhurried dining experience. Meal times were well coordinated, with sufficient staff available to provide support as required.

The following sections of this report outline the inspection findings in relation to the governance and management in the designated centre and on how this supports the quality and safety of the service provided.

Capacity and capability

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. There were effective management systems in place which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits with a focus on continual improvement. There were, however some areas of current restrictive practices that required action to ensure that existing systems identified all areas that required improvement. These areas are described in more detail under Regulation 7: Managing behaviour that is challenging.

In regards to premises concerns, the provider had made significant progress to date and had refurbished bedrooms to a high standard, where occupancy levels had reduced. The provider has a restrictive condition on their registration to reduce all three bedded rooms i.e rooms 28, 29, 48, to twin-occupancy rooms through gradual reduction in occupancy. The inspectors found that the provider was committed to working towards achieving regulatory compliance, and to comply with the restrictive conditions, attached to the registration since the last inspection.

The designated centre is operated by Flanagan's Nursing Home Limited who are the registered provider. There were clear governance and management structures in place in the centre with clear lines of reporting and accountability. The registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. The person in charge is supported in their management role by a director of the company who is actively involved in the running of the centre. Additional resources available to the person in charge include, two clinical nurse managers and a team of nurses and health care assistants. There is also a team of catering, housekeeping, maintenance, administration and, activity staff to support the delivery of care to the residents.

The inspection found that the provider had established effective systems, and processes, supported by comprehensive policies and procedures, to safeguard residents from abuse, and promote, and protect their human rights. However, the inspection also identified that some aspects of risk assessment required strengthening, particularly in relation to the introduction and use of bedrails in the designated centre.

There were effective incident management and communication systems in place to ensure that incidents were well-managed and that staff had access to the information required to deliver safe, effective, and person-centred care. The

provider was keen to learn from incidents that occurred in the centre to be able to improve the quality of the service delivered.

There was effective maintenance and monitoring of records in this centre, which ensured that information used to support residents' health and social care needs was kept up to date. In addition, management records were comprehensive, well organised, and covered all key areas of the service.

Staffing levels on the day of the inspection were sufficient to meet the needs of the 69 residents accommodated in the centre during both the day and night. Observations of interactions between staff and residents demonstrated that staff were familiar with residents' needs and responded effectively to meet their assessed requirements. A review of the centre's rosters confirmed that staffing numbers were in line with the staffing complement outlined in the designated centre's Statement of Purpose. Where gaps appeared on the roster, these were covered by existing team members. Management also confirmed that agency staff could be utilised when required.

Staff were supported to attend mandatory training, including fire safety, manual handling, and safeguarding vulnerable adults from abuse. In addition, staff were offered supplementary training in areas such as responsive behaviours, which helps staff understand how people living with dementia and other conditions may communicate their needs or express physical discomfort, emotional distress, or dissatisfaction with their social or physical environment. Further training was provided on restrictive practices, and end-of-life care, supporting staff to deliver safe, person-centred care.

The registered provider maintained a comprehensive complaints policy and procedure. Records reviewed confirmed that complaints were investigated in accordance with this policy. The provider demonstrated a commitment to learning from complaints and identifying any emerging trends that could impact the quality of the service. Complaints were regularly reviewed at governance meetings to support service improvement and enhance the quality of care provided.

Regulation 15: Staffing

On the day of inspection, staffing levels, and skill-mix were appropriate to meet the assessed needs of residents, and were consistent with the statement of purpose. Adequate numbers of healthcare staff were on duty to support nursing staff. The staff team also included personnel responsible for laundry, catering, activities, and administration. Sufficient staff were allocated to housekeeping duties to ensure the centre was maintained to an appropriate standard of cleanliness.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training as part of their professional development, and to support them in delivering effective care, and support to meet the assessed needs of the residents. Staff completed a selection of training as part of the systems to safeguard residents, and promote their rights in the centre. The training included safeguarding of residents from abuse, fire safety, manual handling, infection prevention, and control and restrictive practice.

There was a range of additional training available for staff to attend to ensure their clinical practice was up-to-date, which included wound management, medication management, dysphagia, and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

Regulation 23: Governance and management

The designated centre was appropriately resourced to ensure that care and services were delivered in accordance with the statement of purpose. The provider was actively working towards achieving regulatory compliance with restrictive condition attached to the centre's registration.

A clearly defined management structure is in place, and staff demonstrated a good understanding of their roles, responsibilities, and the standards expected in their practice. Reporting and communication arrangements were well established, and staff worked collaboratively to deliver effective care and support.

For the most part, comprehensive quality assurance systems were used effectively to monitor and ensure that care and services were safe, effective, and appropriate to residents' needs. A review of risk assessments in relation to the use of restrictive equipment required additional focus, and this is discussed further under Regulation 7: Managing behaviour that is challenging.

Audit findings and management reports were reviewed and signed off by the senior management team. Where areas of non-compliance or opportunities for improvement were identified, appropriate action plans were developed and implemented. The management team and staff were receptive to feedback and demonstrated a strong commitment to continuous quality improvement.

The annual review for 2025 and the quality improvement plan for 2026 incorporated feedback from both residents and staff. At the time of inspection, the identified improvement actions were being implemented. Records of governance and

management meetings showed that progress against the quality improvement plan was reviewed regularly to ensure actions were completed and sustained.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated, and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints in line with the centre's complaints policy.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to achieve a good quality of life that respected their individual choices and preferences. Evidence demonstrated that residents were experiencing positive health and social care outcomes, and that their assessed needs were being effectively met by the registered provider. Regular consultation between the provider, and residents ensured that residents' voices were heard, and that they were actively involved in decisions affecting their lives within the centre.

The provider had implemented the compliance plan arising from the August 2025 inspection in relation to Regulation 28: Fire precautions. Records reviewed during this inspection demonstrated effective oversight of fire safety within the centre. Means of escape, including corridors, and final exit doors, were kept clear, with records confirming that daily checks were carried out. Emergency lighting was in place both inside and outside the building. Fire doors were included in weekly maintenance checks, and all doors were operating correctly on the day of inspection. Records demonstrated that routine in-house checks of fire doors, evacuation routes, and the fire alarm panel were completed regularly. Fire safety equipment was also subject to routine inspection, and servicing by a competent person.

Staff who spoke with the inspector confirmed that they received annual fire safety training and participated in regular fire drills and evacuation exercises. They demonstrated a clear understanding of evacuation procedures, and the actions required in the event of a fire alarm. Training records confirmed that all staff were up-to-date with mandatory fire safety training requirements.

A review of the records showed that pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and support to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspectors viewed a sample of residents' care plans, and found that care plans were clear, and well-written to guide staff in the delivery of effective care interventions.

There were care plans in place for residents who experienced responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The care plans were person-centred, and provided guidance to staff on how to support the residents to manage their responsive behaviours. There were effective arrangements in place to record, review, and analyse incidents of responsive behaviours to inform behaviour-support plans and to enable residents to manage their behaviours safely in a person-centred way. While these arrangements reflected good practice, improvements were required in the assessment, and review of risks associated with the use of full-length bed rails to ensure that all potential risks were comprehensively identified, and appropriately managed.

Residents had good access to their general practitioner (GP) and specialist medical services, including psychiatry of old age. Specialist health services such as dietitian, speech and language therapy, tissue viability nurses, palliative care, and occupational therapy services were made available for residents in line with their needs.

The design and layout of the premises provided residents with sufficient communal and personal space to be able to enjoy their lived environment. The centre was well-maintained, and there were arrangements in place for on-going maintenance. There were well-established arrangements in place for the servicing of equipment used in the running of the designated centre.

There is a well-organised schedule of activities which ensured that residents had access to recreational opportunities, including games, music therapy, exercise, bingo, and art-based activities. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services and on how to make a complaint was displayed in the centre. Residents had access to local and national newspapers, televisions, and radios.

Residents were offered a choice of menu options at each meal and could request alternatives if they preferred, including where specific dietary requirements applied. Residents' assessed dietary needs and preferences were clearly communicated to

catering staff, ensuring that meals were prepared in accordance with individual care plans and the recommendations of the dietitian and speech and language therapist.

Fresh drinking water, flavoured drinks, milk, snacks, and other refreshments were readily available, and offered to residents throughout the day, including at mealtimes. Residents were also facilitated to enjoy a glass of wine with their meals if they wished.

There were sufficient numbers of staff available to provide timely assistance and support during mealtimes. Residents who required additional support were assisted in a discreet and respectful manner to ensure they could eat their meals safely, and maintain adequate nutrition and hydration.

Regulation 10: Communication difficulties

Each resident's communication needs were assessed on admission, and regularly thereafter. Person-centred care plans were developed to guide staff on the support individual residents needed to communicate effectively. Staff ensured that assistive communication tools, and equipment were kept within residents' easy reach, and were used to ensure residents' communication needs were effectively met at all times.

Clear signage, visible location markers, and environmental cues were provided throughout the residents' living environment to support their way-finding needs, promote familiarity with their surroundings, and enhance their ability to navigate the environment independently.

Judgment: Compliant

Regulation 17: Premises

While the provider had made significant improvements to a number of multi-occupancy bedrooms, inspectors found that the layout and dimensions of three multi-occupancy bedrooms remained unsuitable to meet the assessed needs of residents accommodated in these rooms.

This was evidenced by the following findings:

- The size and configuration of some bed spaces did not support the safe manoeuvring, and use of large items of equipment, such as hoists, and were therefore unsuitable for residents with higher levels of dependency who required such equipment.

These bedrooms did not conform to all of the matters set out in Schedule 6 of the regulations. For example:

- The inspectors found that the floor space available to residents in three, three-bedded rooms was below the minimum floor space requirement of 7.4 square meters. The limited space around each of the beds in these three bedrooms did not allow for a comfortable chair, and a bedside locker for each resident.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutritional and hydration needs were regularly assessed and closely monitored. Where required, residents were appropriately referred to the dietitian, and speech and language therapist for further assessment, and support.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and procedure in place that identified hazards and control measures for the risks specified in the regulations. The policy also outlined arrangements for the investigation of, and learning from, serious incidents. A risk register was maintained, identifying clinical, and operational risks, together with the mitigation measures, and controls implemented to reduce or eliminate known risks.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had implemented appropriate fire safety measures to protect residents in the event of a fire emergency. Fire safety records were well-maintained, and included fire alarm maintenance logs, service certificates, and evidence of quarterly checks of emergency lighting, and fire extinguishers. Personal Emergency Evacuation Plans (PEEPs) were in place for residents, and were reviewed at least every four months, or sooner if a resident's mobility needs changed. Records also confirmed that regular fire drills, and simulated evacuations were conducted by the provider.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' needs were comprehensively assessed, and person-centred care plans were developed to reflect those needs. The care plans clearly outlined each resident's individual preferences, choices, and daily routines, providing staff with clear guidance to support residents in a manner that respected their wishes, and promoted their well-being.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to local general practitioner (GP) services, including out-of-hours community medical care. Residents had access to, and were appropriately referred to health, and social care professionals, as needed. Residents were also supported by the service to attend scheduled out-patient appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While the person in charge, and staff demonstrated a commitment to maintaining a minimal-restraint environment, additional risk assessment actions were necessary prior to the use of bed rails to ensure that residents' safety was not compromised. For example;

- Although, there were risk assessments in place regarding the introduction of bed rails, these assessments were not comprehensive in that they did not consider all risks associated with the use of full-length bed rails for a number of residents.

Judgment: Substantially compliant

Regulation 8: Protection

All staff were facilitated to attend training on safeguarding residents from abuse. The person in charge ensured that staff were aware of the reporting procedures, and of their responsibility to report any concerns regarding residents' safety. Residents confirmed to the inspectors that they felt safe, and secure in the centre, and would be comfortable with speaking with members of the staff if they had concerns. The provider maintained up-to-date records for staff in line with Schedule 2 of the Regulations.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the layout of rooms 28,29 and 48 did not ensure that the residents accommodated in these rooms had sufficient private space to undertake personal activities in private. For example,

- The location of privacy curtain fittings did not ensure that there was sufficient space available when a resident was receiving personal care without encroaching on the other residents' bed space.
- In addition the proximity of the beds to each other meant that other residents, and staff in the room could overhear any conversations in relation to each residents personal care.

Judgment: Not 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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Phelim's Nursing Home OSV-0000395

Inspection ID: MON-0048734

Date of inspection: 24/07/2026

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider remains committed to achieving further improvements in the accommodation environment while recognising that the centre is currently operating within its registered capacity and is actively progressing a planned transition towards full compliance. The gradual reduction in occupancy remains a key part of the centre's plan to address the remaining accommodation limitations and progress towards full compliance with the relevant requirements. The centre will continue to review occupancy levels, residents' assessed needs and bedroom suitability as part of this process.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: The Person in Charge and staff remain committed to maintaining a minimal-restraint environment and to ensuring that any use of bed rails is safe, appropriate, proportionate, and based on each resident's individual needs. In response to the inspection finding, the centre has reviewed and strengthened its approach to the risk assessment and use of bed rails.	

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The centre acknowledges the inspectors' observations regarding the layout of rooms 28, 29 and 48. However, it is important to note that the centre is operating within the terms and conditions of its current registration, and the rooms identified are approved shared accommodation.
The residents currently residing in these rooms have expressed that they are happy and comfortable with their accommodation and, to date, there have been no concerns raised by residents regarding their room arrangements or their ability to communicate privately with staff. Staff are cognisant of the need to maintain residents' privacy and dignity at all times and are mindful of communication regarding personal care and sensitive matters, particularly in shared accommodation.
Where personal care is required, staff take appropriate measures to maximise privacy and dignity, including the appropriate positioning and use of privacy curtains, consideration of the timing and nature of care, and being mindful of the proximity of other residents. Staff are also expected to ensure that conversations relating to a resident's personal care are conducted discreetly and only with those who need to be involved.
The gradual reduction in occupancy remains a key part of the centre's plan to address the remaining accommodation limitations and progress towards full compliance with the relevant requirements.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/12/2028
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	31/12/2028
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only	Substantially Compliant	Yellow	31/10/2026

	used in accordance with national policy as published on the website of the Department of Health from time to time.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	31/12/2028
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.	Not Compliant	Orange	31/12/2028