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:	Glenaulin Nursing Home
Name of provider:	Glenaulin Residential Care Limited
Address of centre:	Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	03 June 2026
Centre ID:	OSV-0000041
Fieldwork ID:	MON-0050650

About the designated centre

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

Home provides care and services for people over the age of 18 years with varying conditions, abilities and disabilities who require long-term care, respite and convalescent care. This includes individuals who are living with dementia and cognitive impairment, individuals with physical, neurological and sensory impairments, individuals with mental health needs and individuals who need end-of-life care. The designated centre is based in a period residence built in 1903. The centre can accommodate up to 84 residents with 38 single rooms, 16 twin rooms and four multi-occupancy rooms. Communal areas consist of spacious dining and lounge areas, a visitors' room, a relaxation room, a sun room and an oratory. The house is surrounded by landscaped gardens which overlook the River Liffey.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	80

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 3 June 2026	08:30hrs to 15:15hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspection had a specific focus on the provider's compliance with infection prevention and control oversight, practices and processes.

Glenaulin Nursing Home is a period residence located on the south bank of the River Liffey with well-maintained landscaped gardens. The original house retains many of its original architectural features and has been extended into a modern 84-bed nursing home.

The inspector spoke with 10 residents and one visitor in to gain a view of their experiences in the centre. Residents spoken with were complimentary in their feedback and expressed satisfaction about the standard of care and the standard of environmental hygiene.

Residents were also complimentary of the home cooked food and the dining experience in the centre. Some residents attended communal dining areas for their meals while the others choose to have lunch in their bedrooms. The inspector observed some residents being assisted with their meals in a respectful and dignified manner. There were adequate numbers of staff available to assist residents at meal-times.

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. One resident told the inspector that they enjoyed visiting a coffee shop in the local village.

Staff were seen to be busy attending to residents throughout the day and the inspector observed that they were kind, patient, and attentive to residents needs. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared appropriately dressed and well-groomed.

Overall the general environment appeared appeared visibly clean. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and decoration. At the time of the inspection, fire safety upgrade works were in progress.

The residents were accommodated in a mix of single, twin and multi-occupancy bedrooms. Residents whom did not have access to en-suite facilities had appropriate access to shared shower and toilet facilities. There was enough space in bedrooms to store residents' clothes and other personal belongings, such as photographs and other memoirs. Many resident bedrooms were personalised with items of

significance, such as soft furnishings and ornaments. However, lockable storage space was not available within all bedrooms.

Ancillary facilities generally supported effective infection prevention and control. The main kitchen, located in the basement, was of adequate in size to cater for resident's needs. Toilets and changing facilities for catering staff were in addition to and separate from facilities for other staff.

Staff had access to a central housekeeping room on the lower ground floor for storage and preparation of cleaning trolleys and equipment and two sluice rooms for the reprocessing of bedpans, urinals and commodes.

The majority of laundry was processed off-site by an external laundry service. A small volume of laundry was managed within the centre as required. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process.

Alcohol hand-rub dispensers were readily available within resident's bedrooms and hand hygiene sinks were located on corridors within easy walking distance of resident's bedrooms.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspector found that this was a well-managed centre where residents said that they were supported and facilitated to have a good quality of life.

The inspector found that the provider generally met the requirements of Regulation 16; Training and staff development, Regulation 23; Governance and management and Regulation 25; Temporary absence or discharge of residents and however further action is required to be fully compliant.

This inspection identified that improvements were required in the systems to identify and monitor the quality and safety of care provided to residents in particular with regard to Regulation 27; Infection control. Due to a repeat non-compliance, Regulation 17; Premises was also found to be non compliant. Where areas for improvement were highlighted, the provider was responsive to addressing these in a timely fashion.

The inspector also followed up on the provider's progress with completion of the infection prevention and control related actions detailed in the compliance plan from

the last inspection and found that they were endeavouring to improve existing facilities at the centre through ongoing maintenance.

The registered provider for Glenaulin Nursing home is Glenaulin Residential Care Limited. This company is part of the Grace Healthcare (Holdings) Ireland Limited group. The company has two directors, one of whom is involved in the day to day operations of the centre. The Chief executive officer was present in the centre on the day of the inspection.

The person in charge worked full time and was supported by an assistant director of nursing, clinical nurse managers, a team of nurses and healthcare assistants, catering, housekeeping and administration staff. Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents' and the size and layout of the centre. The inspector was informed that there was a continuous recruitment drive to fill staff vacancies as they arose.

During this inspection, it was identified that a small number of residents had tested positive for Clostridioides difficile infection, an infection of the bowel caused by bacteria that grow when the normal gut bacteria are disrupted, often after taking antibiotics. The inspector was informed that both residents were being cared for with transmission based (contact) precautions which aimed to prevent the spread of infection to others through direct or indirect contact. The provider confirmed that specialist advice had been sought and concluded that these cases were not epidemiologically linked in time and place, therefore this was not considered an outbreak.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the PIC. The provider had nominated a staff member to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention and control and antimicrobial stewardship practices within the centre. Staff also had access to specialist infection prevention and control advice and support as required. The inspector was informed that specialist advice had been sought during the ongoing works to ensure that the fire safety upgrade works did not compromise infection prevention and control within the centre, this is good practice.

A comprehensive training programme was available to support staff in their roles. Records reviewed showed that the majority of staff had completed infection prevention and control training. Notwithstanding this, a large number of staff were due to complete refresher training in line with the provider’s training policy. Findings will be discussed under Regulation 16: Training and staff development.

The person in charge told the inspector that the provider was planning to implement the national Residential Older Persons Early Warning System. This is an early warning system to assist staff recognise and respond appropriately to clinical deterioration in older people (aged 65 years or older) in long-term residential care settings. Two local facilitators had recently received additional training.

The person in charge ensured that the service was monitored through ongoing infection prevention and control audit and surveillance. Records of residents with previously identified multi-drug resistant organism (MDRO) colonization (surveillance) was recorded on monthly key performance indicator (KPI) reports.

Regular infection prevention and control audits were undertaken by nurse management and covered a range of topics including governance, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits.

Notwithstanding the positive findings, the inspector found there were gaps in supervision arrangements in place to ensure that appropriate infection prevention and control measures were consistently and appropriately implemented when caring for residents with transmissible infections. Details of issues identified are set out under Regulations 23 and 27.

Regulation 15: Staffing

On the day of inspection, there were sufficient staffing levels and an appropriate skill-mix across all departments to meet the assessed needs of the residents. Call-bells were seen to be answered quickly, and staff were available to assist residents with their needs.

Additional housekeeping staff had been rostered in the evenings to ensure effective dust control and environmental hygiene standards were maintained during the ongoing fire safety renovation works.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training matrix found gaps in the documentation of mandatory infection prevention and control training. A large number of staff were beyond their two year time frame (set by the provider) to repeat their infection prevention and control training.

Findings on the day of the inspection also indicated that further training was required to ensure staff are knowledgeable and competent in the application of transmission based (contact) precautions.

Judgment: Substantially compliant

Regulation 23: Governance and management

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control.

However, the registered provider did not ensure adequate supervision of staff to ensure that infection prevention and control practices, specifically in relation to the application of transmission based (contact) precautions for residents with transmissible infections, were consistently and appropriately followed. Details of issues identified are set out under Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre had notified the Chief Inspector of all outbreaks of infection as set out in paragraph 7(1)(d) of Schedule 4 of the regulations, within two working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. Residents' health, social care, and spiritual needs were well catered to. Residents had access to a range of activities for social engagement. The inspector observed that the residents were supervised in all communal rooms, and were encouraged to engage in meaningful activities throughout the day of the inspection. The centre had arrangements in place to ensure that visiting did not compromise residents' rights, and was not overly restrictive.

Residents had access to two general practitioners whom provided medical services to the centre and out-of-hours medical cover was also available. There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian, speech and language therapist and chiropodist. A

physiotherapist was on-site three days a week to assess and review resident's mobility as required.

The inspector identified some examples of good antimicrobial stewardship practice. The volume, indication and effectiveness of antibiotic use was monitored each month. There was also a low level of prophylactic antibiotic use within the centre, which is good practice.

Systems were also in place to monitor the vaccination status of residents and to encourage vaccination including booster vaccination, to the greatest extent practical.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge for the storage of samples awaiting collection was available.

The inspector focused on resident's elimination (urinary catheter) and healthcare associated infection and MDRO colonisation care plans. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans, based on assessments, were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. Overall, the standard of care planning was good and described person centred and evidenced based interventions to prevent infection and meet the assessed needs of residents.

Appropriate arrangements were in place to ensure that when residents were transferred or discharged from hospital to the designated centre, their specific care needs were appropriately documented and communicated to ensure their safety.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services. However, a review of transfer documentation found that MDRO colonisation status was not consistently communicated to the receiving hospital.

Overall, the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. However, the décor in the centre was showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing painting and a planned maintenance works. Maintenance issues were logged, assigned and tracked digitally until completion. Staff confirmed that maintenance issues were addressed in a timely manner.

Other areas of the premises that required improvements to fully comply with Schedule 6 requirements, included access to lockable storage in residents bedrooms and storage of linen trolleys.

The inspector identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection

prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as the safe handling and disposal of used waste, sharps and linen.

Notwithstanding the good practices observed, the inspector observed several lapses in the application of transmission based (contact) precautions when caring for residents with active Clostridioides difficile infection. Inconsistent practices may lead to ongoing transmission and highlighted the need for further staff training, standardised procedures and improved oversight of infection prevention and control procedures. Details of issues identified are set out under Regulation 27: Infection control.

The provider had introduced a tagging system to identify equipment and areas that had been cleaned however this system was not consistently used. Several pieces of shared resident equipment had not been tagged after cleaning. Findings in this regard are presented under Regulation 27: Infection control.

Regulation 11: Visits

The visitor policy outlined the arrangements in place for residents to receive visitors and included the process for normal visitor access, access during outbreaks and arrangements for residents to receive visits from their nominated support persons during outbreaks.

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required action to be fully compliant with Schedule 6 requirements, for example:

- A review of access to lockable storage in all bedrooms was required as a number of residents did not have access to a lockable space. This is a repeated finding from previous inspections.
- Inappropriate storage of linen trolleys was observed within shared bathrooms. This posed a risk of cross-contamination.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

The MDRO colonisation status was not communicated on three occasions when residents were transferred to hospital. This meant that appropriate precautions may not have been in place when caring for these residents in hospital.

Judgment: Substantially compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks. The risk management policy contained all of the requirements set out under Regulation 26(1), including infectious diseases.

Judgment: Compliant

Regulation 27: Infection control

The provider did not met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018).

There was inconsistent application of transmission based precautions which increased the risk of cross infection. For example;

- A resident who was being cared for with transmission based precautions regularly spent time in communal areas. This was not in line with local guidelines and may pose a risk of cross infection and there was no risk assessment in place to support this.
- Staff did not wear the appropriate personal protective equipment (gloves and aprons) when providing care to residents with a known transmissible infection.
- Staff did not wash their hands after providing care to residents with a known transmissible infection.
- Shared manual handling equipment was not effectively decontaminated after use in an isolation room.

The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system was not fully embedded in practice and the inspector identified some ambiguity regarding the use of this system.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans viewed were comprehensive and person-centred. Care plans were detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to sleep and rest. Care plans were regularly reviewed and updated following assessments and recommendations by allied health professionals. There was evidence that the care plans were reviewed by staff.

Judgment: Compliant

Regulation 6: Health care

Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs, which included access to a general practitioners, consultant in gerontology, psychiatry of later life and palliative services as required.

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance.

Judgment: Compliant

Regulation 9: Residents' rights

Staff working in the centre promoted and supported the resident's independence and their rights. Residents' said that their rights and choices were respected. Residents were involved in their care and had choice in the time they wish to get up, how to spend their day and when go to bed. Residents had access to newspapers, magazines and books.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glenaulin Nursing Home OSV-0000041

Inspection ID: MON-0050650

Date of inspection: 03/06/2026

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	Substantially Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The training matrix is reviewed and audited monthly by the PIC/ADON to ensure all mandatory training is monitored and completed within the required timeframe. Any upcoming or overdue training is identified promptly, with training schedules booked in advance addressing any training needs in timely manner.

All staff have been advised and are required to complete the mandatory HSELand Infection Prevention and Control e-learning modules in line with organisational policy.

Additional IPC training has been arranged with an IPC specialist on 31 July 2026 and 7 August 2026. This training will reinforce best practice and address the identified gaps relating to transmission-based precautions, PPE use, hand hygiene, and infection prevention practices.

Daily IPC spot checks have been implemented to monitor staff compliance with infection prevention and control practices, including the correct application of transmission-based(contact) precautions. Findings are reviewed, and immediate feedback and support are provided where required.

IPC toolbox talks are being conducted monthly to reinforce key IPC principles, including standard and transmission -based precautions, and to address any learning needs identified through observation or audit.

Full compliance with mandatory IPC training across all staff will be achieved by 31st August 2026, with the training matrix reviewed monthly thereafter by the PIC and reported through the centre's governance meeting.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The Person in Charge will retain overall governance responsibility for IPC compliance by reviewing weekly walkabout findings, monitoring monthly audit trends, and ensuring any required actions are identified, implemented, and followed up.
The CNM/ADON will complete weekly IPC walkabouts and daily spot checks to monitor compliance with infection prevention and control practices, including hand hygiene, PPE use, transmission-based precautions, and equipment decontamination.
Any issues identified will be addressed with the relevant staff member on the day, and learning points will be discussed at daily staff handovers to promote continuous improvement.
IPC monitoring, audits, and reviews will continue as part of routine governance arrangements to maintain ongoing compliance.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• This finding is acknowledged as a repeat finding from the previous inspection.
Following a review of all resident bedrooms, the few remaining lockable lockers identified as missing from the previous inspection have now been installed. All residents now have access to secure lockable storage for their personal belongings. Compliance will continue to be monitored through the weekly environmental walkabouts.
• Linen trolleys have been removed from shared bathrooms and relocated to a designated storage area. Staff have been reminded of the correct storage arrangements. Compliance will be monitored through daily spot checks by the CNM/ADON, and any non-compliance will be addressed immediately.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
All nursing staff have been reminded that a resident's MDRO status must be documented and communicated when transferring a resident to hospital or another healthcare facility.

Quarterly audits of hospital transfer documentation will be completed to monitor compliance and ensure MDRO status is consistently recorded and communicated.
Any gaps identified through the audits will be addressed immediately through staff feedback, supervision, and additional guidance where required.
The first audit will be completed by 30 September 2026, with findings reviewed by the Person in Charge and actions implemented to ensure ongoing compliance.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- An individual risk assessment has been added to the assessment and care plan of any resident requiring transmission-based precautions who wishes to access communal areas. This will be completed, reviewed, and updated by the nurse on duty in line with the resident's condition and current IPC guidance.
- All staff have been reminded to follow transmission-based precautions, including correct PPE use, hand hygiene, and equipment decontamination.
- The CNM/ADON will monitor PPE use, hand hygiene, and transmission-based precautions through weekly IPC walkabouts and daily spot checks. Any issues identified will be addressed immediately with the relevant staff member and discussed at daily handovers to promote learning and improvement.
- The equipment cleaning tagging system has been reviewed and communicated to all staff to ensure consistent understanding and use. Compliance with the tagging process will be monitored through daily IPC checks.
- Shared manual handling equipment used in isolation rooms is cleaned and decontaminated after each use. A green tag is applied to confirm that the equipment has been cleaned and is safe for use. Compliance with the cleaning and tagging process is monitored by the CNM/ADON through daily IPC checks, with oversight provided by the Person in Charge through ongoing review of IPC compliance.

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)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/08/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2026
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	31/07/2026
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	Substantially Compliant	Yellow	31/07/2026

	effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	31/08/2026
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.	Not Compliant	Orange	31/07/2026