



**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:	Sancta Maria Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Parke, Kinnegad, Meath
Type of inspection:	Unannounced
Date of inspection:	03 June 2025
Centre ID:	OSV-0004589
Fieldwork ID:	MON-0046152

About the designated centre

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

Accommodation is provided for a maximum of 71 residents over 18 years of age in recently extended single-storey premises in a rural location. There are two twin rooms and 67 single rooms (55 with en-suite facilities). Residents are admitted on a long-term residential, respite, convalescence, dementia and palliative care basis. Care is provided for residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed. The provider employs a staff team consisting of registered nurses, care assistants, maintenance, housekeeping and catering staff. The provider states that the centre's ethos is to provide individualised care, encouraging and fostering a caring atmosphere. The centre's statement of purpose states that the main objective of the service is to ensure the continued delivery of high-quality and consistent person-centred care to all residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 3 June 2025	07:50hrs to 16:20hrs	Sinead Lynch	Lead
Tuesday 3 June 2025	07:50hrs to 16:20hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

On the day of inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were content with the care they received, and that staff looked after them very well. One of the residents who expressed a view told the inspectors that this was a "good place to live".

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The internal courtyards and garden area was readily accessible and well-maintained, making it safe for residents to go outdoors independently or with support, if required. However, concerns regarding fire safety were observed on this inspection, which required in immediate action given to the provider to ensure the safety of the residents. The management team rectified these concerns on the day of the inspection.

Although the centre was found to be mainly clean on the day of inspection there were insufficient house keeping staff in place. This is discussed further in this report.

The provider had a laundry service for personal clothing available to the residents, which residents complimented. All other laundry was outsourced. On the day of inspection the inspectors observed that staff had run short on linen over the previous weekend and had to use their own laundry to ensure there were sufficient supplies for the residents.

Visitors reported that the management team were approachable and responsive to any questions or concerns they may have. There were no visiting restrictions on the day of the inspection and visitors were seen coming and going throughout the day. The inspectors spoke with many staff who said that the atmosphere and management of the centre had improved since the last inspection.

Call-bells were available throughout the centre. Staff were responsive and attentive without any delays with attending to residents' requests and needs. Staff knocked on residents' bedroom doors before entering. The inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of the staff.

The inspectors observed residents socialising and having lunch together. Most of the residents told the inspectors that they were happy with the food provided; however, one resident said that the quality of the food could be improved.

Activities schedule for the previous week was displayed on the notice boards around the centre, however, the current week was not yet displayed. There were healthcare staff assigned on a Sunday to provide activities whilst also carrying out their

healthcare role. This meant, that they could only provide meaningful engagement and social activities once all their healthcare duties and priorities had been completed. As a result residents were not provided with activities of their choice or at a time of their choosing on this day.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people Regulations 2023 to 2025 (as amended)).

Overall, the findings of this inspection were that action is required in relation to the governance and management of the centre. Adequate arrangements were not in place to ensure there was adequate oversight of the day-to-day operation of the centre. Areas in which action was required included governance and management, fire safety, infection prevention and control (IPC) and residents rights. This are discussed further under their respective regulations.

Mowlam Healthcare Services Unlimited Company is the new registered provider for Sancta Maria Nursing Home since January 2025. This centre is a part of the Mowlam Healthcare Group which has a number of nursing homes throughout Ireland. On the day of inspection, the person in charge was supported by an assistant director of nursing (ADON), a team of nurses, healthcare assistants, housekeeping, catering, maintenance and administrative staff. To support the management team, there was an operations manager, who was also on site on the day of the inspection.

Housekeeping services were provided by an external cleaning company and provider's oversight of the service was poor. Inspectors found that there were insufficient resources in housekeeping services to meet the needs of the centre. Despite three housekeepers rostered for the centre daily, records showed that on several occasions there were only two housekeepers available. The impact of this was that some areas of the centre outside of residents' rooms were not cleaned to a good standard. On the day of the inspection, there was one housekeeper on duty and two housekeepers were called in at short-notice.

In relation to records there were concerns raised in relation to the signing-in of these household staff. A signature was observed for a staff member that was not on duty on the day they were signed-in for, and the signature did not look similar to the other days this staff member had signed in. The provider had not identified this through their own systems of oversight and assured the inspectors that they would

investigate and meet with the external housekeeping manager to identify what had happened.

The Director of Nursing had overall responsibility for IPC and antimicrobial stewardship (AMS). The provider had delegated the role of IPC link nurse to a senior nurse who had completed the IPC link practitioner course. The centre had a schedule for conducting IPC audits. The audits covered various areas such as hand hygiene, equipment, environmental cleanliness, and waste management. The audit scores were high but they did not capture some of the findings that the inspectors found on the day of inspection, this is discussed further under Regulation 23: Governance and management.

The provider had completed a risk assessment in relation to the drinking water supply within the centre from their private well; this was being managed with the appropriate controls in place. In addition, assurances were received following the inspection that sample testing of water outlets in residential bedrooms had been complete and were appropriate.

Due to significant fire safety concerns on the day of inspection, the inspectors issued a number of immediate actions; in respect of the means of escape as further outlined under Regulation 28: Fire precautions.

Regulation 15: Staffing

The registered provider did not ensure that the number of staff was appropriate to meet the needs of the residents living in the centre. For example:

- On the day of the inspection there was one house keeper on the floor which would not be sufficient to ensure that all areas of the premises could be appropriately cleaned.
- There was insufficient activities staff available to meet the needs of the residents. This would negatively impact residents in relation to their right to activities of their choice when they wished.

Judgment: Not compliant

Regulation 21: Records

As per Schedule 4 (9), there should be a duty roster of persons working at the designated centre, and a record of whether the roster was actually worked. In one case the external house keeping sign-in log had a signature for a staff member who was marked absent on the roster. Management were unable to ascertain if the staff member actually worked this day or not.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors found that the management and quality assurance systems that would ensure that the service delivered to residents was safe and effectively monitored were inadequate in a number of areas, and consequently, most of the inspectors' findings on this inspection had not been identified by the provider through their own oversight and auditing processes. This was evidenced by;

- Poor oversight of housekeeping resources and cleaning practices relating to infection prevention and control meant that the standard of cleaning was not adequate.

There were insufficient resources provided to ensure effective delivery of care in accordance with the statement of purpose, or to meet residents' needs. This was evidenced by;

- There were no staff dedicated to provide activities and meet the needs of the residents on a Sunday, other than an assigned person on the roster to carry out activities in addition to their healthcare role.
- Housekeeping services were not provided to the centre in a consistent manner by the external cleaning company
- There were not enough towels or linen bags provided from the external laundry to ensure sufficient supplies were available to meet the needs of the residents at the weekend. This meant that staff were washing towels and linen bags in the on-site laundry to increase the supply.

The oversight of fire safety in the centre was not robust and did not adequately support effective fire safety arrangements and keep residents safe. Immediate action had to be issued on the day of the inspection to the provider due to the significant fire safety risks identified by the inspectors. These are outlined in detail under regulation 28: Fire Precautions.

Judgment: Not compliant

Quality and safety

Overall, residents expressed satisfaction with the care provided and with the responsiveness and kindness of staff. However, deficits in the governance and management in the centre were impacting on the overall quality and safety of the

service provided. Areas of required improvement included, fire safety, infection control and resident's rights. These are discussed further in this report.

Barriers to effective hand hygiene practices were observed during the course of this inspection. Clinical hand washing sinks were available within easy walking distance from all residents' rooms. Alcohol-based hand-rub was available in wall-mounted dispensers along corridors. However, examples were seen where there were not enough dispensers to ensure alcohol hand gel was readily available at point of care for each resident. For example, along one corridor in the Memory unit there were two dispensers for 12 residents.

Inspectors noted that some areas of the centre required maintenance attention, and these areas would impact on resident and staff safety. For example, the ceiling in the kitchen was leaking water. This and other findings are outlined under Regulation 17: Premises.

The inspectors viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were assessed prior to admission, to ensure the centre could meet residents' needs. Based on a sample of nine care plans reviewed, plans were sufficiently detailed to guide staff in the care of the residents and were consistently updated in line with residents' changing needs. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition.

Residents had good access to general practitioners (GPs) and other health and social care professionals. There was clear evidence of appropriate and timely referrals being made for residents, including referrals to psychiatry of old age, speech and language therapists and tissue viability nurses.

Some examples of good practice in the prevention and control of infection were identified. For example, staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. Further improvements in relation to standard precautions was required. For example, the segregation of linen and the cleaning of residents' equipment. This is discussed under Regulation 27: Infection control.

Residents had access to television, newspapers and radios. Residents were supported to exercise their civil, political and religious rights. However, residents were not always supported to participate in activities of choice.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was limited restrictions on visiting. Visitors spoken with by the inspectors were complimentary of the care provided to their relatives and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 13: End of life

The person in charge had ensured that where a resident was approaching the end-of-life, appropriate care and comfort, which addressed the physical, emotional, social, psychological and spiritual needs of the resident concerns were provided.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not, having regard to the needs of the residents at the centre, provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

The premises were not well-maintained in some areas. For example:

- There was water leaking from the roof in the kitchen. This was identified by staff three weeks prior, however, despite maintenance attempts it was still leaking to the extent where staff were mopping up the water with towels.
- Essential equipment required for the running of the centre was not in working order. The dishwasher was leaking water on the floor and the mechanism that supplies detergent to the dishwasher was broken.
- The nurses station had a counter top that was heavily worn and could not be cleaned properly.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. For example;

- Urinals were used to empty catheter bags when necessary. Some of the urinals found in the bathrooms were visibly unclean and not reprocessed in the bedpan washer. This increased the risk of a catheter-associated infection.
- Linen was not segregated in line with best practice guidelines for managing linen. For example, there was no colour coding system in place to segregate

used linen and infectious linen; both types of linen were disposed of in red bags.

- Some areas of the centre were not cleaned to a good standard to prevent the spread of infection. For example, the conservatory area and one bathroom in the Memory unit had flies on the surface.
- Alcohol gel was not available at the point of care for each resident. This increased the risk of infection transmission between residents.
- There were wet mops on one house keeping trolley from a previous day. This practice increased the risk of cross-contamination and can lead to the spread of infection.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider had not provided adequate means of escape. For example:

- The opening of two doors that were locked in the living room in the Memory Unit. These doors were on the floor plans as part of the fire escape route.
- The fire exit door from the conservatory to the outside area was locked and could not be opened as the lock was damaged.

The provider was issued with an immediate action plan in relation to this on the day of inspection. Both concerns were acted on and remedied before the inspectors left the centre.

Notwithstanding the new fire doors in place in the nurse's store and the separate store, arrangements for the containment of fire continued to be inadequate in some areas. For example;

- Fire doors in the old section of the centre were in need of a review to provide assurances that they would contain fires.
- The ironmongery on the doors did not appear to be fire-rated. Many of the doors were damaged. Some had been reviewed but others continued to require improvements.

The provider had in place a schedule of works in relation to fire improvements throughout the centre that was on-going.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the residents' changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to medical and other health and social care professionals and were supported to access a GP of their choice. Recommendations from medical and other health and social care professionals were accurately incorporated into residents' care plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not always have the opportunity to participate in activities in accordance with their interests each day. The activities schedule on display was not reflecting the activities provided in the centre. This meant that residents could not make informed choices in respect of what activities they would like to participate in.

While there were activity staff rostered Monday to Saturday, on a Sunday the health care staff were nominated to carry out this role while also completing their caring role. This had a negative impact on residents due to the healthcare staff having to prioritise their workload and which resulted in residents' access to social care being restricted and dependent on the availability of staff.

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	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Sancta Maria Nursing Home OSV-0004589

Inspection ID: MON-0046152

Date of inspection: 03/06/2025

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• The Person in Charge (PIC) has liaised with the external contractors who have responsibility for the provision of housekeeping services to the centre to ensure that there is always a sufficient number of housekeeping staff available for duty. The contractors have recruited additional housekeeping staff to ensure cover for the centre, including replacement staff in the event of short notice absences. The PIC will continue to communicate regularly with the regional contract manager to provide consistent appropriate staffing levels for housekeeping.• The PIC has reviewed the schedule for activities staff and there will be a dedicated staff member for activities at weekends.	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none">• The PIC has reviewed the housekeeping staff sign-in procedure to ensure effective oversight. The Housekeeping staff sign-in log will be held in the PIC's office. A member of the centre's management team will cross checks the sign-in log to ascertain that only staff actually on duty have signed in. A log of sample signatures of housekeeping staff has been established and maintained within the centre.	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PIC has reviewed housekeeping staffing levels and service provision in conjunction with the housekeeping service contractor. Additional housekeeping staff have been recruited to facilitate the effective cleaning of the centre in accordance with expected infection prevention and control standards. The housekeeping hours have been increased to ensure that the centre can be maintained to a high standard of cleanliness in all areas. • The external contractor carries out regular audits of the standards of cleaning in the centre which is checked and validated by a senior member of the centre's management team. • There will be a designated member of staff assigned solely to provision of activities at weekends. • Since the inspection we have discovered that there was some inappropriate use of towels to clean up spillages due to a leak in the kitchen on that particular weekend. This has been addressed by the PIC. Staff have been re-educated in the appropriate use of towels which are for resident use only. The centre will always maintain an adequate supply of linen bags and towels. • The oversight of fire safety has been enhanced and we will ensure that effective fire safety arrangements will always be in place to keep the residents safe. • The opening of two doors in the Memory Unit will be maintained in accordance with the escape plan within the centre. • The door from the conservatory to the outside area has had a repair of the lock and can now be easily opened as required. • A Fire Consultant Report has been commissioned and the upgrade of Fire Doors recommended will be implemented by undertaking a phased programme of works. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • All roof repairs in the kitchen area and its surrounds have been completed. • The dishwasher has been fully repaired. The detergent dispenser has been serviced and is now also fully operational. • The countertop at the Nurses' Station will be replaced. Works are scheduled to be completed by 30/09/2025. 	
Regulation 27: Infection control	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC has reviewed the cleaning protocols for cleaning individual urinals. A robust urinal reprocessing schedule is now in place. Urinals for individual residents are now cleaned and replaced at the end of each shift. A checklist is maintained to ensure a clean urinal is available for the identified residents. • The PIC will ensure that catheter bags are emptied in accordance with the infection prevention and control policy in the centre, and will also ensure that all staff are aware of the procedures involved in caring for residents who have a catheter in situ so that the risk of infection is kept to a minimum. • The PIC will ensure that best practice guidelines are implemented for managing linen in accordance with the centre's policy on the management of linen and infection prevention and control procedures. • The PIC will ensure that there is always a sufficient number of linen bags available in the centre. The PIC, in conjunction with the external linen supplier/laundry service provider, will ensure that a colour-coded system is in place for the safe and effective management of linen. • The cleaning schedule and staffing levels/recruitment have been reviewed to ensure that the centre can be cleaned and maintained to a high standard of cleanliness at all times and to meet required standards in prevention of infection. • Alcohol gel dispensers have been made available in the identified areas to ensure adequate supply at the point of care for each resident. • The housekeeping trolley will be cleared of wet mops at the end of each shift to eliminate the risk of cross-contamination. The Housekeeping supervisor has oversight to ensure housekeeping practices are in accordance with infection prevention and control guidelines. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The opening of two doors in the Memory Unit will be maintained in accordance with the escape plan within the centre. • The door from the conservatory to the outside area has had a repair of the lock and can now be easily opened as required. • A Fire Consultant Report has been commissioned and the upgrade of Fire Doors recommended. A phased programme of door repairs and/or replacement will be undertaken commencing with Phase 1, the higher risk doors (which are planned to be completed by 31/12/2025); Phase 2, the medium risk doors (which are planned to be completed by 30/06/2026); and Phase 3, the lower risk doors (which are planned to be completed by 31/12/2026). • We will provide the Authority with the report from the Fire Consultant which will provide assurances about the capacity of the fire doors in the old section of the centre regarding containment of fires. 	

- We will continue to review the ironmongery on the doors and will ensure that they are appropriately fire-rated.

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 all residents are offered the opportunity to participate in activities in accordance with their interests each day. The PIC will ensure that residents can make informed choices in respect of which activities they would like to participate in.
- The PIC will ensure that the Activities Coordinators maintain an accurate activities schedule and that it reflect the activities available and times.
- There will be a designated dedicated staff member allocated solely to the provision of activities on Sundays to ensure meaningful engagement for the residents. The designated staff member will not also complete a caring role when allocated to this role.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/09/2025
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/09/2025
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre	Substantially Compliant	Yellow	30/09/2025

	and are available for inspection by the Chief Inspector.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/08/2025
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.	Not Compliant	Orange	31/12/2025
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	31/08/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/07/2025

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/07/2025
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.	Substantially Compliant	Yellow	31/07/2025