



**Health  
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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:	Castlebridge Manor Nursing Home
Name of provider:	Castlebridge Manor Private Clinic Limited
Address of centre:	Ballyboggan Lower, Castlebridge, Wexford
Type of inspection:	Unannounced
Date of inspection:	02 October 2024
Centre ID:	OSV-0005826
Fieldwork ID:	MON-0035065

## About the designated centre

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

Castlebridge Manor Nursing Home is a two-storey building, purpose built in 2018, with a ground floor and first floor accessed by lift and stairs. It is located in a rural setting surrounded by landscaped gardens on the outskirts of Castlebridge village near Wexford town. Resident accommodation consists of 77 single rooms and 9 twin rooms. All bedrooms contained en-suite bathrooms and there were assisted bathroom's on each of the two floors where residents reside. The provider is a limited company called Castlebridge Manor Private Clinic Ltd. The centre provides care and support for both female and male adults over the age of 18 years requiring long-term, transitional care, respite or convalescent care with low, medium, high and maximum dependency levels. The range of needs include the general care of the older person, residents with dementia/cognitive impairment, older persons requiring complex care and palliative care. The centres stated aim is to meet the needs of residents by providing them with the highest level of person centered care in an environment that is safe, friendly and homely. Pre-admission assessments are completed to assess a potential resident's needs and whenever possible residents will be involved in the decision to live in the centre. The centre currently employs approximately 98 staff and there is 24-hour care and support provided by registered nursing and healthcare assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	91
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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
Wednesday 2 October 2024	17:15hrs to 19:30hrs	Mary Veale	Lead
Thursday 3 October 2024	08:30hrs to 16:00hrs	Mary Veale	Lead
Wednesday 2 October 2024	17:15hrs to 19:30hrs	Helen Lindsey	Support
Thursday 3 October 2024	08:30hrs to 16:00hrs	Helen Lindsey	Support

## What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. The first day of inspection was an evening inspection, followed by a second day inspection. Over the course of the inspection the inspectors spoke with residents, staff and visitors to gain insight into what it was like to live in Castlebridge Manor Nursing Home. The inspectors spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. Inspectors spoke in detail with around 14 residents and 5 visitors. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspectors. These residents appeared to be content, appropriately dressed and well-groomed. Residents and visitors expressed their satisfaction with communication, staff, staffing levels, the quality of the food and attention to personal care.

Castlebridge Manor Nursing Home is a two story purpose built designated centre registered to provide care for 95 residents on the outskirts of the village of Castlebridge, in County Wexford. The centre had four units. Amber and Edenvale units were on the ground floor which operated as one unit. Slaney and Ferricarraig units were on the first floor which since the previous inspection now are operated as one unit. Each unit had sitting rooms, dining rooms and visitors rooms. The centres oratory was located on Amber unit. Residents had access to a physiotherapy room and hairdressing room on the first floor.

The centre had 77 single bedrooms and nine twin bedrooms all with en-suite wash hand basin, toilet and shower facilities. Bedrooms were nicely decorated. The inspectors observed that all the residents bedrooms were personalised with residents' belongings such as photos, art and crafts works and ornaments. The ground floor had two enclosed courtyard gardens. The rooms in the centre of the building were arranged around both internal courtyards and were accessible from residents' bedrooms on the ground floor. The inspectors observed that some of the twin bedrooms in the centre required reconfiguration. Wardrobes were observed to be in one residents bed space which meant that the other resident sharing the room had to access their personal belongings in the other residents personal space.

The inspectors observed that residents had access to call bells on both days of inspection. Residents told the inspectors that staff were always quick to answer their call bells

Improvements were found in the residents lived experience in the centre. The doors to the Slaney and Ferrycarraig units on the first floor were open supporting freedom of movement. The inspectors observed the residents spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the days and it was evident that residents had good relationships with staff and residents had built up friendships with each other. There were many

occasions throughout the days of inspection in which the inspectors observed laughter and banter between staff, residents and visitors.

The inspectors observed many examples of kind, discreet, and person-centred interventions throughout the days of inspection. The inspectors observed that staff knocked on resident's bedroom doors before entering. Residents very complimentary of the person in charge, staff and services they received. Residents' said they felt safe and trusted staff. The inspectors observed staff treating residents with dignity during interactions throughout the days.

Improvements were found in the dining experience on the first floor in the centre. The provider had refurbished a day space on Slaney unit which was observed in use as a dining room. The inspectors observed the evening meal time and lunch time meal experience for residents on both floors. On both days the dining rooms were observed to be almost at full capacity. The meal times experience were quiet and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. Almost all residents whom the inspectors spoke with were very complimentary of the home cooked food and the dining experience in the centre. Residents' said that there was always a choice of meals, and the quality of food was good. The daily menus were displayed in dining rooms on digital screens. The menus were easy to read and included pictures. There was a choice of two options available for the main meal and evening meal. The dinner time meal appeared wholesome, and appetising. The inspectors observed and were told by a number of residents that they preferred to have their meals in their bedroom. The inspectors observed homemade baked snacks been offered to residents outside of meal times on both days.

Visitors whom the inspectors spoke with were very complimentary of the care and attention received by their loved one. Visitors were observed attending the centre on the evening of the first day and throughout the second day. Visits were observed to take place in residents' bedrooms and communal areas. There was no booking system for visits and the residents who spoke with the inspectors confirmed that their relatives and friends could visit anytime.

Residents' spoken with said they were happy with the activities programme in the centre. Inspectors observed the residents attending a karaoke session on the evening of the first day of inspection and attending Mass and a live Music event on the second day. The inspectors observed staff and residents having good humoured banter during the activities. The inspector observed the staff chatting with residents about their personal interests and family members. Many residents were walking and using mobility aids around the corridor areas of the centre. Many were also seen reading newspapers and books, watching television, listening to the radio, and engaging in conversation.

Residents' views and opinions were sought through resident committee meetings and satisfaction surveys. The centre had a resident ambassador who met with the activities team and person in charge regularly. Residents spoken with confirmed that they could bring any concerns or issues to their resident ambassador to discuss with

the person in charge and the resident ambassador communicated with residents who could not attend the centres residents meetings.

The centre provided a laundry service for residents. Residents' whom the inspectors spoke with over the days of inspection were mostly happy with the laundry service. A resident told the inspectors that there towels required softener as the towels were very rough on their skin. The inspectors noted that their issue with the towels had been highlighted at the residents committee meetings and an action plan had been put in place to address the towels.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

The inspectors found that there had been significant improvements in governance and management systems since 2023 which resulted in a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in April 2023, and the improvements were seen to be effective in the centre. Good practice was identified in a number of areas during this inspection. The areas for improvement identified on this inspection were related to care planning, and privacy in shared bedrooms.

The registered provider was Castlebridge Manor Private Clinic Limited. There had been a change in the directors of Castlebridge Manor Private Clinic Limited prior to the inspection. The centre is part of a large group that own and manage a number of designated centres in Ireland. The person in charge reported to the regional operations manager to which reported upwards to the director of operations. The person in charge worked full-time Monday to Friday in the centre and was supported by a deputy persons in charge and two clinical nurse managers. The deputy person in charge and clinical nurse managers (CNM) works in a supernumerary capacity on each floor seven days a week to provide clinical supervision and oversight of residents care needs. In addition the person in charge was supported by a team of staff nurses, healthcare assistants, housekeeping, activities co-ordinators, catering, administration, laundry and maintenance staff supported the person in charge. The person in charge had access to group resources, for example; finance, human resources and facilities management.

There were sufficient staff on duty to meet the needs of residents living in the centre on the days of inspection. The centre had an established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. Staff with whom the inspectors spoke with, were knowledgeable regarding safeguarding procedures. Improvements were found in the supervision of staff on the first floor. Inspectors were informed that the deputy person in charge was based mainly on the first floor and provided supervision and support to staff on the first floor.

Records and documentation, both manual and electronic were well-presented, organised and supported effective care and management systems in the centre. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

Inspectors found that there were good management systems in place to monitor quality and safety in the centre. Improvements were found in the centres audit records. The centre had a comprehensive and ongoing schedule of audits, for example; care planning, safeguarding, falls, call bell and medication management audits. Audits were objective and identified improvements. Records of management and staff meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Regular management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's satisfaction surveys, post falls analysis, complaints and audits. The annual review for 2023 was available during the inspection. It set out the improvements completed in 2023 and improvement plans for 2024.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspectors followed up on incidents that were notified since the centre was registered and found these were managed in accordance with the centre's policies.

#### Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

#### Regulation 15: Staffing



On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of four registered nurses on duty in the centre at all times for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safeguarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspectors. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

All records were readily accessible and maintained to a good standard.

Judgment: Compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in the centre, and residents knew the staff, including the management team.

The registered provider had implemented an improvement plan following the previous inspections, and the impact of this was seen in high levels of compliance with the regulations, and an improved experience for residents and their families.

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, nutrition, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteer's attended the centre to enhance the quality of life of residents. Volunteers were supervised and had Garda vetting disclosures in place. Their roles and responsibilities were set out in writing.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an updated complaints policy in place that reflected the changes to the regulations made in March 2023. The policy clearly set out the procedure for managing complaints, including the identification of a named complaints officer, review officer, and the expected timelines for responding to complaints. This procedure was clearly displayed around the centre, and residents spoken with knew who to raise any concern with if they had them.

Records for any complaints received showed the policy was followed in practice.

Judgment: Compliant

## Quality and safety

Overall, inspectors were assured that residents living in the centre enjoyed a good quality of life. Staff were seen to be respectful and courteous towards residents. There were good positive interactions between staff and residents observed during the inspection. On this inspection further improvements were required to comply with areas of care planning, and residents rights.

Residents' nursing care and healthcare needs were met to a good standard. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services including psychiatry of older age.

The inspectors viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were comprehensively assessed prior to admission, to ensure the centre could meet their needs. Care plans viewed by inspectors were generally person-centred. However, a review of a sample of care plans found that in some examples there was insufficient information recorded to effectively guide and direct the care of these residents. Details of issues identified are set out under Regulation 5.

Improvements were found in safeguarding systems and the centre had a separate client account for residents funds to hold resident monies if required. There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training and were knowledgeable of what constituted abuse and what to do if the suspected abuse. All interactions by staff with residents were observed to be respectful throughout the inspection.

Improvements were found in residents rights since the previous inspection. The residents living on the first floor had unrestricted access to all areas on the first floor. Inspectors were informed that residents on the first floor regularly attended activities on the ground floor and inspectors saw his movement during the inspection. Residents did not report any difficulties communicating with staff. Residents had the opportunity to meet together and discuss relevant issues in the centre and also had access to an independent advocacy service if needed. Residents'

rights, and choices were respected as was seen through the routines of the day, where residents were following their preferred routines. Residents were actively involved in the organisation of the service, with regular residents meetings, and also engagement from the senior staff team meeting with residents and families with an open door policy in place. Residents have access to daily national newspapers, weekly local newspapers, books, televisions, and radio's. Mass took place in the centre weekly which residents said they enjoyed. While lots of good practice was observed, there continued to be a need to address the privacy of residents in some shared rooms, due to the positioning of the curtains.

The overall premises were designed and laid out to meet the needs of the residents. Improvements were found to the premises since the previous inspection. The provider had made improvements to a day room and the sensory room on the first floor with redecoration and updated furniture. Bedrooms were personalised with pictures, ornaments and small items of furniture, with ample space for their belongings. Overall, the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean and well maintained.

Improvements were found in the resident's mealtime experience on the first floor since the previous inspection. Residents had access to two dining rooms on the first floor. Residents were observed to be appropriately supervised in the dining rooms and in their bedrooms. The inspectors observed that residents were provided with adequate quantities of food and drink. Residents were offered choice at mealtimes and those spoken with overall confirmed that they enjoyed the meals provided. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met. The dining experience was relaxed and there were adequate staff to provide assistance and ensure a pleasant experience for residents at meal times.

### Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Rooms throughout the centre had been decorated to provide a pleasant environment, with a range of communal rooms for different activities. There was access to a courtyard which was nicely laid out, with seating.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents provided positive feedback about the quality of meals, and access to drinks and snacks though out the day.

To support good dietary health, a validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. Residents' had timely referral and assessment by the dietician. Meals were pleasantly presented and appropriate assistance was provided to residents during meal-times. Residents had choice for their meals and menu choices were displayed for residents.

Judgment: Compliant

### Regulation 20: Information for residents

A guide for residents was available. This guide contained information for residents about the services and facilities provided including, complaints procedures, visiting arrangements, social activities and many other aspects of life in the centre. Specific information on additional fees was detailed in individuals' contract for the provision of services.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of assessments and care plans and found that residents had care plans developed to meet the assessed needs of residents identified on both pre and on comprehensive assessments. However, some resident's care plan required additional information. For example:

- One residents care plan did not contain the level of detail needed to guide staff in the management of their responsive behaviours.
- A number of care plans viewed outlined prompts of care which could be provided, rather than details of specific person- centred care.
- One resident had a detailed care plan outlining that their weight was to be monitored. There was no record of the residents weight recorded since July 2024
- Examples were seen where daily notes did not clearly describe the care and support provided.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate, for example the dietitian, and physiotherapist. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Where any safeguarding concerns had arisen, they had been responded to in line with the policy, and residents had appropriate plans in place to support them, and direct staff in relation to the support to be provided.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents who spoke with inspectors reported that they were comfortable and happy living in the centre. They were able to follow a daily routine of their own choice, and partake in a range of activities, if they wanted to. While access to activities had improved since the last inspection, further work was required to ensure there were meaningful activities available across the week and weekend, to meet the wide variety of interests of the residents.

On reviewing some of the twin bedrooms, inspectors noted they were not configured to support resident privacy. For example:

- The layout of twin bedroom 36 required reconfiguration. One resident in this room had to enter the other residents bed space to access their clothing, use the en-suite bathroom facilities and exit the bedroom.
- The curtains surrounding the bed spaces in a number of the twin bedrooms did not close.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Castlebridge Manor Nursing Home OSV-0005826

Inspection ID: MON-0035065

Date of inspection: 03/10/2024

## 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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All care plans are being reviewed to ensure that the person-centred needs of the residents are documented accordingly and to guide care, eg; all residents with positive support care plans will have their care plans reviewed.</p> <p>Guidance has been provided with a schedule for timely weight monitoring for all Residents and this has been added to the CNM duties for r/v each week.</p> <p>Documentation and Care planning training will be provided to all nursing staff.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Through Resident feedback we will continue to improve and expand our activity schedule to provide activities to meet the wide variety of interests of our Residents.</p> <p>The layout of our twin room 36, will be reconfigured to ensure the privacy and dignity of both Residents.</p> <p>We will review and amend as necessary the placement of furniture in our twin rooms to ensure again that the curtains for each Residents space close fully.</p>	

## 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 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	28/02/2025
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	28/03/2025
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	28/03/2025

Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	28/03/2025
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