

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Araglen House Nursing Home
Name of provider:	Araglen House Nursing Home Ltd
Address of centre:	Loumanagh, Boherbue, Mallow, Cork
Type of inspection:	Announced
Date of inspection:	02 July 2025
Centre ID:	OSV-0000705
Fieldwork ID:	MON-0046391

About the designated centre

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

Araglen House Nursing Home is a purpose-built residential centre, with accommodation for 91 residents. The centre is located close to the village of Boherbue on landscaped grounds with ample parking. The centre provides long-term, short-term, convalescence and respite care to both female and male residents with 24 hour nursing care available. The centre is divided into five units, Orchid, Honeysuckle, Primrose, Daffodil and Bluebell. All of the bedrooms are en suite, single or double, with shower, toilet and wash hand basin. Bluebell is the designated dementia unit. It is self-contained with its own sitting and dining rooms. There are four large sitting rooms and four large dining rooms and other smaller communal rooms located throughout the centre. There is an oratory available for residents. Outdoor areas comprise of four large secure gardens and four well furnished courtyards. These are furnished with colourful, raised flower boxes and seating.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77
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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 July 2025	09:15hrs to 17:00hrs	Ella Ferriter	Lead
Thursday 3 July 2025	08:45hrs to 14:55hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

This announced inspection was conducted by an inspector of social services over two days. Throughout the course of the inspection the inspector met with residents and spent time observing their daily life in the centre, to gain insight into what it was like to live in Araglen House Nursing Home. Overall, feedback from residents was extremely positive. The inspector spoke in detail with fifteen residents who were extremely complementary about the kindness and respect they received from staff. One resident told the inspector that staff made them feel "welcome and at home from day one," while another resident told the inspector that they are treated so well by all disciplines of staff and that they "felt lucky to be here." Some residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content and relaxed in the company of staff.

On arrival to the centre the inspector met with the management team. Following an introductory meeting, the inspector walked through the centre accompanied by the person in charge. Araglen House Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The centre is registered to provide care to 91 residents and there were 77 residents living in the centre at the time of this inspection. It is a single story premises situated on large well maintained grounds in the village of Boherbue, in North Cork. At the main entrance to the centre there is a large, bright and welcoming foyer with comfortable seating, nice decor on the walls and some old memorabilia. The centres receptionist was situated in this area and it was evident that they were well known to residents, staff and visitors, as many were seen to stop for a chat during the day. Visitors were observed calling from mid-morning onwards and throughout the two days. They were welcomed by staff and staff knew visitors by name and actively engaged with them. Two visitors told the inspector that the staff were "remarkable" and they took time to get to know their relative and that they "couldn't be in a nicer place."

The centre is divided into five distinct units all named after types of flowers. Specifically, these were called Orchid, Honeysuckle, Primrose, Daffodil and Bluebell. Bedroom accommodation consists of 75 single bedrooms and eight twin bedrooms, all of which have en-suite facilities. The inspector saw that one of the twin rooms was being renovated at the time of this inspection, with plans to register it as a single bedroom in the future. It was evident that residents were supported to personalise their bedrooms, with items such as family photographs and items from home. Residents told the inspector that they were very satisfied with their bedroom accommodation as it was very comfortable and spacious and some residents commented on the pleasure they got from having views of green fields and the countryside.

Dementia-specific care was provided in the Bluebell unit which could accommodate up to 18 residents in two twin and 14 single bedrooms. The inspector observed that the decor in this unit was designed to support resident way-finding. The inspector

noted that residents had access to communal spaces such as a day room, a dining room and a secure garden. There was also a small kitchen where staff could make residents tea and provide snacks throughout the day. The inspector spent time in this unit over the two days and observed that there was an ethos of respect for residents and the inspector saw that staff gave residents time and were very kind and gentle with residents. Some residents were observed walking around this unit independently and chatting with staff and staff were observed to walk with residents and direct them as necessary.

Overall, the centre was decorated and maintained to a high standard and it was evident that management and staff made great efforts to create and maintain a homely atmosphere. There was sufficient communal space in the centre which included dining rooms, lounges, a hairdressing salon, and quiet rooms. A games room had recently been developed following requests from residents and families which contained a pool table and a dart board. Directional signage was displayed throughout the centre, to support residents to navigate their environment. All communal areas were observed to be bright and tastefully decorated with comfortable furnishings and decor on the walls. There was open access for residents to the secure enclosed external courtyards throughout the centre. The inspector observed that these areas were well maintained with nice planting, paved walkways and comfortable seating, which had recently been purchased at resident's request. A large oratory was also available, to the right of the entrance foyer, which residents and visitors could use as they wished. Mass took place every Tuesday in the centre.

This inspection took place on two bright sunny days in July. On the first day of this inspection the inspector observed there was a Summer Barbecue in the afternoon to celebrate the local priest's retirement. Over 40 residents as well as approximately 35 family and friends of relatives attended the occasion. An outdoor mass was celebrated and a barbecue was served to all, as well as drinks from a drinks trolley. The local ice cream van also was in attendance, serving 99s to residents and visitors. Staff assisted residents who required additional supervision and support and encouraged their attendance. A local musician played the guitar and sang for the crowd. The inspector observed residents, staff and visitors enjoying this occasion and many people gave positive feedback to the inspector about the quality of life residents had in Araglen House and how the centre was such an important part of the community.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete, to obtain their feedback on the service. In total, three family members and nine residents completed the questionnaires. All residents conveyed that they were happy living in the centre and described staff as excellent, kind and friendly. One resident stated that they admired the staff and the work that they did. All residents conveyed they were very satisfied with their living environment describing the centre as "state of the art," and "excellent in every way." Residents confirmed they had choice in their daily life and their rights were always respected. Family members who completed questionnaires also expressed satisfaction with the care and services being delivered in the centre.

The inspector observed that staff engaged with residents in a kind and respectful manner throughout the inspection. Communal areas were supervised at all times and call bells were observed to be attended to in a timely manner. Staff who spoke with the inspector were knowledgeable about the residents and their individual needs and many told the inspector that they loved and enjoyed their work and their interaction with residents. Residents who spoke with the inspector confirmed that they had choice over their daily routine, including when to get up in the morning, the clothes to wear and whether or not they wished to partake in the day's activities. The inspector saw that residents who chose to stay in their bedrooms were checked regularly and visited by staff.

The inspector observed a large proportion of residents living in the centre attend the dining room for their lunch. There were two large adjoining dining rooms which were clean, bright and beautifully furnished to accommodate residents. Additional furniture had been purchased for residents with specialised chairs, to ensure they were at the appropriate height to access their meals. The inspector observed several residents coming into the dining room independently and being greeted warmly by catering staff when they arrived. It was evident that there was a choice of two dishes for the lunch-time meal. Residents' were noted to be chatting about the food they were eating and they told the inspector that the quality was very good. One resident told the inspector they would prefer their breakfast at a later time. The management team committed to reviewing this following the inspection. For residents who required textured or modified diets the inspector observed that these were well presented and looked appetising.

Over the course of the two days, residents were engaged in meaningful and enjoyable activities. There was a programme of activities scheduled for residents throughout the week, which was on display. Some residents chose not to participate in activities, and their choice was respected. The inspector observed respectful interactions and a good, personal rapport between staff and residents when partaking in activities. The inspector spoke to a member of staff who had recently attended training with regards to movement through music, and they explained the exercise programme available to residents weekly based on this programme. The inspector observed a large group of 18 residents taking part in one of these activities on day one of the inspection with two members of staff. Residents and staff laughed and joked with each other as they spoke about local areas where they were from and the importance of keeping active.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

Overall, the findings of this inspection were that Araglen House Nursing Home was a well-managed centre where residents received a high standard of person-centred care. The governance and management of the service was robust, which ensured that residents received safe care and services. It was evident to the inspector that the provider and team of staff were committed to a process of quality improvement, with a focus on respect for residents' human rights.

The registered provider of the centre is Araglen House Nursing Home Limited and this company has two directors. One of whom is involved in the management of the centre on a daily basis and they have a strong presence in the centre. There was a clearly defined management structure in place. From a clinical perspective the centre was managed by an appropriately qualified person in charge, who was responsible for the overall delivery of care and support to the residents. They were supported in their role by a clinical management team, consisting of two assistant directors of nursing and two clinical nurse managers. There was a team of nurses and healthcare assistants, social, catering, domestic, administrative and maintenance personnel, who each supported the running of the centre. The provider also employed a Resident and Family Liaison manager, a Human Resource manager and a Facilities manager, to support the operational management of the service.

On the days of this inspection the inspector was assured that there was a sufficient level of staffing with an appropriate skill-mix, across all departments. Communal areas were appropriately supervised. Residents who required enhanced supervision were well supported. Staff who spoke with the inspector, demonstrated an understanding of their roles and responsibilities and were knowledgeable regarding residents' assessed needs.

There was a training programme in place for staff, which included mandatory training and training in other areas, to support the provision of quality care. Staff were encouraged to identify their learning needs and interests and were supported to complete additional training courses. Registered nurses undertook annual medication management training and additional training in wound care and falls prevention and staff also were facilitated to complete training in human rights. The inspector was assured that staff were appropriately supervised in their roles, with a member of the management team working in the centre seven days per week.

There was good communication systems in place and staff were aware of the lines of authority and accountability within the service. There was a structured schedule of meetings such as a weekly management team meeting. A number of multidisciplinary groups and committees were in place to ensure oversight of clinical risks to residents, such as restrictive practice, nutritional care, and infection prevention and control. The quality and safety of the care provided in the centre was discussed at meetings and included discussion on recent audit results.

All records requested during the inspection were provided. Record keeping and file management systems consisted of both electronic and paper based systems. Policies and procedures as required by Schedule 5 of the regulations were available to guide staff. These policies were found to be centre-specific and were up to date with relevant information and national and international guidance. A sample of contracts

of care were reviewed. They were seen to include fees for services, the room to be occupied and the number of other occupants in that room, as per the requirements of the regulations. However, residents who were admitted for a short term stay, such as convalescence or respite did not have a contact of care. This is actioned under Regulation 24.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint. A review of the complaints records found that complaints were managed in line with the requirements of the regulations. Incidents were recorded electronically and there was good oversight of these by the person in charge. All incidents had been notified to the Chief Inspector, as per regulatory requirements.

There were effective management systems in place to monitor the quality of care and service provided. Records viewed by the inspector demonstrated that a weekly analysis of key clinical performance indicators was completed. The management team collated clinical data such as antibiotic usage, controlled medication usage, resident wounds and nutritional care. There was a yearly audit schedule in place to support the management team to measure the quality of care provided to residents. The inspector viewed a sample of audits relating to medication management, care plans and wound care management, as well as observational audits of residents dining experience. A review of these audits found that quality improvement plans were developed following audits completed and there was good management oversight of the service. This ensured that deficits identified were addressed in a timely manner and improvement planned were implemented.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information required, as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge is a suitably qualified nurse with experience in the care of older persons and a management qualification. They had a strong presence in the centre and were well known to the residents and families. The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the centre was adequately resourced ensuring that good quality care and a safe service was provided to residents. The inspector noted that the provider was monitoring staffing levels in line with residents dependency levels and using this data to inform staff allocation in each unit. For example; additional staff were allocated to the dementia specific unit in the evening to support these residents, whose symptoms may be enhanced at this time.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing comprehensive schedule of training in place, to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. A training matrix was maintained to monitor staff attendance at training provided. The provider had good procedures in place for the recruitment and retention of suitable staff. There was a comprehensive induction programme completed for newly recruited staff, which included the completion of a centre specific induction documentation, which was overseen by the management team.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had established and was maintaining a directory of residents in the centre and this included all information as outlined in the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance in place against injury to residents, and loss or damage to residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that sufficient resources were available to allow a high level of care to be provided to the residents. There was a clearly defined management structure in place with identified lines of accountability and authority. The annual audit schedule indicated regular audits were taking place in areas such as infection control, medication management and care planning. Issues identified for improvement through the audit process were addressed in a timely manner. An annual review of the quality and safety of care delivered to residents was completed for 2025 and the review identified the improvements plans for 2025.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents on short stay admissions did not have a contract of care in place. This meant that there was no agreement in writing with the registered provider and each resident, on their admission to the designated centre, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom that the resident shall reside in. This is a requirement of the regulation.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

An electronic record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. The person in charge informed the Chief Inspector of notifiable events, in accordance with Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place that was displayed in the centre. There was a low level of complaints in the centre, nonetheless, complaints received were recorded and actioned by the complaint's officer. Residents who spoke with the inspector were aware how to make a complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that management and staff promoted a person-centred model of care. Residents' individual rights were supported in Araglen House Nursing Home and residents living in the centre were seen to have a good quality of life, which was encouraged by staff who were kind and supportive. There was evidence of good consultation with residents, and their needs were being met through good access to healthcare services and good opportunities for social engagement.

Residents' health and social care needs were assessed via a pre-admission assessment by the centres Resident and Family Liaison manager to ensure the centre could meet the needs of residents. Information was gathered through validated assessment tools, in conjunction with information gathered from the residents and where appropriate, their relatives. This information informed the development of person-centred care plans that provided guidance to staff with regard to residents specific care needs and how to meet those needs. A review of resident's care plans found that they were developed and reviewed at intervals not exceeding four months, in consultation with the resident. Care plans were found to be person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Residents healthcare needs were met to a high standard and there was satisfactory evidence that residents had timely access to healthcare and medical services. Residents had access to local general practitioners who attended the centre weekly and there was an out of hour's service when required. There was also access to allied health care professionals such as physiotherapy, occupational therapy and dietitians. Residents' records showed that a high standard of evidence-based nursing care was consistently provided to the residents, which resulted in good outcomes for

residents. This was detailed in the daily progress notes, wound care records and the individualised plans of care, which were regularly reviewed and updated when residents' condition changed.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services, to ensure best outcomes for residents. There was an ongoing initiative to reduce the incidence of restrictive practices in the centre. Where restraint, such as bedrails, were required, there was a comprehensive risk assessment completed with the multi-disciplinary team and resident concerned.

The inspectors was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents said that they were kept informed about changes in the centre through resident meetings and daily discussions with staff and felt that their feedback was valued and used to improve the quality of the service. This included discussions about the quality of the activities and planned outings.

Regulation 11: Visits

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms. Residents were satisfied with the arrangements that were in place to facilitate visits at the time of the inspection.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained and it conformed with the matters set out in Schedule 6 of the Regulations. It was decorated to a high standard and there were ongoing enhancements to make it comfortable and homely for residents.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents' request. Menus were developed in consideration of resident's individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements as detailed in their care plan. Daily menus were displayed in suitable formats and in appropriate locations so that residents knew what was available at mealtimes. There was adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly, sensitively and individually.

Judgment: Compliant

Regulation 27: Infection control

The provider ensured that staff received suitable training with regard to infection prevention and control. A member of the nursing team had completed the infection control link nurse course and supported the team with oversight of infection control via regular audit of standard and transmission based precautions. There was good oversight of residents who were colonised with infection and antimicrobial usage was closely monitored in the centre. The inspector saw that there was adequate resources to ensure the centre was cleaned daily and deep cleaning of resident's bedrooms also took place, as per the implemented schedule. Where required the provider consulted with additional expertise from the Department of Public Health, to obtain advice on the management of outbreaks. Areas identified, to be addressed on the previous inspection had been actioned such as the installation of additional hand sanitisers outside of bedrooms, to facilitate staff hand hygiene practices.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The care plans reviewed were person-centred and they reflected residents' needs and the interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition. There was sufficient information to guide the staff in the provision of health and social care to residents based on resident's individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely referral and access to a range of health and social care professionals such as physiotherapy, occupational therapy, dietitian, speech and language therapy, tissue viability nursing expertise, psychiatry of later life and palliative care services. There were clear nursing pathways in place to prevent and manage wounds in the centre and the inspector found that timely nursing intervention, referral and engagement with healthcare professionals resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restrictive practices, such as bedrails, were managed in the centre through ongoing initiatives to promote a restraint free environment and equipment was available and trialled in order to minimise the use of bedrails in the centre. The centre had recently reduced the number of bedrails in the centre by 12% through a quality improvement plan which was ongoing. The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff received training in the responsive behavior and the use of restraint.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents living in the centre at the time of this inspection. The inspector reviewed the system in place for charging residents for external services such as hairdressing. It was evident that there was a robust system in place where residents' monthly bill clearly indicated if they had purchased any additional services.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to independent advocacy services and also had access to media such as radio, television and wireless Internet access in the centre. Residents were facilitated to practice their religion. There was evidence of consultation with residents in the planning and running of the centre. There was a varied and interesting schedule of activities over seven days per week. Management and staff of Araglen House Nursing Home promoted respected the human rights and choices of resident's living in the centre.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Araglen House Nursing Home OSV-0000705

Inspection ID: MON-0046391

Date of inspection: 03/07/2025

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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: A short-term contract of care has been put in place.	

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 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	11/08/2025