



**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:	Retreat Nursing Home
Name of provider:	Retreat Nursing Home
Address of centre:	Retreat Heights, Bonnavalley, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	13 August 2025
Centre ID:	OSV-0000086
Fieldwork ID:	MON-0043576

About the designated centre

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

Retreat Nursing Home is a centre situated in a residential area of Athlone. According to its statement of purpose, it aims to provide its residents with a secure, relaxed, and homely environment in which their care, well-being and comfort are of prime importance. The centre provides long-term care for up to 37 adults of all levels of dependency, including those with a diagnosis of dementia or cognitive impairment. The service's statement of purpose states that it can also provide convalescent/respite care, palliative care and rehabilitation. The centre is a single-storey building, comprising 17 single bedrooms and 10 twin bedrooms, many of which contain en suite facilities. A variety of communal rooms are available for residents, including a spacious living room, sensory room, several sitting rooms and an oratory. The building is situated around two enclosed courtyards, which are fully accessible to residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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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 13 August 2025	09:00hrs to 17:15hrs	Celine Neary	Lead

What residents told us and what inspectors observed

Throughout the day of this unannounced inspection, the inspector observed that residents received care and support which was of a high standard, safe and kind, and they were observed to enjoy a good quality of life. Residents choice was promoted and the care provided was individualised and person centred. The inspector observed residents interactions with staff and was assured that these were respectful, patient and compassionate in nature.

This inspection took place over one day. There were 34 residents accommodated in the centre on the day of the inspection and three vacancies.

The inspector arrived in the morning and found a calm, organised and relaxed atmosphere within this centre. The inspector requested a copy of the staff roster and walked around the centre to observe residents' morning routine and observe staff interactions and responses to requests for care and support. Observations confirmed that there were sufficient numbers of staff available to be able to provide support in an unhurried and timely manner.

The centre was exceptionally clean throughout, and it was warm, while also being well ventilated. It appeared homely and inviting. There was information displayed at the entrance to advise visitors to sign-in the visitors book, and perform hand hygiene before entering the centre. It also provided information in relation to visiting residents and the procedures in place to promote infection prevention and control within the centre, to protect and safeguard residents.

The inspector found that staff were attentive to residents, call-bells were answered in a timely manner, and there was an organised approach to care provided. Staff were aware of their roles and responsibilities, and knew residents' preferences and daily routines. Many residents had started their day, and others were receiving care and support to do so. Some residents were sitting in their dining room having breakfast, some were in their sitting room, and others were facilitated to have a lie-in, at their own request and preference. The doors to two courtyard gardens were open, and residents could access these well-designed areas without any restrictions. This area was adorned with flowers and shrubs, garden furniture and ornaments, a planter which contained fresh strawberries, all of which complemented these spaces. Residents were observed using the gardens throughout the day.

As the day progressed, the majority of residents were observed in the communal areas, watching TV, reading, chatting to one another and staff or participating in activities. A small number of residents chose to spend time relaxing in the comfort of their bedrooms. The inspector spoke with many residents and some visitors during the day. Feedback from both were overwhelmingly positive and residents told the inspector that "you couldn't find a better place", "I am happy here", "i feel safe"

and "they are very good to me and help me when i ask". Visitors confirmed that their relatives were content and in receipt of good care.

There was a calm and friendly atmosphere, which helped to reassure residents, especially those residents who were living with dementia and who needed time to process stimuli in their environment. Staff were aware of these residents' communication needs, and their need for assurances around care support, and around their involvement in the daily life of the designated centre.

Most bedrooms were single-occupancy with en-suite facilities, and some were double occupancy with a wash hand basin in place. The double-occupancy rooms s (this could be questioned by other providers who have a restrictive condition) met the regulatory requirements. Each bedside area had a chair, bedside locker, wardrobe and television for residents to use. Bedrooms were found to be personalised by residents, with many displaying photographs of family members and momentos from their previous homes. Residents who spoke with the inspector said that they found their rooms comfortable and that they had enough storage space for their personal belongings. There were no restrictions on residents accessing any communal areas within their home. Communal areas were tastefully decorated and furnished with comfortable seating and furniture for the residents. Corridors were long and wide and contained support rails if needed. There was a selection of quiet areas available, such as an oratory, a conservatory and reception area which contained seating for residents and visitors to enjoy. This centre also had a visitors' room available.

There was an activity programme available in this centre. There were two activity staff employed to co-ordinate, and provide a diverse activities programme for residents. There were a number of activities observed on the day, which were attended by the residents and included a ball exercise game, water games, drawing and bingo. Staff providing these activities demonstrated skills, and knowledge, which assisted, and encouraged residents to participate in these activities.

The inspector observed that residents were facilitated to attend the dining room for mealtimes. The provider arranged for two meal sittings, one for residents who required ongoing assistance with their food and drink, while the second sitting was for residents who were more independent with their food and drink requirements. The inspector observed that there were sufficient numbers of staff available to assist residents at both these sittings. The inspector observed that catering staff were friendly and approachable, and took into account residents' likes and dislikes. During lunchtime, food choices available consisted of bacon and cabbage or Shepard's pie. Both dishes appeared appetising, and tastefully presented. There was easy access to refreshments, and residents were offered soup, tea, coffee, and water throughout the day. Staff demonstrated their knowledge regarding residents with special or modified diets, and these needs were catered for accordingly. Residents told the inspector that "the food is lovely here".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider following the last inspection.

The findings of this inspection were that Retreat Nursing Home was a well-run centre with an established management structure that was accountable and responsible for the provision of safe and quality care to residents. It was evident that the centre's management and staff focused on providing a quality service to residents and promoted their well-being. While the provider had taken some action following the previous inspection to ensure that residents' individual assessments and care plans were reflective of their current care needs, the inspector found that care plans were not always revised in a timely manner following a change in a resident's care needs. While there were management systems in place to support governance and oversight of the service, some of those systems were not effective in ensuring full regulatory compliance in relation to the care planning and medication management. The provider had completed their compliance plan in relation to premises and residents' rights, and this inspection found that the provider had come into compliance with these regulations.

Retreat Nursing Home Limited is the registered provider for this designated centre. A company director represents the provider entity and works full-time in the centre. The nursing management team consists of the person in charge and a clinical nurse manager (CNM) who oversee the work of a team of nurses, health care assistants, an activity co-ordinator and housekeeping and catering staff.

The centre had sufficient resources to ensure effective delivery of good quality of care and support to residents. The centre had a stable team of staff. This ensured that residents benefited from continuity of care from staff who knew their individual needs. The team providing direct care to residents consisted of registered nurses, and a team of health care and multi-task assistants. There were sufficient numbers of housekeeping, catering and maintenance staff in place. There was a system in place to ensure clear and effective communication between the management and staff. The provider had robust recruitment, induction and probationary processes in place. Many staff had worked in the centre for many years which supported the continuity of service provided.

The provider had systems in place to support the oversight of the quality of care received by residents, but they needed to be more comprehensive of the service provided and clinical documentation. Audits completed for 2025 were limited to

capturing data relating to residents' falls, weight monitoring, residents' funds, antibiotic therapy and anti-coagulation therapy. However, there was no audit schedule in place to ensure comprehensive information was captured and to drive improvements when required.

There were regular management team meetings, which were attended by the person in charge, the clinical manager and a person representing the provider entity. Records of these meetings were available for review, and topics such as the status of residents, staffing, infection prevention and control, fire safety, complaints, training and audits were discussed.

An annual review of the quality and safety of the service had been completed, in consultation with residents, for 2024.

There was a comprehensive training and development programme in place for all grades of staff. Records showed that all staff had completed training in fire safety and safeguarding of vulnerable people. In recognition of resident's needs, staff were also facilitated to attend training relevant to supporting residents living with dementia. Staff demonstrated an appropriate awareness of their training, with regard to fire safety procedures, and their role and responsibility in recognising and responding to allegations of abuse. All staff were appropriately supervised and supported in their roles.

A review of the system of complaints management found that complaints and expressions of dissatisfaction with the service were documented and managed in line with the centre's complaints policy and procedures. There was a low level of complaints in the centre. There were two complaints recorded since the last inspection. One had been resolved to the satisfaction of the complainant and the other complaint was still under review at the time of the inspection. The complaints procedure was displayed prominently.

Regulation 15: Staffing

On the day of the inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to attend training relevant to their role, and staff demonstrated an appropriate awareness of their training, such as safeguarding of vulnerable people, and infection prevention and control.

Staff were appropriately supervised, and there were robust systems in place for the induction of newly recruited staff, and through senior management presence in the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 of the regulations were safely stored in the designated centre and were available for inspection.

Judgment: Compliant

Regulation 23: Governance and management

While there was a defined and established management structure in place, some of the management systems in place to ensure that the service was safe and effectively monitored were not fully effective. This was evidenced by:

- There was inadequate oversight of the medication management practices in the centre. This was a repeated finding from the last inspection, and the inspectors' findings on this inspection had not been identified by the provider through their own auditing processes.
- The system for oversight of individual assessments and care planning did not improve since the last inspection, as not all residents were adequately assessed on their admission, and their care plans were not regularly reviewed.
- There was no audit schedule in place to ensure that regular audits would drive a continual quality improvements in the centre.

The registered provider did not develop or implement a quality improvement plan as part of its annual review for 2024.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the required information set out under Schedule 1 of the regulations and was available to staff, residents and relatives. The statement of purpose described the centre's vision, mission and values. It accurately

described the facilities and services available to residents, including the size and layout of the premises. The statement of purpose had been reviewed within the last year.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. There was a comprehensive record of all complaints. A review of the records found that complaints were reviewed management and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Policies and procedures were accessible to all staff and provided appropriate guidance and support on the provision of safe and effective care to the residents.

Judgment: Compliant

Quality and safety

Overall, residents' health and social care needs were maintained by a satisfactory standard of evidence-based care and support from a team of staff who knew their individual needs and preferences. Residents reported feeling safe and content living in the centre.

It was evident that there was a strong person-centred approach to providing care and support for residents in the designated centre. This inspection found that decisions were made with the resident, and where appropriate, their representative and that residents' rights were upheld. Residents also had access to independent advocacy services where required and were encouraged to choose how they spent their days. Staff and managers were innovative in finding ways to support residents

to lead their best life, and to ensure that they maintained contact with their friends, families and the local community.

However, some focus and effort were required from the provider to improve key areas such as assessments and care planning and medication management, to ensure a consistent and safe service was provided.

The design and layout of the centre meets the needs of residents who live there. The communal spaces provide a homely and stimulating environment for residents with opportunities for rest and recreation. The centre was homely, clean, appropriately heated and well ventilated.

There is suitable equipment available for residents to use in order to promote their comfort and independence. Equipment was stored appropriately and was regularly cleaned and well maintained. There were appropriate sluice and laundry facilities available.

The inspector found that the layout of twin-occupancy rooms and storage in the centre had been improved upon since the last inspection. Residents residing in the smallest twin occupancy bedrooms were in line with the provider's own statement of purpose, which outlined the dependency levels allowed for these rooms.

The inspector reviewed a sample of residents' care records, which were recorded on an electronic documentation system. Residents had a comprehensive pre-admission assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. However, not all assessments and care plans were initiated 48 hours of admission to the centre or reviewed as changes occurred, in line with regulatory requirements.

Residents had timely access to the General Practitioner (GP) of their choice. There were systems in place to ensure that residents were referred to health and social care professionals as required, such as occupational therapy, physiotherapy and dietetic services.

Residents told the inspector that they enjoyed living in the centre and that they were kept busy. Residents were facilitated to participate in meaningful activities in accordance with their interests, abilities and capacities. Residents had unrestricted access to courtyard garden areas.

Personal choice and preferences of each resident were encouraged and respected in this centre. Regular residents' meetings were held in the centre, and the records indicated that the residents were consulted about and participated in the organisation of the centre. Feedback from these meetings was shared with managers and relevant staff teams and was used to make changes where required.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were not restrictive and were in line with residents' preferences.

Residents were able to meet with their visitors, as they wished. There were private spaces for residents to receive their visitors other than their bedroom. Visitors were made welcome with tea, coffee and snacks made available for them.

Visitors signed into the visitors book on entry to the centre and staff were available to take visitors to the resident.

A written visitors' policy was in place and reflected the recent legislative changes.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and retained control over their personal property, possessions and finances. Residents had a lockable storage space in their bedroom if they wished to use it.

Each resident had their own wardrobe with in-built shelving and hanging space as well as a locker, if they wanted to store their personal items and photographs.

Residents' personal laundry was appropriately laundered and returned to them in a timely manner.

Judgment: Compliant

Regulation 13: End of life

Residents approaching the end-of-life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end-of-life was facilitated.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises were well-maintained and appropriate to the number and needs of the residents living in the centre. Storage had improved, and the layout of the smallest twin-occupancy rooms were adequate, and arrangements in line with the provider's statement of purpose were adhered to.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspector sat with residents and observed a mealtime service in the dining room, and was assured that residents were offered a choice of meals and were provided with the required levels of support with their eating and drinking. Staff provided assistance to residents in a respectful and patient manner.

Residents who spoke with the inspector were complimentary regarding the quality, quantity and variety of food. Food was nutritious and well presented. Drinks and snacks were provided to residents throughout the day of the inspection.

Systems were in place to ensure residents received a varied and nutritious menu, and dietetic requirements such as diabetic or modified diets were accommodated.

Residents' nutritional status was assessed monthly, weights were recorded, and a dietitian was consulted where necessary.

Judgment: Compliant

Regulation 20: Information for residents

There was a resident's guide made available for residents with information in respect of the designated centre.

The guide included a summary of the services and facilities provided in the centre, the terms and conditions relating to living in the centre, the visiting arrangements and the complaints procedure. This had been recently updated and was readily available in several areas throughout the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge of the designated centre ensured that when a resident is temporarily absent from the centre, all relevant information about the resident is provided to the receiving designated centre, hospital or other place.

The inspector was assured that discharges were discussed, planned for and agreed with the resident and, where appropriate, with their family. A multidisciplinary approach to discharge planning was taken to ensure safety and uphold residents' rights, in deciding to go home.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The medicine administration in the centre did not ensure a high standard of nursing practices in accordance with professional guidelines issued by the Nursing and Midwifery Board of Ireland.

From a review of a sample of medication charts, the inspector found that the administration of medications on four occasions had not been recorded. As a result, there was a risk that these residents had not received their medications as prescribed. Nursing staff did not record any rationale for this action and this was not identified by the nursing management team through their oversight and audit processes. This is a repeat finding from previous inspections.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were not always assessed on admission within the regulatory 48 hours, and personalised care plans were not always developed in response to any identified needs. Care plan reviews took place every four months, but not always when residents' needs changed. This is a repeat finding from previous inspections.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. Residents also had access to a range of health and social care professionals such as physiotherapy, dietitian and tissue viability nursing.

The residents' nursing care and health care needs were met to a good standard. There was evidence that residents were referred to other health and social care professionals as required. The designated centre received support from its local pharmacist regarding the oversight of medicines management.

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.

Arrangements were in place to support residents to manage their finances and pensions. The provider did not act as a pension agent for any residents in this centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' choice was respected and facilitated in this centre. 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 had a choice in many aspects of their care, such as when they wished to retire to bed and get up, mealtimes, participation in activities and day trips out of the centre. 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 told the inspector that they were well-looked after and could decide how they spent their day. Independent advocacy services were available. Frequent residents' meetings ensured that the voice of the resident was listened to.

The residents' guide included a summary of the service and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and arrangements for visiting. Residents had access to newspapers, television and

radio. There was internet available throughout the centre. A number of residents had mobile phones which they used to keep in touch with families and friends. Families and friends were actively encouraged to remain involved with residents in their day-to-day lives, 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Retreat Nursing Home OSV-0000086

Inspection ID: MON-0043576

Date of inspection: 13/08/2025

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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Audit schedule has been implemented to ensure adequate monitoring of practices. Assessments (new), will be completed with 24hrs of admission and amended accordingly. Medication Management auditing has been increased in frequency.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Regular monitoring of the process has commenced and will be audited thoroughly, regularly. Training has also been updated.	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Assessments to be completed within 24/48hrs of admission and amended accordingly. Care plans to be reviewed on a daily basis and updated as appropriate should circumstances alter.	

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 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	08/09/2025
Regulation 23(1)(h)	The registered provider shall ensure that a quality improvement plan is developed and implemented to address issues highlighted by the review referred to in subparagraph (e).	Substantially Compliant	Yellow	08/09/2025
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of	Not Compliant	Orange	08/09/2025

	the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
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	15/09/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	22/09/2025