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:	Kilkenny Care Centre
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Newpark Crescent, Newpark, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	10 June 2026
Centre ID:	OSV-0008695
Fieldwork ID:	MON-0048444

About the designated centre

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

Kilkenny Care Centre is a purpose-built facility which can accommodate a maximum of 90 residents. It is a mixed gender facility catering for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Each resident has a pre-admission assessment completed prior to admission and family input is actively encouraged. Our staff work closely with residents and family members to complete Life Stories and develop a person-centred activities programme based on the residents' individual choices and preferences.

Care is provided for people with a range of needs: low, medium, high and maximum dependency. We provide nursing care for a variety of residents, including those suffering from multifunctional illness, and conditions that affect memory and differing levels of dependency. Respite care is provided to facilitate temporary relief for primary caregivers. This service may be provided for varied periods of time, agreed upon by the HSE (where applicable), the caregiver, the person requiring care, and Kilkenny Care Centre. We provide convalescent care for people who, following treatment in hospital are assessed to require a further period recovering or recuperating following surgery, major illnesses and accidents. Palliative care is given to residents who are long term in Kilkenny Care Centre as part of their ongoing care, as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	89

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 10 June 2026	08:05hrs to 16:20hrs	Catherine Furey	Lead
Wednesday 10 June 2026	08:05hrs to 16:20hrs	Bernadette McDonald	Support

What residents told us and what inspectors observed

This was a one-day inspection, carried out by two inspectors, who assessed the provider's compliance with the regulations, following an application by the provider to renew the centre's registration.

Residents of Kilkenny Care Centre reported strong satisfaction with the quality and safety of the care they received. They spoke warmly about staff support, access to healthcare, and the overall environment, describing the centre as their home and expressing appreciation for being involved in its daily life. A small number of residents said they might like to get outside more often, and they felt it was difficult to access the courtyards from the upper floors.

On arrival to the centre, inspectors met the two assistant directors of nursing, one of whom was deputising in the absence of a person in charge. A walk-through of the centre followed, during which the inspectors met and chatted with residents and staff. Inspectors observed the care environment and daily routines, to gain an insight into how residents were supported to live meaningful lives while residing in the centre.

Throughout the morning, residents were seen in various parts of the centre. Some enjoyed breakfast in their rooms while reading the newspaper, others rested in bed according to their usual habits, and several spent time in communal areas where staff checked-in regularly while assisting others with morning care. Housekeeping staff were actively cleaning communal spaces and corridors. Interactions between residents and staff were warm and familiar, with friendly conversations and a calm, relaxed atmosphere.

In total, inspectors spoke with ten residents including residents who had recently moved into the centre and those who had resided in the centre since it first opened three years previously. Residents praised staff for helping them adjust to their new surroundings. Staff took time to learn residents' routines, preferences, and care needs, and worked to maintain these after admission. Residents said staff had made an effort to get to know them and their families, helping them feel comfortable and secure. They consistently described staff as kind, attentive, and responsive, noting that assistance was readily available without unnecessary delays. Inspectors saw residents being assisted by staff to stand and mobilise. There was a range of equipment provided to ensure that this could be done safely, for example hoists and walking aids. Inspectors observed two instances where residents were transported in wheelchairs without the footrests being attached. This meant the residents had to keep their feet up independently, which is not a safe and poses a risk of injury to the resident.

The centre was exceptionally clean and well-maintained both inside and outside in the courtyards and grounds. Housekeeping staff worked in an organised way that

respected residents' routines. Residents were very happy with the space that their bedrooms afforded them. Many had personalised and decorated their bedrooms, and brought in their own items of furniture. Residents were satisfied with the laundry service provided and said their clothes were collected and dropped back three times a week, which was sufficient.

Mealtimes were calm, well-organised, and centred on resident choice. Residents could dine in their rooms or in the communal dining room. Meals were freshly prepared and attractively presented, and residents praised the quality and variety of food. Staff showed strong awareness of residents' nutritional needs and preferences. Assistance was provided discreetly and respectfully, supporting dignity and independence. The dining rooms had a sociable, pleasant atmosphere. Residents confirmed that they were always afforded choice and provided with an alternative meal should they not like what was on the menu. Adequate numbers of staff were available and were observed offering encouragement and assistance to residents. Nonetheless, there was inconsistency in the provision of snacks and drinks between meals; some residents receiving a choice of hot and cold drinks and snacks from a trolley between meals, however inspectors observed that this choice did not extend to all residents on all floors.

Inspectors spoke with five visitors, who shared feedback that aligned with residents' views, describing the centre as warm, welcoming, and homely. One visitor said they always felt welcomed by staff. With residents' consent, visitors were kept informed of changes in care needs, and they praised the open communication and responsiveness of staff, noting that this fostered trust and enhanced their experience. Two visitors said they felt that there could be more staff on duty and that the staff were "under pressure" at certain times. A visitor said there was "not much for residents to do if they had dementia". This echoed the observations of the inspectors, who noted that there were long periods where some residents were inactive, and there was limited meaningful interactions or activities on offer.

Residents' meetings and satisfaction surveys provided opportunities to share views and influence the running of the centre. Records showed residents were kept informed about matters affecting them. However, some areas of dissatisfaction with the activities programme, which residents had brought up at two recent residents' meetings, had not been improved. This is discussed further in the report.

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 findings of this inspection were that Kilkenny Care Centre was a well-run centre with established systems to monitor the quality of care and support provided to

residents. It was evident that the centre's management and staff focused on providing a quality service to residents. Inspectors found that the areas of staffing and training required review to ensure that residents were supported in a safe and effective manner each day.

Mowlam Healthcare Unlimited Services is the registered provider for Kilkenny Care Centre. The company has two directors, one of whom is the Chief Executive Officer (CEO) and who is actively involved in the operational oversight of the service. The parent group, Mowlam Healthcare operates a number of designated centres nationally. The centre benefits from oversight by the group Director of Services and a regional manager who support the local management team. At the time of the inspection, a new person in charge had been appointed and was due to commence in the role a few days later. There was an experienced nurse management team in place with clear accountability for the provision of safe and effective care to residents. Throughout the inspection, the management team demonstrated knowledge of the service and the residents living in the centre. They were familiar with residents' individual needs, preferences and circumstances and were actively involved in the day-to-day oversight of care delivery and service operations.

Strong management systems were in place to oversee both the quality and safety of resident care and the overall performance of the service. The management team monitored key clinical indicators by routinely gathering and analysing information on areas such as weight loss, incidents and accidents, wound care, restrictive practices, and nutritional support. This data was used to identify patterns and guide quality improvement measures.

A structured audit programme also supported ongoing oversight, assessing compliance and the effectiveness of service delivery. Audits covered areas including the premises, fire safety, medication management and antimicrobial stewardship. Management reviewed audit findings to pinpoint areas for improvement and to strengthen continuous quality assurance processes. Systems were in place for the recording, review and management of incidents in the centre. Records reviewed by the inspector showed that incidents were documented and reviewed by management.

Staffing resources were planned and managed to meet the assessed needs of residents. The centre was staffed by a stable team of nursing, care, household and support staff. However, activity staffing levels on the day of inspection were insufficient to meet the needs of the residents living in the centre. This is discussed under Regulation 15: Staffing.

Staff had access to mandatory training appropriate to their roles, including training in fire safety and responsive behaviour (how people with dementia…). Training records indicated that staff were up-to-date with these training requirements, and discussions with staff demonstrated an appropriate awareness of their responsibilities in these areas. Examples of inadequate moving and handling of residents observed during the inspection indicated a lack of appropriate supervision

of staff carrying out these duties. This is discussed under Regulation 16: Training and staff development.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A review of the record of all complaints that was maintained by the person in charge demonstrated that complaints were managed promptly and in line with the requirements of the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted a timely application for the renewal of registration of the centre

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was only one activities staff on duty. Inspectors were informed that this was due to a recent resignation, however no alternative arrangements had been put in place to supplement this role. A review of staff rosters identified that this was a recent occurrence. Nonetheless, given the size and layout of the centre over three floors, and the high occupancy rate of 89 residents, one activities staff is not sufficient to attend to the residents' assessed social needs. This was evidenced by:

- Two visitors told inspectors that there was not enough activities staff, particularly on the upper floors.
- Inspectors observed residents in communal areas for periods of time without meaningful interaction; for example, in the afternoon, residents on the first and second floor were gathered in the sitting rooms. While there was music playing on the TV, there was limited engagement from the staff supervising the areas.
- Activities were only provided on one floor. For example, in the afternoon, a musician attended the ground floor, which was well-attended by residents from each floor, but no alternative activity was provided to the residents who chose to remain in their units.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Overall, a high level of training courses were completed by staff across all grades and departments. For example, all staff had completed training in fire safety and safeguarding of vulnerable adults.

Despite the good training records viewed by inspectors, supervision of staff while assisting residents was insufficient. Inspectors observed four instances of residents being transferred through corridors in transit wheelchairs with no footrests applied. This is contrary to best-practice moving and handling guidance, which all staff had been trained in, and presents a risk to the safety of residents.

Judgment: Substantially compliant

Regulation 21: Records

A sample of staff files were reviewed and all contained the required information as set put in Schedule 2 of the regulations, including two references, a valid An Garda Síochána (police) vetting disclosure, and evidence of nurses' registration with the Nursing and Midwifery Board of Ireland (NMBI).

Other records, as set out in Schedules 3 and 4 of the regulations, for example evidence of servicing of fire fighting equipment and a directory of residents, were in place.

Judgment: Compliant

Regulation 22: Insurance

There was an up-to-date contract of insurance against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There were deputising arrangements in place for key management roles. The management team and staff demonstrated a commitment to continuous quality improvement through a system of ongoing monitoring of the services provided to residents. The centre was well-resourced, ensuring the effective delivery of care in accordance with the statement of purpose.

A comprehensive annual review of the quality and safety of care provided to residents in 2025 had been completed by the person in charge, with targeted action plans for improvement set out for 2026. The review also contained feedback and consultation with residents and their representatives

Judgment: Compliant

Regulation 24: Contract for the provision of services

Four contracts of care were reviewed by inspectors. All contracts contained the fees payable for services under the Nursing Home Support Scheme, and any additional fees payable. The terms relating to the bedroom to be provided were also outlined in the contract.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place, which was submitted with the application to renew registration. Minor amendments were required to ensure that the statement of purpose reflected the services provided in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, this is a good service which provides high quality care to residents. Residents told inspectors that they were happy living in the centre and that they felt

safe. Two areas identified by the inspectors requiring review are residents' rights and food and nutrition.

Inspectors observed the dining experience in the centre over lunchtime. Menus were displayed in the main dining rooms and residents confirmed they were offered a choice of beef stew or chicken for lunch. Those who spoke with inspectors expressed overall satisfaction with food. Meals were prepared freshly on-site and appeared nutritious and appetising. Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner. All residents were observed to be seated at appropriate table heights for their comfort whilst dining. Some residents chose to eat in their bedroom, and this was facilitated by staff, who delivered a tray with the residents' chosen options. Notwithstanding these good practices, some improvements were required in relation to the provision of refreshments and snacks, this is discussed under Regulation 18: Food and nutrition.

The inspectors viewed a sample of residents' electronic nursing notes and care plans. There was evidence that residents were assessed prior to admission, to ensure the provider could meet their needs. Care plans viewed by the inspectors were generally person-centred, routinely reviewed and updated in line with the regulations and in consultation with the resident.

Residents had timely access to general practitioners (GP), specialist services and health and social care professionals, such as psychiatry of old age, physiotherapy, dietitian and speech and language, as required. The centre had access to GPs from local practices. Residents had access to a mobile x-ray service referred by their GP which reduced the need for trips to hospital. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

All staff had Garda vetting disclosures on file. Staff had completed safeguarding training. Staff spoken with were clear about their role in protecting residents from abuse and demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and an understanding of their responsibility in recognising and responding to allegations of abuse. All interactions between staff and residents were observed to be respectful throughout the inspection. Residents reported that they felt safe living in the centre. The provider was acting as a pension-agent for three residents living in the centre. Records reviewed found the pension was paid into a separate residents' client account to ensure residents' finances were safeguarded. The provider also audited the balances of the account on a regular basis in line with the centre's policies. The provider held quantities of monies in safe-keeping for residents. The provider had a transparent system in place where all lodgements and withdrawals were signed by two staff.

The inspectors found that aspects of residents' rights were upheld in the centre. Staff were seen to be respectful and courteous towards residents. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires, but it was evident on the day of inspection that residents' requests

for certain activities had not been implemented or considered. Staff were seen to respect residents' privacy and dignity by knocking on bedroom and bathroom doors before entering. Residents could communicate freely and had access to radio, television, newspapers, telephones and internet services throughout the centre. Residents also had access to independent advocacy services. Notwithstanding these good practices, action was required by the provider to ensure that residents had opportunities to participate in activities in accordance with their interests and capabilities. This will be discussed under Regulation 9: Residents' rights.

Regulation 18: Food and nutrition

Although good practices were observed in relation to food and nutrition, improvement was required to ensure that residents were offered adequate hydration throughout the day.

Inspectors observed that refreshments or snacks were not offered to all residents in the afternoon. Some residents were observed to be having drinks but many were not offered any refreshment. Some staff informed inspectors that they did not offer refreshments between lunch and tea time.

Judgment: Substantially compliant

Regulation 28: Fire precautions

- Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review.
- Fire safety management servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times.
- Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation.
- Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills.
- All staff had completed annual fire safety training specific to Kilkenny Care Centre and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

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

Judgment: Compliant

Regulation 6: Health care

GPs routinely attended the centre and were available to residents. Allied health professionals supported the residents on-site, where possible, and remotely when appropriate, for example: the dietitian and tissue viability nurse. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 8: Protection

There was a safeguarding policy in place, staff had completed safeguarding training, and were familiar with the process for responding if someone told them of a safeguarding incident, or they witnessed unsafe care.

Investigations into any safeguarding concerns raised had been followed up in line with the policy, and learning was shared with the staff team. Checks were in place for staff, including Garda Síochána (police) vetting checks, and an up-to-date registration number for staff nurses.

Judgment: Compliant

Regulation 9: Residents' rights

Although there was meaningful social activities available for residents in the centre, not all residents were afforded the same opportunities to participate. This was evidenced by the following findings;

- The provision of activities for residents did not ensure that all residents had an opportunity to participate in activities in accordance with their interests and capacities. Inspectors observed minimal activity on the first and second floor on the day of inspection, with an over-reliance on passive activities involving the television. The inspectors observed lengthy periods of time

where some residents were sitting in communal areas without any meaningful activation.

- Feedback from residents in residents' surveys and residents' meetings indicated that they would like more activities planned aligned with their interests, for example; day trips, going out for walks and activities for men. Staff spoken with said that there was no plan for any day trips at present.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Kilkenny Care Centre OSV-0008695

Inspection ID: MON-0048444

Date of inspection: 10/06/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • The Person in Charge (PIC) has actively recruited two full time Activity Coordinators (AC). The activity hours are under review to ensure social needs of all residents are consistently met. • The PIC and AC will develop a comprehensive schedule of activities following consultation with residents based on their preferences/choices and will ensure that activities take place throughout the centre. • The PIC will ensure that staff engagement in social activities with residents is encouraged, particularly at times where group activity is taking place and not all residents are attending/participating. • The PIC will engage with the local community as part of the implementation of the Age Friendly Health System initiative and will encourage community-based groups who are undertaking activities of interest to come into the centre, as well as facilitating residents to participate in activities that interest them in the community where possible.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • The PIC will ensure that all staff have up to date people/manual handling training. • The PIC has completed a review of all wheelchairs to ensure they are equipped with functioning leg/footrests and has reminded all staff to ensure that footrests are in place when transporting residents in wheelchairs. • The PIC has reviewed all risk assessments regarding the safe use of equipment,	

including the safe use of footrests, and has updated where necessary.
• The PIC will discuss the need for staff to ensure that appropriate manual handling techniques are always applied at all staff meetings, daily handover/safety pause meetings and the monthly governance meeting.
• The PIC will ensure that all staff are reminded of the importance of following best practice, thus reducing the risk to residents.
• The PIC, Assistant Director of Nursing (ADON) and Clinical Nurse Managers (CNM) will complete daily management walk-about audit. All deficits observed in practice will be used as an opportunity for learning and rectified immediately.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
• The PIC will ensure that refreshments and snacks are available and offered to all residents throughout the day. A review of supplies in each dining room has been completed, and all areas are suitably supplied with refreshments and snacks to ensure residents' nutrition and hydration needs are met.
• The PIC and management team will ensure that staff are aware that they must support residents by regularly offering refreshments throughout the day and night.
• The PIC will ensure that refreshments and resident hydration are discussed as part of daily handover/safety pause meetings.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• The PIC and ACs will review the activities schedule in consultation with the residents and ensure it is based on resident preferences/choices.
• Residents' social and recreational preferences will be reassessed through an activities survey, and the activity programme will be updated accordingly to ensure that residents have ample opportunities to regularly engage in meaningful activities of interest to them.
• Feedback on the range and programme of activities will be discussed at resident committee meetings to ensure the programme remains aligned to residents' preferences.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/07/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2026
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	31/07/2026
Regulation 9(2)(a)	The registered provider shall	Substantially Compliant	Yellow	31/07/2026

	provide for residents facilities for occupation and recreation.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/07/2026