



**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:	Nazareth House Mallow
Name of provider:	Nazareth Care Ireland
Address of centre:	Dromahane, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	20 November 2025
Centre ID:	OSV-0000257
Fieldwork ID:	MON-0047826

About the designated centre

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

The Sisters of Nazareth opened Nazareth House Mallow as a nursing home in 1929. The Sisters developed a new nursing home in 2018; it is a three storey building with resident accommodation on the ground and first floor. Bedrooms comprise 120 single en-suite bedrooms. The new development includes a new entrance, reception and lobby area, coffee dock, lounges, community hall, hair salon, conference, meeting/training rooms and social club. The range of care needs provided by the Nursing Home are designed to meet the physical, cognitive, social, occupational, psychological and spiritual needs of residents admitted to the centre. Nursing care is provided on a long term basis or short term respite/convalescence basis to residents both male and female whose level of need and dependence may be deemed low, medium, high or maximum category. The centre provides 24 hour nurse-led care service, including general, respite, dementia, convalescence and palliative end of life nursing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	120
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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
Thursday 20 November 2025	09:20hrs to 17:25hrs	Siobhan Bourke	Lead
Friday 21 November 2025	09:00hrs to 15:30hrs	Siobhan Bourke	Lead
Thursday 20 November 2025	09:20hrs to 17:25hrs	Erica Mulvihill	Support
Friday 21 November 2025	09:00hrs to 15:30hrs	Erica Mulvihill	Support

What residents told us and what inspectors observed

During the two days of this unannounced inspection, inspectors met with many of the 120 residents living in the centre and spoke in more detail to twenty residents. The inspectors also met with ten visitors. Feedback from residents and visitors was very positive regarding the kindness and care they received from staff. One resident who spoke with inspectors stated that they had a great quality of life living in the centre as it is a lovely place to live. Another spoke highly about the management and staff and stated that they receive "exceptional care." Another told inspectors that "it didn't matter what uniform staff were wearing, they all got whatever" the resident needed.

The inspectors walked around the centre on both days, observing interactions between residents and staff and getting a sense of the lived experience of residents. Staff were noted to knock prior to entering resident bedrooms and kind interactions by staff, who appeared to know residents well, was observed. Some residents were already up and dressed and others were preparing for the day and getting ready to attend the social engagement sessions planned by the centre's activities staff. The inspectors saw that some residents were enjoying a leisurely breakfast either in the dining rooms or their bedrooms. Residents who spoke with inspectors confirmed that they could get up and go to bed at a time of their choosing. The inspectors saw that residents had call bells within easy reach and residents confirmed that staff attended to their needs in a timely manner.

Nazareth House is set on a large landscaped site, located in close proximity to the village of Dromahane. It is a three-storey building, with resident accommodation on the ground and first floors. The centre is registered to accommodate 120 residents. The main entrance was wheelchair accessible and led into the main concourse. A full time reception area was staffed by a receptionist who greeted residents and relatives.

The main concourse is a large beautifully decorated area, with lots of comfortable seating areas for residents to enjoy. It also had a coffee area for resident and visitors to access. There were two large communal rooms opened out from the concourse and these also provided comfortable areas for residents use. The centre had a large ornate chapel, where residents could attend mass, six days a week. The walls of the communal areas had paintings and pictures throughout. A feature wall in the main concourse was lined with portraits of residents, passed and present which was very respectfully maintained. The centre also had a shop stocked with treats, toiletries and some clothes that was run by volunteers. Other communal areas in the centre included two dining rooms and sitting rooms and quiet rooms on both floors.

The inspectors saw that residents had access to the two well maintained, outdoor courtyard spaces in the centre, with ample seating areas available to residents. On

the afternoon of the first day of the inspection, some residents and visitors were observed out in the gardens walking and enjoying the sunshine. Visiting was unrestricted in the centre and inspectors saw that many visitors were coming and going on the days of inspection.

Residents are accommodated on the ground floor in three units; Larmenier could accommodate 30 residents, and Dromore and Holy Family accommodated 15 residents. Holy Family Unit was designated as a dementia specific unit. On the first floor, residents were accommodated in two units, each with 30 beds, namely, Hammersmith and and Brittany. Residents' bedrooms were all single occupancy and the inspectors saw that these rooms were bright, clean and spacious and were personalised with family photographs, furniture from home, and other personal belongings. Residents who spoke with the inspectors confirmed that their bedrooms were cleaned every day and were kept "spotless" by the housekeeping staff working there. The corridors through the units in the centre were painted to reflect shop fronts and cafes and were welcoming and homely.

The inspectors observed the lunch time meal on both days of inspection and the evening meal on the first day of inspection. Dining rooms, in the centre, were brightly decorated and tables had condiments and menus displayed for all three meals of the day. On some of the units enable tables, facilitated residents who required assistance, to enjoy a social dining experience. In the dining rooms on each unit, residents who chose to have their breakfast there, were provided with a number of choices and were seen to enjoy wholesome and nutritious food. The inspectors saw that there was a variety of choices for residents for lunch time and evening meals. Residents spoke very highly regarding the variety and quality of meals available to them. Residents who required assistance were provided with this, in a respectful and unhurried manner.

During the inspection, many examples of person-centred care was observed by inspectors. Residents appeared well cared for and were dressed in their own styles and preferences. Some of the residents told the inspector that they enjoyed attending the hair dresser in the centre's salon. The inspectors observed that personal care was attended to a very good standard. Staff who spoke with the inspectors appeared knowledgeable regarding residents' preferences on how they liked to spend their day or their care preferences. They also told inspectors that they had no hesitation in raising their concerns with the management team, if required.

The inspectors saw that residents views on the running of the centre were sought through residents surveys and residents' meeting that were held in the centre every month. Feedback from these meetings was implemented by the management team; For example residents requested that staff name badges displayed first names clearly and this was addressed with staff name badges. Resident surveys reviewed were generally very positive.

There was a schedule of varied activities led in the centre by activity staff on each floor and supported by volunteers. Residents were aware of the activities available and display boards indicated the schedule of activities for residents. A number of resident enjoyed trips out from the centre to the local town on the link bus, however

the addition of the centre's own wheelchair accessible bus, was a welcome addition to the centre. Weekly outings from the centres was facilitated to the town and other amenities for residents.

Over the two days of the inspection, in the large activities room on the ground floor, residents were busy making Christmas candles and artwork to sell at the annual craft fair with monies raised going back into paying for resident outings. A new sound system had been purchased for the activity room with speakers so that any music or activities could be more accessible for residents, who were hard of hearing. A resident therapy dog, Koby, was observed going in and out of residents spaces as they wished with the activities team and was the highlight of many residents day. On the evening of the first day of inspection, the centre was holding a November mass to remember those who had passed away during the year. On the second day many of the residents celebrated mass in the centre's church. Other activities available were mobility exercises, boccia bowling, flower arranging, quiz nights, coffee mornings and external musicians.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre, and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

This was an unannounced inspection, carried out over two days, by two inspectors of social services, to monitor the registered provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013(as amended).

Findings of this inspection were, that this was a good service and a well-managed centre, where management and staff worked together to ensure residents received person-centred care and their rights were upheld. The management team was proactive and responsive to issues as they arose the findings of the previous inspection had been actioned. Further action was required to ensure compliance as outlined under Regulation 16; Training and staff development.

The registered provider of Nazareth House is Nazareth Care Ireland, a company comprising 11 directors, one of whom, represented the provider. The registered provider is part of the Nazareth Care Group, which operates a number of other designated centres across the country. The provider ensured that there was a clearly defined management structure in place with identified lines of authority and accountability. The provider appointed two persons participating in management,(PPIM) to support the onsite management team in their roles. One of the PPIM was on site on the second day of inspection.

The person in charge worked full time in the centre since September 2021, and had the required experience and qualifications for their role. It was evident to inspectors that they were knowledgeable regarding their roles and responsibilities and residents' assessed needs. The person in charge was supported in their role by two assistant directors of nursing and a team of clinical nurse managers, nursing staff, care staff, activity staff, housekeeping, catering, maintenance and administrative personnel.

From a review of the rosters and discussions with residents and staff, it was evident that the number and skill mix of staff available during the days of inspection was appropriate to meet the assessed needs of the 120 residents living in the centre. There was evidence of ongoing recruitment in the centre to replace staff, as vacancies arose. New staff were provided with an induction programme when commencing employment in the centre.

The person in charge ensured staff were appropriately supervised in their roles and had access to appropriate training. Staff who spoke with inspectors were aware of residents' preferences and assessed needs and demonstrated an understanding of their roles and responsibilities. From a review of the training matrix maintained in the centre, it was evident that staff were provided with both online and face to face training in aspects of practice such as fire safety, manual handling, safeguarding vulnerable adults, and infection prevention and control. Members of the nursing management team were instructors, in a number of aspects of training such as safeguarding vulnerable adults, dementia care and end of life care. Staff and management had participated in a national specialised end of life training programme and gave very positive feedback to the inspectors as to the learning gained from this course. However, a number of staff were overdue or yet to complete training with regard to the care and management of residents who experience responsive behaviour as detailed under Regulation 16; Training and staff development.

The provider ensured the service had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Action had been taken by the provider to address the fire safety issues identified in the previous inspection and there was evidence that the premises was well maintained through an ongoing programme of works.

There were good systems in place to monitor the quality and safety of care provided to residents. The person in charge had a schedule of audits whereby care planning, medication management, end of life care, call bell response times, wound care management, infection prevention and control and nutrition and hydration audits. The inspectors saw that findings from audits was used to drive improvement in the centre as evidenced by improved pressure ulcer prevention and management. The person in charge compiled a weekly report that was reported to the provider regarding key risks to residents such as skin integrity, incidents such as falls, complaints and infections.

There was evidence of good communication systems in place. The provider met with the person in charge at a monthly meeting to ensure oversight of all aspects of the

quality and safety of care provided to residents. The onsite management team had formal weekly meetings to ensure effective communication across the service. The inspectors saw that the management team held regular meetings with all staff groups to ensure they were aware of any issues relevant to their roles. Staff who spoke with inspectors reported that they could raise any concerns with the management team.

A sample of staff personnel files were reviewed by an inspector. There was evidence that each staff member had a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 on file, prior to commencing employment.

Written policies and procedure as set out in Schedule 5 of the regulations were in place and in date. Complaints were recorded and managed in line with the regulations. Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. A sample of contracts of care for residents, who were admitted to the centre, were made available to inspectors and contained the necessary information to meet regulations.

Regulation 14: Persons in charge

The person in charge was full time in post and had been in the role since 2021. They had the necessary experience and qualifications, as required by the regulations. They demonstrated good knowledge regarding their role and responsibility and were clear regarding the governance and management of the service. They demonstrated a strong commitment to the ensuring residents were provided with safe and effective care.

Judgment: Compliant

Regulation 15: Staffing

Through a review of staffing rosters, and from speaking with residents and the observations of the inspectors, it was evident that the staffing levels and skill-mix was appropriate to meet the assessed needs of the 120 residents living in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Action was required to ensure all staff attended training appropriate to their role as a high number of care staff had yet to attend training regarding the care and management of residents who experience responsive behaviour.

Judgment: Substantially compliant

Regulation 21: Records

A sample of five staff records were examined and they contained the necessary information required under Schedule 2 of the regulations. The person in charge reviewed staff files regularly and had a process in place to ensure that all staff have up-to-date Garda vetting disclosures on file.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre. It was well resourced, ensuring the effective delivery of care to residents. Management systems in place enabled the service to be consistently and effectively monitored. The annual review of the quality and safety of care provided to residents in 2024 included feedback obtained from residents through meetings and surveys.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of six contracts of care were reviewed. Each contained the necessary information required by regulation including services provided, bedroom number, type of accommodation and any additional fees required.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the centre and contained the information required as required in Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained electronically in the centre. An inspector reviewed these records and found that required notifications had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Records of complaints were maintained in the centre and there was evidence that action was taken by the complaints officer to investigate and learn from complaints to improve the service provided to residents. A complaints procedure was displayed in the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were in place. These were updated to reflect changes in regulations. These policies were available to provide staff with information to guide care practices.

Judgment: Compliant

Quality and safety

Residents living in Nazareth House were supported to enjoy a good quality of life and were in receipt of a high standard of care. Residents' needs were being met through good access to health care services and good opportunities for social engagement. It was evident that residents received person-centred and safe care, from a team of staff who knew their individual needs and respected their choices.

Residents had good access to GP services, whereby one of two GPs were onsite, four days a week to review residents, as required. From a review of records, it was evident that residents had good access to health and social care professionals and evidence of referral to dietitians, speech and language therapists and tissue viability nursing was available. It was observed that residents were provided with a good standard of nursing care and there was appropriate oversight of residents' clinical care by the person in charge and two assistant directors of nursing.

A physiotherapist was onsite on the day of inspection, reviewing residents who required assessments. From a review of a sample of 12 residents' records, it was evident that residents had a care plan developed within 48 hours of admission to the centre. Validated assessment tools were used to inform care planning and there was evidence that these were updated every four months.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included ensuring monitoring of residents' weights and timely referral to dietetic and speech and language services to ensure best outcomes for residents. Where specific dietary requirements were prescribed, they were seen to be implemented.

There was an ongoing initiatives to reduce the use of restrictive practices in the centre, through continuous assessment of resident's needs. The inspectors saw that alternatives to bedrails such as low beds and crash mats were in use. Where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken, and documented in residents' care plans.

Residents who spoke with the inspectors reported feeling safe living in the centre. Staff were provided with training on safeguarding vulnerable adults and were aware how to raise any concerns.

The inspectors saw that the premises was very well maintained, clean, warm and homely. The centre had two nursing managers who had attended training as link nurses in infection prevention and control. They ensured staff were provided with training on standard and transmission based precautions and monitored infection control practices in the centre. During the inspection, a number of residents in one unit were suspected of having a respiratory infection and appropriate transmission based precautions were implemented for these residents.

The fire safety folder was examined and fire safety in the centre was underpinned by a fire safety policy that was available for staff guidance. Records of daily and weekly checks of the emergency exits and fire alarm testing were maintained. Staff, who spoke with the inspectors, were knowledgeable regarding fire safety procedures in the centre.

Residents' rights were promoted and respected by staff and management working in the centre. A team of activity staff and volunteers ensured residents had access to meaningful opportunities for social engagement in line with their capabilities and interests. Residents' views on the running of the centre was sought through residents meetings that were held every month and residents surveys.

Regulation 11: Visits

Visitors were warmly welcomed in the centre and residents and visitors confirmed that there were no restrictions in place. Residents were observed meeting visitors in the privacy of their bedrooms or in the many communal spaces throughout the centre.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that the premises were appropriate to the number and needs of residents and in accordance with the statement of purpose. The design and layout of the centre promoted residents independence and ensured residents had ample personal and communal space to meet their needs. The centre was maintained to a very high standard with a rolling programme of maintenance in place. During the days of inspection, it was clean, warm and homely. There was adequate storage in the centre, as well as appropriate kitchen, laundry and sluice facilities. The external courtyard spaces and gardens were well maintained and were freely accessible to residents and their relatives.

Judgment: Compliant

Regulation 18: Food and nutrition

The inspectors saw that residents had a choice of meals at lunch time and residents who spoke with inspectors gave positive feedback on the choices and quality of food provided to them. The lunch time meal was well presented and residents who required modified textured diets were presented with appetising and nutritious meals. The inspectors saw that residents who required assistance were attended to in an unhurried and dignified manner. Evening meal choices were plentiful and again appeared wholesome and nutritious. Refreshments were seen to be offered throughout the two days of the inspection.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors saw residents' records indicating that required information was provided to the receiving hospital, where a resident was temporarily absent from a designated centre. Upon residents' return to the centre, the staff obtained information from the acute hospital to inform and direct care.

Judgment: Compliant

Regulation 26: Risk management

A current risk management policy and safety statement were available. The risk management policy had the specified risks as required in the regulations. An emergency response plan was available should emergency evacuation of the centre be required.

Judgment: Compliant

Regulation 27: Infection control

The inspectors found that the provider ensured the centre was adequately resourced to ensure residents bedrooms and the communal areas were cleaned daily and deep cleaned regularly. Two members of the nursing management team had completed link nurse training on infection prevention and control to support the team with infection prevention and control practices. There was close monitoring of residents with suspected infections and monitoring of antimicrobial usage in the centre. Care plans reflected if residents were colonised with MDROs where required.

Judgment: Compliant

Regulation 28: Fire precautions

A review of fire precautions in the centre found that the provider had completed the actions set out in the compliance plan submitted following the previous inspection. Arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire fighting equipment. The service records for these systems were up to date. Staff participated in more frequent fire evacuation drills to ensure the safe and timely evacuation of residents in the event of a fire emergency.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of 12 residents' care plans were reviewed by inspectors and overall, care plans were noted to be person-centred and sufficiently detailed to direct care. Two residents' care plans required updating to reflect that residents' condition had changed. These were updated on the day of inspection by the nursing team.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and health care including an onsite general practitioner. Residents also had access to a range of other health and social care professionals, specialist medical and nursing services including tissue viability nursing services if required. Review of care plans showed ongoing evidence of referral to specialist services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From a review of care plans, residents had person-centred detailed care plans in place, to guide staff, where residents experienced behaviour and psychological symptoms of dementia (BPSD). There was evidence of alternatives in use such as low beds and crash mats to reduce the use of bed rails in the centre. A register of all restrictive practices in use in the centre was maintained. A number of staff were overdue training on managing responsive behaviour as outlined under Regulation 16; Training and staff development.

Judgment: Compliant

Regulation 8: Protection

Staff were provided with training on safeguarding vulnerable adults and staff who spoke with inspectors were aware how to raise concerns if required. Residents who

spoke with inspectors told them that they felt safe living there. The person in charge investigated any allegation of abuse that occurred in the centre as required.

Judgment: Compliant

Regulation 9: Residents' rights

It was evident to inspectors that residents' rights and choices were respected and promoted by staff and management in the centre. Residents had access to advocacy services when required. Newspapers, televisions and wifi were available for residents use. There was a varied schedule of activities available to residents that was supported by a team of activity staff and volunteers. The addition of a minibus that had been purchased through fund raising was a welcome addition to residents' lives in the centre as it enabled residents to go on weekly trips to the local town.

Residents' views on the running of the centre were sought through regular residents meetings and surveys. From a review of minutes of these meetings, it was evident that residents' views were respected and acted upon where possible. Residents who spoke with inspectors confirmed that they had choice in how to spend their day and that they felt safe 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	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 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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 Nazareth House Mallow OSV-0000257

Inspection ID: MON-0047826

Date of inspection: 21/11/2025

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training regarding the 'Care and management of residents who experience responsive behaviour' has been scheduled for 21.01.26 and 30.01.26 by the group Quality and Compliance officer. Additional trainings will be organised as per the training need analysis. Person in Charge (PIC) will ensure all staff attend training appropriate to their role in a timely manner.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2026