



**Health  
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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:	Blackrocks Nursing Home
Name of provider:	Blackrocks Nursing Home Limited
Address of centre:	The Green Road, Foxford, Mayo
Type of inspection:	Unannounced
Date of inspection:	27 November 2025
Centre ID:	OSV-0000321
Fieldwork ID:	MON-0043480

## About the designated centre

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

Blackrocks Nursing Home is a purpose-built premises. Residents are accommodated in single and twin bedrooms, all of which are en-suite with shower, toilet and wash basin facilities. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located on the outskirts of Foxford, Co. Mayo. The centre provides accommodation for a maximum of 50 male and female residents, over 18 years of age. Residents are admitted on a long-term residential, respite and convalescence care basis. The service provides care to residents with conditions that affect their physical and psychological function. Each resident's dependency needs are regularly assessed to ensure their care needs are met. The provider employs a staff team consisting of registered nurses, care assistants, housekeeping and catering staff.

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

Number of residents on the date of inspection:	44
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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 27 November 2025	09:00hrs to 15:00hrs	Celine Neary	Lead

## What residents told us and what inspectors observed

This unannounced inspection was conducted with a focus on safeguarding and the measures the provider had in place to safeguard residents from abuse. The purpose of the inspection was to ensure that residents felt safe in the centre and their human rights were respected and promoted.

The inspector arrived at the centre at 09:00 hrs and was greeted by an assistant director of nursing. The person in charge attended the centre shortly after. The inspector did a walk-around of the premises to observe residents' morning routines, the care provided and to speak with residents and staff along the way. The feedback from residents and visitors on the day of inspection was complimentary. The inspector spent time observing staff and resident engagement and found that staff were patient, respectful and kind. Conversations with residents and relatives clearly identified that residents were happy with the service provided. Residents told the inspector that they felt safe living in this centre and they knew who they could talk to if they had a concern.

Staff were busy attending to and supporting residents with their personal care and morning routines. Some residents were up from bed and dressed in their preferred attire. The inspector observed that five residents were sitting in their day room. Others were having breakfast and others were receiving care and support from staff. Call-bells for assistance were responded to in a timely manner.

Staff were knowledgeable regarding the residents' preferred daily routines, care needs, life histories and personal interests. Staff members' interactions with residents were respectful, attentive and polite regarding their wishes. Staff told the inspector what they would do if they suspected abuse and who they would report their concerns to.

Blackrocks Nursing Home is a single-storey building with 50 registered beds located in Foxford, County Mayo. The centre has two units. The first unit is located at the front of the centre. The second unit, "St Anne's" is located at the back of the centre. Staff outlined to the inspector that all residents living in St Anne's had a known diagnosis of dementia. This dementia specific unit can accommodate 16 residents in double occupancy rooms. This is a secure unit. Entry and exit are accessed by a member of staff.

The inspector spent time sitting and observing resident and staff engagement in this unit. The unit has allocated staff members supervising the communal area and a member of staff to provide activities. Overall, there was a relaxed atmosphere in this area, and staff were observed responding to several residents with responsive behaviours. The inspector observed staff using a hoist to transfer a resident.

Outside the dementia-specific unit, the centre has four corridors with bedrooms that lead up to the main communal sitting and dining room. In addition, there were communal sitting rooms for resident use at the end of each corridor, and an oratory for residents' use. Residents were seen coming and going from all communal rooms unrestricted.

The gardens at the main entrance were maintained to a high standard. There was one main entrance into the building. Access to the front door and the gardens was locked by means of a security fob. The management team advised that residents could come and go at any time and that a member of staff was always available to open the door. Residents had unrestricted access to a secure outdoor decking area which was decorated and contained appropriate seating and ornaments of interest. Residents told the inspector that they sometimes use this area during good weather.

The inspector observed that residents had access to social activities appropriate to their needs and abilities. Residents were observed reading newspapers, watching TV and partaking in activities in two shared spaces throughout the centre. Those residents who could not communicate their needs appeared comfortable and content. Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner.

Mealtimes in the dining room were observed to be a sociable and relaxed experience, with residents chatting together and staff providing discreet and respectful assistance where required. Residents confirmed they had been offered a choice of meals. Overall, residents were complimentary of the quality and quantity of food on offer.

The residents spoken with were knowledgeable about who the person in charge was and told the inspector that she was available to discuss any concerns. The person in charge was in the centre on the day of inspection and an assistant director of nursing. Both of whom were familiar with the residents' care needs and supports provided.

Overall, the general environment including residents' bedrooms and communal areas were clean with some exceptions. For example, some toilets and toilet brushes were observed to be unclean and visibly soiled. Wash basins and high-raised toilet seats were seen on the floor in shared bathrooms. Used urinals were left on the floor or window sills and several were observed to be unclean, visibly stained and soiled.

A sluice room was located on the external grounds of the premises. The bedpan washer did not appear to be in working order and there were no utensils present on the drying racks provided.

Clinical hand-wash sinks were available along corridors and within the sluice room for staff use. However, these sinks did not comply with the recommended specifications for clinical hand-wash sinks.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the

centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

Overall, this inspection found that the registered provider was committed to the provision of safe and high-quality service for the residents. However, further action is required to be fully compliant with Regulation 16: Training and staff development, Regulation 23: Governance and management, Regulation 27: Infection control and Regulation 7: Managing behaviour that is challenging. Where areas for improvement were highlighted, management was responsive to addressing these in a timely fashion.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. This inspection also focused on adult safeguarding, and to review the measures the provider had in place to safeguard residents from abuse.

The provider of this centre is Blackrocks Nursing Home Limited. There are two directors of the company, one of whom is the provider's representative. There is a well-established senior management team consisting of the two directors of the provider entity and an additional general manager. Members of the senior management team were in the centre frequently. The person in charge (PIC) worked full-time in the designated centre and was supported by an assistant director of nursing (ADON) and two clinical nurse managers (CNMs). The management team met monthly to review the centre, and the records of these meetings gave comprehensive details of the quality and safety of the service provided.

There were quality and safety audits carried out, including key areas such as infection prevention and control, medication management, incidents, skin integrity and restrictive practices. However, the management oversight systems that were in place for staff training and infection prevention and control practices and restrictive practices did not ensure that the service provided was safe, appropriate, consistent and effectively monitored.

The registered provider had ensured that the number and skill-mix of staff were appropriate, having regard to the needs of residents and the size and layout of the centre. Inspectors observed skilled staff providing care for residents, and staff were knowledgeable regarding the residents' needs. Residents' call-bells were answered promptly, and residents were appropriately supervised in communal areas.

While there was a staff training programme in place, this inspection found that a number of staff had not completed some mandatory training. Some staff needed further training in patient manual handling, fire and safeguarding residents. The

inspector observed that staff were not appropriately supervised in the performance of the daily care of residents, and improvements were required to ensure greater supervision of staff's manual handling techniques and infection prevention and control practices.

An annual review of the quality and safety of the service provided in 2024 had not been completed. It was subsequently completed following the inspection and submitted to the office of the Chief Inspector of Social services.

### Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre.

There was a registered nurse on duty at all times, as confirmed by a review of planned and worked rosters.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to appropriate training. Staff training records confirmed that not all staff had attended training in fire safety, infection prevention and control, safeguarding and responsive behaviours.

This inspection found that staff required greater supervision in relation to infection prevention and control practices and manual handling techniques.

For example,

- the inspector observed staff moving and handling residents incorrectly.
- The inspector observed that staff did not appropriately empty and clean utensils used for catheter and continence care.

Staff did not have access to a copy of the Health Act, the regulations, relevant guidance made under it or the relevant standards set and published by the Authority, government or statutory agencies.

Judgment: Not compliant

## Regulation 23: Governance and management

Improvements were required in relation to the management systems and ensuring that the service is effectively monitored was required. For example:

- The management and oversight systems, that were in place for key areas such as staff training and infection control did not ensure that the care and services provided were safe, appropriate, consistent and effectively monitored. This is a repeat finding from the previous inspection.
- The provider's management systems had failed to identify and address the high number of restrictive practices in place and to ensure that residents' safeguarding needs of the residents and other residents were upheld.
- An annual review of the quality and safety of care delivered to residents in the designated centre was not prepared for 2024, following consultation with residents and their families. There was also no evidence that the centre prepared a quality improvement plan to enhance continuous improvements in the centre.

Judgment: Not compliant

## Quality and safety

Overall, this inspection found that there were effective systems in place and staff were knowledgeable in their responsibilities to recognise and report any safeguarding concerns that may arise in their day-to-day care for residents.

Residents generally appeared happy living in the centre, and many spoken with said they were content with the care they received. Notwithstanding the efforts made by management and staff to provide a good standard of care to the residents, this inspection found that further improvements were required, specifically in the areas of Regulation 27: Infection control and Regulation 7: Managing behaviour that is challenging. These are discussed under their respective regulations.

The inspector reviewed a sample of the residents' assessments and care plans and found that the residents' nursing needs were assessed within 48-hours following admission to the centre. Care plans were detailed and easy to understand each resident's specific care needs. They were person-centred, and information was consistently updated as residents' needs changed.

The registered provider did not ensure that procedures consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by the Authority were implemented. There was a cleaning schedule in place that ensured all areas of the centre were appropriately cleaned. However, the

standard of cleanliness in St Anne's Unit was not consistent with the standard of cleanliness in other areas of the centre. This is discussed further under Regulation 27: Infection control.

This inspection found that not all practices and procedures were in line with national restraint policy guidelines. There was a safeguarding policy in place that set out the definitions of the terms used, the responsibilities for different staff roles, the types of abuse, and the procedure for reporting abuse when it was disclosed by a resident, reported by someone, or observed. The staff team had completed relevant training and were clear on what may be indicators of abuse and what to do if they were informed of or suspected abuse had occurred. Any safeguarding concerns identified or reported that occurred were fully investigated, and care plans were in place.

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Residents were supported to engage in group and one-to-one activities based on the residents' individual needs, preferences and capacities. Residents were supported to practice their religions, and a local Mass was streamed to the centre on a daily basis. Clergy from the different faiths were available to residents as they wished. Residents had access to telephones and newspapers and were supported to avail of advocacy services.

## Regulation 10: Communication difficulties

Residents with communication difficulties were supported to communicate freely, and staff were aware of their needs. The inspector observed that residents with vision and hearing needs had appropriate access to health care specialists, and assistive equipment was available to residents to support their communication needs.

Judgment: Compliant

## Regulation 27: Infection control

Significant improvements were required to ensure that infection prevention and control procedures were consistently implemented by staff in line with the standards

for the prevention and control of health care-associated infections published by the Authority. For example:

- Multiple urinals were visibly dirty, stained and inappropriately stored on window sills in and on the floor in en-suite bathrooms.
- Wash basins were stored on the floors in shared en-suite bathrooms in St Anne's Unit.
- Incontinence wear was opened and stacked on trolleys for communal use.
- There were personal care products used communally between residents, such as creams, deodorants, shampoo and shaving creams, which were stored on a trolley in St Anne's unit. This posed a risk of cross contamination.
- Some toilet seats were unclean and soiled.
- A number of high-raised toilet seats were left on the floors in shared bathrooms.
- The bed pan washer was awaiting parts to be fixed. It was not working on the day of inspection.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

A sample of resident assessments and care plans were reviewed on this inspection. The assessments reflected the residents met during the inspection, and clearly identified their assessed needs. The care plans reviewed were person-centred and outlined the residents' wishes and preferences. Those residents with wounds had a detailed wound care plan in place, and the records reviewed were clear, concise and reflected the condition of the wound each time the dressing was changed.

The assessments and care plans reviewed were updated on a four-monthly basis.

There was some evidence that residents were consulted about their care planning arrangements at regular intervals.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider was not actively promoting a restraint-free environment within the home, in line with national policy. Alternatives to restraints were not considered, and there was a high number of bed rails in use. Of the 44 residents residing in the centre at the time of this inspection, 23 had bed rails in place at night. The need to use these restraints was not reassessed, and there were no instances in which residents were trialled without these restraints.

There had been an increase in responsive behavioural incidents (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) incidents, which had not been reviewed by specialist healthcare professionals in order to minimise or reduce their occurrence and to ensure that all residents were adequately safeguarded and protected from further distress caused by these behaviours.

Judgment: Not 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.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Residents told the inspectors that they were well looked after and that they had opportunities to engage in activities in accordance with their interests and capacities. Independent advocacy services were available. Frequent residents' meetings ensured that the voice of the resident was listened.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Blackrocks Nursing Home OSV-0000321

Inspection ID: MON-0043480

Date of inspection: 27/11/2025

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The provider acknowledges the finding in relation to outstanding mandatory training. A full training needs analysis was completed immediately following the inspection. Manual handling and people handling refresher training was already scheduled for the staff and proceeded on 3rd and 15th of December. Training matrix to be monitored closely by the General Manager weekly in consultation with PIC to ensure compliance is kept up to date. CPR and Defib refresher training proceeded on 23rd January 2026.</p> <p>Staff will now be provided with access to the Health Act, the regulations, and relevant guidance as set and published by the Authority, government and statutory agencies via the secure iPhone and Android mobile staff library which is accessible to all Blackrocks Nursing Home staff. The App Library is in place and operating successfully already with 99% compliance across all departments with sections updated regularly for key areas including Infection Prevention and Control, Safeguarding of Vulnerable Adults, NMBI Guidance, and nursing home Schedule 5 Policy and Procedure.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

The provider acknowledges the findings relating to governance and oversight arrangements. Management systems have been strengthened through enhanced audit process and monthly clinical governance meetings. Infection prevention and control measures are also included in the management meetings. The identified risks are promptly addressed and quality improvement actions are being monitored effectively. A new annual review format has been prepared for future use to ensure an exhaustive and robust evaluation of care and service performance.

An annual review of the year prior was submitted and has been acknowledged in the report the quality improvement plan based on the 2025 report will follow and will be implemented.

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Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

Immediate corrective actions were implemented on the day of the inspection including the immediate removal of unclean urinal bottles, safe storage of utensils and environmental cleaning measures. Additional IPC refresher training was delivered to both the clinical and non-clinical staff. All personal care items including creams and deodorants from the trolleys and measures taken to ensure all the personal items to be stored in resident's own cabinets. The bedpan washer is in working order now.

An Environmental audit has been added to the audit-schedule to ensure high standards of hygiene and resident safety.

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Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The provider acknowledges the findings related to managing challenging behaviour and restrictive practices. A full review of restrictive practices is ongoing now.

Whilst frequency is acknowledged and we continue to work towards a low restraint environment - it must be noted over half of the bed rails used are as per the resident's preferences. The remainder of the bed rails are all properly assessed and reviewed on a quarterly basis. Alternatives tried are documented in resident's care plan, risk-

assessment documents in resident files and also in the bed-rail assessment forms. The increased number of responsive behaviours are timely assessed and referred to the specialist services including but not limited to HSE Psychiatry of later life, Clinical Nurse Managers 1 and 2 are responsible for the task and it has been added to the job description as required.

## 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.	Not Compliant	Orange	28/02/2026
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	13/01/2026
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations made under it.	Not Compliant	Orange	13/01/2026
Regulation 16(2)(a)	The person in charge shall ensure that copies of the Act and any regulations made under it are available to staff.	Not Compliant	Orange	13/01/2026
Regulation 16(2)(b)	The person in charge shall ensure that copies of any relevant standards set and published by the Authority under	Not Compliant	Orange	13/01/2026

	section 8 of the Act and approved by the Minister under section 10 of the Act are available to staff.			
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or statutory agencies in relation to designated centres for older people are available to staff.	Not Compliant	Orange	13/01/2026
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	13/01/2026
Regulation 23(1)(e)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister	Not Compliant	Orange	13/01/2026

	under section 10 of the Act.			
Regulation 23(1)(f)	The registered provider shall ensure that the review referred to in subparagraph (e) is prepared in consultation with residents and their families.	Not Compliant	Orange	13/01/2026
Regulation 23(1)(g)	The registered provider shall ensure that a copy of the review referred to in subparagraph (e) is made available to residents and, if requested, to the Chief Inspector.	Not Compliant	Orange	13/01/2026
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).	Not Compliant	Orange	13/01/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the standards published by the Authority are in place and are implemented by staff.	Not Compliant	Orange	28/11/2025
Regulation 27(b)	The registered provider shall ensure guidance	Not Compliant	Orange	28/11/2025

	published by appropriate national authorities in relation to infection prevention and control and outbreak management is implemented in the designated centre, as required.			
Regulation 27(c)	The registered provider shall ensure that staff receive suitable training on infection prevention and control.	Not Compliant	Orange	28/11/2025
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	28/11/2025
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	28/11/2025
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in	Not Compliant	Orange	28/11/2025

	a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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