



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

Issued by the Chief Inspector

Name of designated centre:	Oakwood Private Nursing Home
Name of provider:	Oakwood Private Nursing Home Limited
Address of centre:	Hawthorn Drive, Athlone Road, Roscommon, Roscommon
Type of inspection:	Unannounced
Date of inspection:	10 April 2025
Centre ID:	OSV-0000372
Fieldwork ID:	MON-0046446

About the designated centre

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

The centre offers long and short-term care for 56 adults over the age of 18, including people with a diagnosis of Alzheimer's disease or dementia. The centre is purpose-built, single-storey and has a safe cultivated garden for residents' use. All bedrooms are single with full en-suite facilities. They have good natural light, a functioning call-bell system and appropriate storage. The kitchen, dining and sitting room areas are centrally located. There are appropriately equipped sluice rooms. The centre is located a short distance from the town of Roscommon and is near restaurants, shops, pharmacies, doctors' surgeries, and the local general hospital.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	55
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 10 April 2025	09:10hrs to 17:10hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

This inspection found that residents enjoyed a good quality of life in which their care needs were met, and their independence was respected and promoted. Care was provided by a dedicated staff team who were clear about resident preferences, and their assessed needs. This helped to ensure that care was person-centred, and that residents were supported to maintain their self-care abilities, and to make decisions about their day-to-day routines, and the care and services they wished to receive.

Upon arrival, the inspector was met by the director of nursing, and following an introductory meeting in relation to the purpose of the inspection, the inspector commenced a walk around the centre where they had the opportunity to meet with residents, and staff as they commenced their daily routines. Several residents were observed finishing their breakfast in the dining room, while others chose to have their breakfast in their rooms. Some residents were observed being supported by staff with their personal care needs.

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

Residents told the inspector that they felt safe and secure living in the centre. One resident said that they "loved it here", and that 'staff would do anything for them'. Another resident told the inspector, "that there is always something to do". All residents' who expressed a view were positive about their lived experience, and the quality of care in the centre. Observations confirmed that there were sufficient numbers of staff available to be able to provide support in an unhurried and timely manner.

The centre was warm, clean, and well-maintained by the provider who had access to maintenance support five days a week. Communal areas were tastefully decorated, and furnished with comfortable seating, and furniture for the residents. Corridors were long and wide with seating provided at various locations for residents to use. There was good use of notice boards to communicate information to residents. Information on how to access advocacy, raise a complaint, and details about the centre were displayed in various locations around the centre.

All bedrooms were single occupancy with an adjoining ensuite facility, which included a shower, toilet and wash basin. Bedrooms were found to be personalised by residents, with many displaying photographs of family members and mementos from their previous homes. Residents who spoke with the inspector said that they found their rooms comfortable, and that they had enough storage space for their personal belongings. Residents also confirmed that they were content with the support they received with their laundry requirements. There were no restrictions on

residents accessing any communal areas within their home. Residents had easy access to the enclosed garden area, which was observed to be a pleasant and comfortable space. There was a range of covered, and uncovered seating areas which were found to be well-maintained, and safe for residents to use. This area was adorned with flowers, and shrubs which complemented this space. Residents were observed using the garden throughout the day. A smoking shelter was available for residents who wished to smoke, and was observed to contain all the required equipment to promote fire safety.

There was a well-publicised activity programme available in this centre. There were two activity staff employed to co-ordinate, and provide a diverse activities programme for residents. There were a number of activities observed on the day which were attended by the residents and included a ball exercise game, a reminiscence activity session, card games, and a Sonas therapy session (a programme of therapeutic activity, especially for people with dementia or cognitive impairment) Staff providing these activities demonstrated skills, and knowledge which assisted, and encouraged residents to participate in these activities.

The inspector observed that residents were facilitated to attend the dining room for mealtimes. The inspector observed that some residents were transferred in wheelchairs that did not have foot plates in place. This was brought to the attention of the provider on the day. The provider arranged for two meal sittings, one for residents who required ongoing assistance with their food and drink, while the second sitting was for residents who were more independent with their food and drink requirements. The inspector observed that there were sufficient numbers of staff available to assist residents at both these sittings. The inspector observed that catering staff were friendly and approachable, and took into account residents' likes and dislikes. During lunchtime, food choices available consisted of beef stew or chicken curry. Both dishes appeared appetising, and tastefully presented. There was easy access to refreshments, and residents were offered soup, tea, coffee, and water throughout the day.

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

Capacity and capability

Overall, the inspector found that there were some areas of this service that required action to ensure service delivery is safe, appropriate, consistent, and effectively monitored. There were some findings on this inspection, that indicated that risk was not well-managed. For example, the risks associated with transferring residents in wheelchairs without having footplates in place had become a regular practice and posed a risk to residents. Poor storage practices increased the risk of cross-contamination, while the return of used medication blister packs (holders for

residents' medication) was not secure. In addition, the inspector found that the management of pension arrangements in the centre was not in line with best practice, and the commitments that the pension agent had signed up to. These findings are set out under the individual regulations, and are discussed in more detail under the themes of capacity and capability and quality and safety.

The provider implemented a systematic approach to monitoring the quality and safety of the service provided to residents. This included a schedule of clinical, environmental and operational audits. Where improvements were identified by the provider, action plans were developed, and actioned within defined timelines. However, not all audits were effective in identifying areas that required improvement, and therefore, several risks found on this inspection did not have risk assessments or action plans in place to reduce or eliminate these risks.

Infection prevention and control audits were undertaken on a regular basis and covered a range of topics, including hand hygiene, use of personal protective equipment (PPE), equipment and environmental hygiene. However, disparities between the findings of the most recent infection prevention and control audit, which achieved almost full compliance, and the observations on the day of the inspection indicated that there were insufficient assurance mechanisms in place to ensure compliance with the National Standards for infection prevention and control in community services. These findings are discussed in more under Regulation 23.

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

There was a clearly defined and stable management structure in place that identified roles and responsibilities within the designated centre, which had not changed since the last inspection. The registered provider for this centre is Oakwood Private Nursing Home Limited. There are two directors involved in the company, one of whom is the assistant director of nursing. There is a person in charge that is also supported in their role by a team of nursing staff, healthcare assistants, activity co-ordinators, household, catering, administration, and maintenance staff.

Governance meetings were held on a monthly basis and covered both clinical and operational issues. The annual review for 2024 was been finalised to include the findings from resident satisfaction surveys.

The inspector reviewed the statement of purpose that had been updated in April 2025, and found that it contained all of the information set out under Schedule 1 of the Regulations. The registered provider maintained sufficient staffing levels, and an appropriate skill-mix across all departments to meet the assessed needs of the residents. Observations of staff and residents' interactions confirmed that staff were aware of residents' needs, and were able to respond in an effective manner to meet those assessed needs. A review of the centre's rosters confirmed that staff numbers were in line with the staff structure as outlined in the designated centre's statement of purpose. In instances where gaps appeared on the roster, they were filled by existing team members.

There was effective oversight of training in this centre. A review of the centre's training matrix found that all staff had carried out their mandatory training in line with the centre's training policy. Training was found to be provided and facilitated by external trainers, and through access to online platforms such as HSEland.

Records were, on the whole, well-maintained and secure. The provider made available documents requested both on, and after the inspection. There were arrangements in place for the safe storage of residents' records; however, these arrangements were not being fully implemented, and the inspector found that some records relating to residents' medicines were left unsecured for a period of time. The provider addressed this on the inspection, and made arrangements for these records to be returned to the pharmacy.

A review of complaints records found that one complaint had been recorded since the last inspection in June 2024. This complaint was closed, and was processed in accordance with procedures set out in the designated centre's complaints policy. There was oversight and evaluation of complaints in the centre in order to identify service improvement, with complaints a regular agenda item discussed in governance meetings.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had submitted an application to vary the condition 1 of their registration under section 52 of the Health Act 2007, since their last inspection in June 2024. The provider had added a second building to the layout of the centre which increased the provider's storage facilities.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill-mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

A review of staff training documentation confirmed that all staff working in the designated centre were up-to-date with their mandatory training. This included training in fire safety, which was provided on an annual basis, while training in manual handling and safeguarding was provided in accordance with the designated centre's policies. There was a range of supplementary training available for staff to attend, such as wound management, medication management, dementia, infection prevention and control, dysphasia and cardio-pulmonary resuscitation (CPR).

Judgment: Compliant

Regulation 21: Records

The inspector found that some records relating to residents medicines were not safely secured, for example:

- A number of plastic containers containing used blister packs (a system used for dispensing medication) were found in an unsecured location to the rear of the centre. These blister packs contained the names of residents and the type of medication prescribed for them.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the registered provider had management systems and several levels of oversight in place to monitor the quality of the service provided, however, some actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- Audits did not always identify areas of poor practice, and therefore, action plans were not created to mitigate the risks associated of cross-contamination identified on inspection.
- The oversight of the implementation the provider's own policy regarding the management of residents' accounts and property, including pension management required strengthening.
- There were a number of risks identified during the inspection that were not known, for example, the removal of footplates from wheelchairs. As a result, a risk assessment to reduce the risk of harm to residents was not in place.
- Systems in place to ensure that all resident records were secure required review.

Judgment: Not compliant

Regulation 3: Statement of purpose
<p>The statement of purpose contained all the required information set out under Schedule 1 of the regulations and was available to staff, residents and relatives. The statement of purpose described the centre's vision, mission and values. It accurately described the facilities and services available to residents, including the size and layout of the premises. The statement of purpose had been reviewed in April 2025.</p>
Judgment: Compliant
Regulation 31: Notification of incidents
<p>A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the specified time-frames required by the regulations.</p>
Judgment: Compliant
Regulation 34: Complaints procedure
<p>There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints and review officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.</p> <p>A review of the complaint's log indicated that the provider had managed complaints in line with the centre's complaints policy.</p>
Judgment: Compliant
Quality and safety
<p>Residents were supported, and encouraged to have a good quality of life that was respectful of their choices and wishes. The inspector found that care was delivered to a high standard which met residents' assessed health and social care needs. A</p>

number of actions had been carried out by the provider to improve compliance with the regulations, and the inspector observed that compliance plans from the last inspection had been implemented in relation to fire safety; however, more focus was required to achieve compliance under regulations related to residents' rights, protection, and infection control.

Overall, residents' care plans were person-centred, implemented, evaluated and regularly reviewed. They reflected the residents' changing needs and outlined the supports required to maximise the quality of their lives in accordance with their wishes. Care plan interventions regarding the use of mobility equipment were detailed in residents' care plans; however, the oversight of these interventions was not effective. The inspector observed three residents being supported from the day room to the dining room in wheelchairs that had their foot rests removed, which had the potential to cause injury. This was brought to the attention of the provider, who agreed to re-instate the footplates and refer these residents for a re-assessment of their mobility needs.

Residents had access to a range of health care services, which included a general practitioner (GP) service. There were arrangements in place for residents to access allied health care services such as dietitians, speech and language therapists and tissue viability nursing (TVN) to provide support with wound care if required.

The inspector attended the treatment room and found that the medication trolley was secured to the wall. Sharps bins had their locking mechanism in place, and the date of opening was displayed. Controlled medication was counted twice daily, a selection of medicines was counted, and all were found to be correct. There were no inconsistencies found in the issuing of medicines to residents. A number of residents who were insulin-dependent had access to their own individual glucometers.

Staff and resident interactions that were observed by the inspector and were found to be supportive and positive. The provider had maintained good levels of communication with residents on a day-to-day basis, ensuring that they were kept up-to-date regarding key events in the home. There was good use of notice boards, which provided information on activities, advocacy, and how to register a complaint. However, a review of resident meeting records found that the last resident meeting had been held in November 2024. This was a missed opportunity as it did not give residents the chance to have their views and feedback formally recorded. Records from resident meetings prior to November 2024 indicated that resident feedback was used to improve the service, and in particular, identified that additional support was required to assist residents register a complaint.

Residents' right to privacy and dignity were respected. Staff were observed to knock on residents' doors prior to entry and explained to the residents the purpose of their visit. There were opportunities for residents to engage in the activity programme in-line with their interests and capabilities. Residents were seen to engage in planned activities throughout the day while other residents pursued their own individual interests either in communal areas or in their own rooms.

Residents' rooms were well-appointed, with adequate storage made available for residents to store their belongings and personal items. There were effective arrangements in place to launder, and return resident's clothing items in a timely manner. Residents had access to television, radio and newspapers. There were flexible visiting arrangements in place, and residents were also supported to use electronic devices to maintain contact with family and friends.

The inspector found gaps in the registered provider's adherence to their own policy on managing residents' accounts and property in instances where the registered provider acted as a pension agent for residents. A review of financial records held by the provider indicated that there were good oversight measures in place, with records monitored and reconciled effectively. Financial statements were available for residents and or their family members.

The inspector reviewed a range of information including, meetings between the provider, and public health, resident treatment plans, relevant risk assessments, and records relating to the monitoring of the outbreak. The provider was found to be working closely with public health, and was following national guidance to manage the outbreak.

While the provider had implemented many measures to improve the monitoring of infection control in this centre, and included the monitoring of staff training, and regular review of cleaning processes, there remained some practices, which meant that these measures were not fully effective. While storage cupboards with locks were available to store incontinence wear, a number of these cupboards were found to be open on inspection which increased the risk of cross-contamination.

In addition, a number of items stored in the new storage facility were not appropriately segregated. For example, residents' medical equipment was stored with maintenance supplies, which also increased risk of cross-contamination.

Regulation 17: Premises

The registered provider was found to have ensured that the designated centre is suitable for the assessed needs of the residents, which conform to the matters set out in Schedule 6 of the Regulations. There are suitable and sufficient communal spaces available for residents to use which were well-maintained. There is an accessible outside space for residents to use which was well-maintained and secure.

The inspector found that improvements were needed regarding the management of storage facilities, this is discussed in more detail under Regulation 27: Infection control.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy and procedure in place which contained details regarding the identification of risk, the assessment of risk and the measures and controls in place to mitigate against known risks. The policy met all the requirements as set out under Schedule 5 of the regulations.

Judgment: Compliant

Regulation 27: Infection control

The inspector found the following infection control risks on the walk about of the Premises.

- There was a risk of cross-contamination due to the storage of clinical and non-clinical items in the same location.
- There was unsecured storage of incontinence wear found in numerous toilet facilities throughout the centre, and were at risk of cross-contamination.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector observed that medication was administered and controlled drugs were checked and counted at each shift, changed in line with professional guidelines. There was a system in place for the storage and disposal of medication that was no longer required or out-of-date.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on admission and personalised care plans were developed in response to any identified needs. Care plan reviews took place every four months or when residents' needs changed. A variety of evidence-based clinical tools were used to assess needs including mobility, nutrition and skin integrity.

Judgment: Compliant

Regulation 6: Health care

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

Tissue viability expertise was also available to support nursing staff with the management of wound care. A mobile X-ray service was available for residents living in the designated centre, which was well received by both residents and the management of the home.

Judgment: Compliant

Regulation 8: Protection

There was a residents' personal property, personal finances and possessions policy in place, which was updated in April 2025. However, the registered provider was not following this policy in relation to managing residents' welfare benefits for those residents the registered provider was acting as a pension agent. A separate resident account was required to be set up in order to receive residents' social welfare payments separate from that of the registered provider.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider failed to ensure that resident meetings were being held regularly. For example:

- The last recorded resident meeting had been held in November 2024 and a resident meeting scheduled for March 2025 did not proceed.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Oakwood Private Nursing Home OSV-0000372

Inspection ID: MON-0046446

Date of inspection: 10/04/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none">• All completed blister packs will now be returned to the dispensing pharmacy on the same day of completion. This measure ensures compliance with medication management.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none">• Audits will include Building No. 2. As part of enhanced security measures, all cupboard locks within residents' toilet areas will be replaced with models that engage upon closure, thereby reducing the risks associated of cross-contamination identified on inspection.• Our pension collection process has been formally revised. Pensions collected on behalf of residents by authorized agents will be deposited directly into the individual resident's personal bank account. Subsequently, a standing order will be established to ensure timely payment of residential fees, utilities, and other related obligations, thereby promoting financial transparency and accountability.• Individualized risk assessments will determine the requirement for wheelchair footrests. Recognizing that footrests may not be suitable for all residents, each case will be evaluated on a person-centered basis to ensure that assistive equipment aligns with the resident's specific clinical and mobility needs.• All completed blister packs will now be returned to the dispensing pharmacy on the same day of completion. This measure ensures compliance with medication management.	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Building No. 2 will now be included in the routine audit schedule. In alignment with best practice guidelines and to ensure compliance with infection prevention and control standards, clinical and non-clinical items will be stored separately in designated storage areas within the building. • As part of enhanced security measures, all cupboard locks within residents' toilet areas will be replaced with models that engage upon closure, thereby reducing the risks associated of cross-contamination identified on inspection. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> • Our pension collection process has been formally revised. Pensions collected on behalf of residents by authorized agents will be deposited directly into the individual resident's personal bank account. Subsequently, a standing order will be established to ensure timely payment of residential fees, utilities, and other related obligations, thereby promoting financial transparency and accountability. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Residents' meetings will be held on a bi-monthly basis as part of our commitment to continuous improvement and person-centred care. These meetings provide an essential forum for residents to share feedback, express concerns, and contribute to the ongoing development of services, ensuring the home reflects their expectations and supports their overall well-being. 	

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 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	17/06/2025
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	01/07/2025
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.	Substantially Compliant	Yellow	01/07/2025

Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	01/07/2025
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	02/05/2025