



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Rí Nursing Home
Name of provider:	Daveen Heyworth and Derek Paterson Partnership
Address of centre:	Holycross, Bruff, Limerick
Type of inspection:	Unannounced
Date of inspection:	06 November 2025
Centre ID:	OSV-0000405
Fieldwork ID:	MON-0048145

About the designated centre

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

Ard Na Ri Nursing Home is situated approximately two kilometres from the town of Bruff in Co Limerick with access to local amenities and services. The centre is a two-storey building which is registered with the Health Information and Quality Authority (HIQA) for 32 residential places. There is 24 hour nursing care provided. There is access to allied health services such as physiotherapy and dietitian. The centre also has free Wi Fi and residents may freely use mobile phones and have access to visitors at any time. The accommodation comprises all single full en-suite bedrooms. The centre also has assisted toilets and a bath, to afford choice to residents. There is a sitting room, a dining room, a designated kitchen and an area where residents can meet in private. A lift is available to access the first floor of the centre. There is a secure outdoor garden area to the rear of the building and ample on site car parking.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
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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 6 November 2025	10:15hrs to 17:40hrs	Una Fitzgerald	Lead
Thursday 6 November 2025	10:15hrs to 17:40hrs	Marguerite Kelly	Support

What residents told us and what inspectors observed

The residents living in this centre expressed a high level of satisfaction with the service provided. The inspectors found that the centre was well-run, where the rights of residents were actively promoted, and where residents were enjoying a good quality of life. The feedback from the residents who spoke with the inspectors was complimentary of the service, and the staff working in the centre. In conversation with a small group of residents, inspectors were told the staff were the "best in the county". This positive feedback was repeated throughout the day from residents and visitors. Staff spoken with had good knowledge of the residents, including their likes and dislikes. Residents were happy with the length of time it took to have their call bells answered. Throughout the day, the inspectors observed the staff chatting with the residents in a free and easy manner about topics of interest to them.

All staff spoken with displayed knowledge of the importance of social engagement with residents. The inspectors observed multiple group activities occurring on the day of the inspection. The inspectors observed that staff actively encouraged residents to participate. During the mid-morning, a sing song was observed with staff encouraging residents to join in. In the afternoon, inspectors observed a small group of residents sitting at a round table actively partaking in an interactive game, while other residents were sitting at a separate table knitting. The residents explained to the inspectors that they were currently knitting squares to make a large blanket. The residents told inspectors that participation in the knitting group gave them focus and that they enjoyed "the chat". Throughout the day, inspectors observed lively conversations that resulted in great laughter and entertainment to many residents.

On a tour of the premises, the inspectors observed that the premises were clean. The communal sitting and dining rooms were observed to be clean and free of clutter. A number of residents stated that their bedrooms were cleaned daily. Residents were actively encouraged to personalise bedrooms with items from home. Although the design and layout of all bedrooms was the same, the furnishings and personal items that had been brought in from home meant that bedrooms were personalised, and in-keeping with residents' wishes.

The inspectors observed a number of communal rooms which were well maintained. These rooms were in use by residents throughout the day of the inspection.

Inspectors identified a number of infection and prevention control issues in the centre. There were two sluice rooms for the reprocessing of bedpans, urinals and commode pans and both were clean, well-maintained and contained functioning bedpan washer/disinfectors and hand hygiene sinks. Both rooms contained commode pan racks and drip trays for the storage of bedpans and urinals post disinfection. However, the upstairs sluice room had commode pans stacked on top

of each other instead of stored on the provided racks which posed a risk of cross contamination. Additionally, there was inappropriate storage of cleaning equipment and resident stores seen in this sluice room which posed a risk of infection.

Whilst the designated centre had housekeeping facilities, these areas did not fully support effective infection prevention and control practices. Additionally, the housekeeping rooms were too small to store the housekeeping trolleys which meant the trolleys were stored at the end of the corridors. These findings are set out under Regulation 17: Premises.

There were hand-wash sinks available in the centre which were accessible to bedrooms, but were not compliant as outlined in HBN 00-10 Part C Sanitary Assemblies, which is the standard required for sanitary ware. There was also warm hand driers by each sink, which similarly would not be recommended in clinical settings because they can dispense bacteria in the air and environment.

The storage of opened, single use items was observed. For example; opened and stored ready for re-use sterile dressings and sterile water. Single use items are intended to be used on an individual person during a single procedure and then discarded due to the risk of contamination.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This one day unannounced inspection was carried out by the inspector's 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), with a particular focus on infection prevention and control management in the centre. The provider had submitted an application to renew the registration of the centre, and the detail of this application was also reviewed on this inspection. There were 31 residents accommodated in the centre on the day of the inspection and one vacancy.

The findings of this inspection were that, overall residents received a good standard of direct care that met their care needs. Findings from the regulations reviewed reflected a commitment from the provider to ongoing quality improvement that enhanced the daily lives of residents. However, a review of infection control practices, and the overall design and layout of the premises, found that the provider was not in full compliance with Regulation 27: Infection control and Regulation 17:

Premises. In addition, there was a repeated finding of non-compliance under Regulation 21: Records.

Daveen Heyworth and Derek Paterson Partnership is the registered provider of the centre. On the day of inspection, the inspectors found that there was a clearly defined management structure in place with identified lines of authority and accountability. The management team was observed to have strong communication channels and a team-based approach to the delivery of the service. The person in charge facilitated the inspection. The person in charge was supported in their role by an assistant director of nursing, two clinical nurse managers and a full complement of staff including nursing and care staff, activity staff, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The management team was a visible presence in the centre and were well known to residents, relatives and staff.

A review of the management of records relating to staff found that some staff files were incomplete and did not align with the requirements of the regulations. While staff files contained the current registration details of all nurse files reviewed, they did not contain documentary evidence of relevant qualifications or accredited training of registered nurses.

Staff training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety. Each staff member completed an induction process on commencement of working in the centre.

Staffing and skill mix were appropriate to meet the assessed needs of the residents. The person in charge provided clinical supervision and support to all the staff. Staff, whom the inspectors spoke with, demonstrated an understanding of their roles and responsibilities.

The provider had systems in place to monitor and review the quality of the service provided for residents. The most recent governance meetings held in September 2025, were available for review and evidenced that agenda items included areas of direct care delivery. A range of audits had been completed which reviewed practices such as care planning, medication management and infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed. For example, a falls audit had identified an increase in the number of falls over a period of short months. As a result, refresher training was provided, and residents received education on falls prevention management. The actions taken had resulted in a decrease in the number of falls.

The person in charge had completed the Infection prevention and control (IPC) link nurse training with the Health Services Executive (HSE). This was helping to focus and structure compliance with infection prevention and antimicrobial stewardship practices within the centre. The infection control link practitioner demonstrated a

commitment and enthusiasm for their role. For example, completing regular IPC audits and face-to-face hand hygiene training.

National Guidelines for IPC were available in the centre and accessible to staff. Efforts to integrate infection prevention and control guidelines into practice were underpinned by infection prevention and control education and training. Training was provided on-site by the link practitioner, using a blended learning approach that included face-to-face sessions and e-learning.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists, and colour-coded cloths and mops to reduce the chance of cross infection. Similarly, housekeeping staff spoken with had a good understanding of the cleaning and disinfection needs of the centre.

There was an pro-active maintenance and refurbishment program in place and it was observed on the day of inspection, where items were well-maintained, cleaned and upgraded.

The provider ensured that there was a structured effective communication system in place between staff and management that included daily handover meetings, clinical governance meetings and regular staff meetings. Information was shared appropriately with residents and staff. Meeting records included improvement actions and the responsible person.

Systems were in place to monitor the vaccination status of residents and staff, and to encourage vaccination, to the greatest extent practical.

A review of notifications submitted to the Chief Inspector found that outbreaks were generally managed, controlled and reported in a timely and effective manner.

The provider had implemented a number of *Legionella* controls for the centre's water supply. For example, unused outlets and showers were run weekly. Documentation was also available to confirm that the hot and cold water supply was routinely tested for *Legionella* to monitor the effectiveness of controls.

The person in charge held responsibility for the management of the risk register. The risk register identified operational and clinical risks and the controls required to mitigate those risks. Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints had been managed through the system and closed.

There was a contract of insurance in place against injury to residents.

Registration Regulation 4: Application for registration or renewal of registration

The application for the renewal of the centre was made and the fee had been paid.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection, staff were appropriately trained. Staff responses to questions asked were detailed and they displayed a good level of knowledge.

Judgment: Compliant

Regulation 21: Records

A review of the management of records, found that records was not always maintained in line with regulation requirements. For example:

- documentary evidence of relevant qualifications or accredited training of registered nurses was not kept on file.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had ensured that a contract of insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents. The management team was organised and familiar with the systems in place to monitor the care. Care audits had been completed.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Judgment: Compliant

Quality and safety

The inspectors found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents were safe and well-supported. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. The inspectors found that residents' rights and choices were upheld. Notwithstanding these positive findings, inspectors found that insufficient progress had been made following an inspection in September 2024, whereby the provider had committed to address non-compliance

under Regulation 27: Infection control. As a result of these findings, the continued inappropriate storage of resident items, coupled with a lack of available storage for resident equipment meant that Regulation 17: Premises was also not in full compliance with the requirements on the regulations.

A review of residents' records found that residents had appropriate and timely access to their general practitioner (GP) regarding their healthcare needs. Arrangements were in place for residents to access the expertise of health and social care professionals. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by healthcare professionals was implemented. The inspectors reviewed the care of residents who were being actively treated for a wound. The care of these residents was observed to be delivered to a high standard of evidence-based nursing.

Resident care plans were accessible on a computer-based system. There was evidence that care plans were reviewed by staff at intervals not exceeding four months. Care plans were person-centred and found that sufficient information was recorded in the care plans to effectively guide and direct the care of the residents. For example, wound, communication and visiting care plans were appropriate, resident-centred and descriptive for the care required.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to hospital. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as appropriate use of personal protective equipment, cleaning and safe handling of waste and used linen. However, the practices in place in the safe use of sharps and single use items was not in line with best practices. Findings in this regard are presented under Regulation 27: Infection control.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated good awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and seek assurances on the on-going changes that had occurred in the centre. The provision of information to residents was evident on the day of inspection. Internet services were available to residents. Notice boards were evident throughout the centre with resident information on display.

Residents' rights were well-respected. Residents were actively involved in the organisation of the centre and their feedback was reported back through a residents' survey and resident meetings. Areas of concern were raised. For example, residents had reported a sense that they were being rushed to return to bed at the

changeover of staff each evening from day to night duty. As a result the person in charge had reviewed the staffing numbers on duty and as a result had allocated an additional healthcare staff to remain on duty until ten pm.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A summary of residents' Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. Annual fire training had taken place. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspectors confirmed that they were visited by their families and friends. Visitors were openly welcomed in the centre. However, there was no suitable private area, which was not the resident's room available to receive a visitor in private.

Regulation 11: Visits

While the registered provider had ensured that visiting arrangements were in place and were not restricted, there was no suitable private area, which was not the resident's room, available to receive a visitor in private.

Judgment: Substantially compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas were not aligned with the requirements of Schedule 6, for example:

- The dedicated housekeeping rooms were too small to store the cleaning trolleys and equipment. Unlocked cleaning trolleys were observed to be stored on corridors. This posed a risk of cross contamination and risk to residents.
- The housekeeping rooms did not have hand wash sinks for housekeeping staff to wash their hands.
- The kitchen staff cleaners room had no light and no hand wash sink.
- The nurses room did not have a dedicated sink for staff hand hygiene.

Judgment: Substantially compliant

Regulation 20: Information for residents

The inspectors found that information on the complaints procedure and advocacy services were on display. Residents spoken with said that they knew how to make a complaint should they wish to do so, and they knew how and when they could avail of services such as the hairdresser.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place that detailed the systems in place to identify, record and respond to risks that may impact on the safety and welfare of residents.

Judgment: Compliant

Regulation 27: Infection control

The provider was not in full compliance with Regulation 27: Infection control, and the National Standards for infection prevention and control in community services (2018), For example;

- Bedpans were observed to be stacked after decontamination. The sluice room racking did not facilitate effective drying as there was inadequate racking so that cleaned sanitary equipment, such as bedpans, could be inverted while drying and had suitable drip trays.
- Sharps boxes seen were not signed on assembly. The signature on a sharps bin acts as a confirmation that it has been correctly and safely assembled according to the manufacturer's instructions.
- Single use wound dressings were seen open and partially used. This may impact the sterility and efficacy of these products.
- Storage of items such as gloves, bags, cleaning equipment were observed to be stored in the sluice room; unclean resident nebulizers were observed to be stored in the clinical store next to clean equipment which is a risk of cross contamination.
- There was also warm hand driers by each sink, which are not recommended in clinical settings because they can disperse bacteria in the air and environment.
- The yellow healthcare risk waste storage bin was not stored securely, to ensure no inappropriate access to healthcare risk waste.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire alarm was serviced. The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had person-centred care plans in place which reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner. In addition, residents had access to health and social care professional services, in line with their assessed needs.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. A safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The registered provider did not act as a pension agent. Individual monies kept at the request of residents were appropriately managed. There was a system in place that ensured that residents could access their monies at anytime.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by the minutes of residents' meetings. The residents had access to national and local newspapers, radios, internet access, telephones and television.

The inspectors found that residents' right to privacy and dignity was promoted, and positive, respectful interactions were seen between staff and residents.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard Na Rí Nursing Home OSV-0000405

Inspection ID: MON-0048145

Date of inspection: 06/11/2025

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All nurses now have their original qualification on file.]	
Regulation 11: Visits	Substantially Compliant
Outline how you are going to come into compliance with Regulation 11: Visits: Presently, residents meet with family members in the privacy of their own rooms. There are also seated areas at the end of each corridor. The new building currently under construction will have a designated family room to facilitate meetings in private.]	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • A new designated area for cleaning trolleys and equipment is being created in the new extension. • The existing hand sink in the housekeeping room has been fixed and is now in working order. • The housekeeping room in the new extension will have a clinical hand sink to facilitate hand hygiene in line with IPC guidelines. • The new kitchen will have a designated cleaning room with a hand sink. 	

- A light has been installed in the existing kitchen staff cleaning room.
- A clinical sink will be installed in both nurses rooms as identified.

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Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Additional racking and a drip tray will be installed in the sluice rooms as identified.
- The sharps box will now be signed by RGN once assembled.
- Additional insulated storage has been put in place to house gloves, bags, cleaning equipment etc.
- Cleaning of all equipment to include nebulizers not in use will be added to cleaning schedule and stored correctly in line with policy.
- Electric hand dryers will be replaced with towel dispensers.
- The external yellow healthcare risk storage bin has been relocated to the secure waste area in line with best practice

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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 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	30/06/2026
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2026

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/11/2025
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	30/06/2026