



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

Issued by the Chief Inspector

Name of designated centre:	Millbrae Lodge Nursing Home
Name of provider:	Millbrae Lodge Nursing Home Limited
Address of centre:	Newport, Tipperary
Type of inspection:	Unannounced
Date of inspection:	05 March 2026
Centre ID:	OSV-0000419
Fieldwork ID:	MON-0049821

About the designated centre

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

Millbrae Lodge is a purpose-built two-storey nursing home that provides 24-hour nursing care. It can accommodate up to 81 residents both male and female over the age of 18 years. It is located in a rural area close to the village of Newport. It provides short and long-term care primarily to older persons. Accommodation is provided in three units on both floors. There is a lift provided between floors. The first floor mostly caters for residents with low-to-moderate care needs including residents requiring respite and convalescence care. The ground floor caters for people requiring a higher level of care due to their physical and or mental condition. There is a separate secure special care unit that accommodates 15 residents who need a smaller, more secure unit due to their cognitive impairment. There is a variety of communal day spaces provided on all floors including dining rooms, day rooms, oratory, smoking rooms and activities room. Residents also have access to two secure enclosed garden areas. The centre can accommodate residents who require naso-gastric feeding and with tracheotomy tubes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	79
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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 5 March 2026	08:55hrs to 17:20hrs	Mary Veale	Lead
Thursday 5 March 2026	08:55hrs to 17:20hrs	Sinead Corbett	Support

What residents told us and what inspectors observed

The overall feedback from residents who spoke with the inspectors was that they were very happy and liked living in Millbrae Lodge Nursing Home. Residents were complementary of the centre, the staff, the quality of the care, and activities provided. During the inspection, the inspectors met with many of the 79 residents living in the centre and spoke with 13 residents and five visitors in more detail. The inspectors spent time observing daily life in the centre to gain an insight into the lived experience of residents in Millbrae Lodge Nursing Home. Residents praised the staff working in the centre. One resident stated that "the staff were tremendous", with another resident saying that "they were well looked after, the staff were good to them and that the food was too good".

This was a one day inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres) Regulations 2013 (as amended), and to follow up the compliance plan, submitted by the provider, following an inspection of the centre in June 2025.

On the morning of the inspection the inspectors were informed by the person in charge that there was a suspected outbreak of infection and a number of residents with symptoms were in isolation.

Millbrae Lodge Nursing Home is a modern purpose-built facility which is registered to accommodate 81 residents in 59 single bedrooms and 11 twin bedrooms, all of which have en-suite facilities. It is a two-storey building with bedroom accommodation and communal space on both floors. Bedroom accommodation in the main section of the ground floor comprises 30 single and four twin bedrooms. There is also a dementia specific wing on the ground floor, called the Special Care Unit, which has eleven single and two twin bedrooms. Bedroom accommodation on the first floor comprises 18 single and five twin rooms. Bedrooms had comfortable seating, and most were personalised with items from home, such as family photographs, artwork, bedding and ornaments. The bedrooms had a television and call-bell facilities.

During the day of inspection, a small number of residents were isolating in their bedrooms, some residents were resting in their bedrooms, while others were relaxing in the communal spaces. The premises appeared comfortable and nicely decorated. There was a choice of communal areas for residents on each floor, for example, there was a large dining areas and lounge areas. Residents had access to a visitor's room, two quiet rooms and a hairdresser's room.

Residents had access to outdoor spaces. There was a large central secure outdoor space on the ground floor with multiple access points from the main corridors, and was freely accessible to residents. Residents living on the first floor were free to access the outdoor space on the ground floor, either independently or with the

support of staff. Residents in the Special Care Unit had their own secure outdoor space that was readily accessible from the sitting room. The centres designated smoking area was in the large central secure outdoor space.

Apart from the residents who were isolating inspectors observed residents interacting with staff, attending activities, and spending their day moving freely through the centre from their bedrooms to the communal spaces. Residents were observed engaging in a positive manner with staff and fellow residents throughout the day of the inspection, and it was evident that residents had good relationships with staff. Many residents had built up friendships with each other and were observed sitting together and engaging in conversations with each other. Inspectors observed staff treating residents with dignity during interactions throughout the day.

Most residents who spoke with the inspectors were complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed in the dining areas. Inspectors observed the main lunchtime meal on the ground and first floors. The lunch time was observed to be a relaxed and sociable experience, with residents enjoying each other's company as they ate, while engaging in conversation. Meals were freshly prepared in the centre's on-site kitchen and the main lunchtime and teatime were served in the dining areas by the staff. Residents confirmed they were offered a choice of main meal and dessert. The food served appeared nutritious and appetising. Staff were observed to be respectful and discreetly assisted the residents during the mealtimes. Inspectors observed that drinks and snacks such as fruit, yogurt and biscuits were offered to residents.

The centre provided a laundry service for residents. All residents' whom the inspectors spoke with were happy with the laundry service.

Friends and families were facilitated to visit residents, and the inspectors observed many visitors in the centre throughout the day. Visitors who spoke with the inspectors were happy with the care and support their loved ones received.

Residents' spoken with said that they were very happy with the activities programme in the centre, others stated that they preferred their own company and had appropriate access to newspapers, books, radios, the internet and televisions, that helped to pass the time. The activities programme was displayed on notice boards near one of the lift areas and in residents' bedrooms. Inspectors observed residents attending an exercise session in the morning and a bingo session in the afternoon. Residents who did not enjoy social activities and preferred their own company told inspectors that the activities staff came to visit them daily and provided them with plenty of opportunities and activities to keep them busy. Residents' views and opinions were sought through resident meetings and satisfaction surveys, and residents felt that they could approach any member of staff if they had any issue or problem to be solved. Residents had access to advocacy services.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspectors found that the provider had strengthened the governance structure and systems in the centre since the last inspection, to ensure that the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following inspection in June 2025. On this inspection, the inspectors found that the notification of incidents, and care planning, as well as areas of residents rights, personal possessions, and governance and management were not fully aligned to the requirements of the regulations.

The registered provider for Millbrae Lodge Nursing Home is Millbrae Lodge Nursing Home Limited. This company has four directors. The centre is part of the Emeis group, which operates 25 centres. The senior management team included a chief executive officer, a chief operating officer, a regional director, an associate director and the person in charge.

The person in charge worked full-time, was responsible for the centre's day-to-day operations, and reported to the regional director. The person in charge was supported in their management of the centre by two assistant directors of nursing, three clinical nurse managers, a team of staff nurses, senior healthcare assistants, healthcare assistants, activities, administration, catering, household, and maintenance staff.

The staffing and skill mix on the day of inspection was appropriate to meet the care needs of residents. Residents were seen to be receiving support in a timely manner, such as providing assistance at meal times and responding to requests for support.

Since the previous inspection there had been improvements in staff training and development. There was an ongoing schedule of training in the centre and the person in charge had good oversight of training. An extensive suite of mandatory training was available to all staff in the centre and training was up-to-date. There was a high level of staff attendance at training in areas such as safeguarding, fire safety, manual handling, and infection prevention and control.

The inspectors viewed records of governance meetings, and staff meetings which had taken place since the previous inspection. Governance meetings took place monthly and staff meetings took place quarterly in the centre. The person in charge completed a key performance indicator (KPI) report which was discussed with the regional director. There was evidence of trending of incidents, infections and antibiotic use which identified contributing factors such as the location of falls and times of falls, and types of infections and recurrence. Since the previous inspection,

falls, care planning, medication, and infection prevention control audits had been completed. Notwithstanding the good practices identified in the oversight of systems, not all audits had an associated action plan developed to drive quality improvement. This is discussed further under Regulation 23: Governance and Management.

There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2024 with an associated quality improvement plan for 2025. The annual review of the quality and safety of care to residents in 2025 was under review.

There was a record of accidents and incidents that took place in the centre. Most notifications were submitted appropriately to the office of the Chief Inspector. However, there were a number of two day notifications that had not been submitted. Subsequent to the inspection these notification were submitted retrospectively. This is discussed further in this report under Regulation 31.

The management team had a good understanding of their responsibility in respect of managing complaints. The inspectors reviewed the records of complaints raised by residents and relatives and found they were appropriately managed. Residents spoken with were aware of how to make a complaint and whom to make a complaint to.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the needs of the residents living in the centre. There was a minimum of three registered nurses and five health care assistants on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, managing behaviours that are challenging and, infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

Management systems in place did not fully ensure that the service provided was effectively monitored. For example:

- While an ongoing continuous cycle of audits was conducted to monitor the quality of care delivered, the actions identified from some audits were not specific enough to drive quality improvement on a system wide level. A sample of observations of care audits viewed, recorded repeated negative findings and there was no corrective action plan developed.
- Systems of communication with regard to local staff meetings were incomplete. Local meetings detailed items discussed but did not record time bound action plans to ensure cascading of governance systems to drive quality improvement.
- Poor oversight in the identification and submission of notifiable incidents to the office of the Chief Inspector.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there were two incidents as set out in Schedule 4 of the regulations that were not notified to the office of the Chief Inspector within the required time frames. The person in charge was requested to submit these notifications following the inspection, relating to a safeguarding concern and an unexplained absence of a resident from the designated centre.

Judgment: Not compliant

Regulation 34: Complaints procedure

A review of the complaints management system found that complaints were recorded, investigated and documented in line with the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents received good quality care. Staff and resident interactions were kind and respectful, and staff had a clear understanding of residents' needs. Residents and visitors were complimentary about the centre and the care from the staff.

Inspectors viewed a sample of eight electronic residents' notes and care plans. There had been some improvements in the standard of care planning but not all care plans were person-centred and updated to guide safe and effective care. Details are presented under Regulation 5: Individual assessment and care plan.

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

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

Residents had adequate space to store and maintain their clothing and possessions within their bedrooms. Residents who spoke with the inspectors stated they were satisfied with the space in their bedrooms and the storage facilities. Notwithstanding these good practices, residents did not have access to a lockable space and their clothes were not always returned from the laundry in a timely manner. This is discussed under Regulation 12: Personal possessions.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria as set out in Regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. Arrangements were in place for the identification, recording,

investigation, and learning from serious incidents which included falls, injuries to residents, medication management, and wounds/pressure ulcers. The risk register contained site-specific risks such as the risk to residents with complex behaviours.

Mealtimes were facilitated in the dining areas. Some residents preferred to eat their meals in their bedrooms and residents said that their preferences were facilitated. Inspectors observed that residents were provided with adequate quantities of food and drink. Residents were offered choice at mealtimes and those spoken with confirmed that they enjoyed the meals provided. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted where required to ensure their safety and nutritional needs were met.

Improvements were found in the activities programme since the previous inspection. Residents were provided with recreational opportunities, including games, music, pet therapy, exercise, bingo, and art. Arrangements were in place for consulting with residents in relation to the day-to-day operation of the centre. Resident feedback was sought in areas such as activities, meals, and mealtimes. Records showed that items raised at resident meetings were addressed by the management team. Information regarding advocacy services was displayed in the centre. Residents had access to local and national newspapers, the Internet, televisions, and radios. Notwithstanding the improvements in the activities provided, the inspectors found that some residents, accommodated in twin rooms could not always undertake activities in private.

Regulation 11: Visits

The registered provider has a written visitor's policy that meets the requirements of the regulations. There were adequate communal spaces for residents to meet with their visitors other than in their bedrooms if they chose. Arrangements were in place for residents to have a nominated contact person for visits during outbreaks of communicable infections.

Judgment: Compliant

Regulation 12: Personal possessions

While residents had sufficient space to store and display their personal possessions and clothing, some bedrooms did not contain lockable storage for resident use.

While residents were satisfied with the laundry facilities provided and confirmed that their personal laundry was carefully managed and returned without delay, a review of the complaints log and resident meeting records identified that there were incidents where resident's personal laundry was missing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard. Some residents required special diets or modified consistency diets and these needs were provided as recommended. The daily menu was displayed and choice was available at every meal.

Judgment: Compliant

Regulation 26: Risk management

The centre had a current written risk management policy, which set out all requirements required under the regulation.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were not always developed following a comprehensive assessment of need. For example, a resident who assessed as having cognitive difficulties did not have a care plan developed to meet their needs. In addition, a resident with infection did not have a care plan in place to guide staff in the measures to manage the infection.

These were repeating findings following the previous inspection.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to general practitioners (GPs), allied health professionals such as speech and language therapy, physiotherapy, dietetics and occupational therapy, and specialist medical and nursing services. Residents had access to aids and appliances to maximise their independence and reduce risks, such as falls and pressure ulcers.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents occupying some twin rooms did not have curtains fully enclosing their bed space, and this did not afford them privacy.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Millbrae Lodge Nursing Home OSV-0000419

Inspection ID: MON-0049821

Date of inspection: 05/03/2026

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All audit tools have been revised to ensure that actions are specific, measurable, time bound, and assigned to a named person. A corrective action plan template has been introduced and must be completed for any audit with non compliant or repeated findings- complete and ongoing</p> <p>From the 17th April 2026, the in house management team will now conduct weekly reviews of open actions to ensure timely completion.</p> <p>Audit outcomes and action plan progress are reviewed at the monthly governance meeting to ensure system wide learning- complete and ongoing</p> <p>From the 20th April 2026, a new meeting action log will be implemented, requiring all items to include a responsible person and a completion date.</p> <p>The Regional Team will oversee monthly to ensure actions are completed and that learning is cascaded to all staff- complete and ongoing</p> <p>By 15 May 2026, all in house management, including the PIC, will receive training from the regional team on notifications, including notification criteria and the timelines set out under the regulations.</p> <p>A monthly review of all documented incidents will be completed to ensure that all notifiable incidents are identified and reported. Findings will be discussed and reviewed at the monthly governance meetings- complete and ongoing</p>	
Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

By 15 May 2026, all in house management, including the PIC, will receive training from the regional team on notifications, including notification criteria and the timelines set out under the regulations.

A monthly review of all documented incidents will be completed to ensure that all notifiable incidents are identified and reported. Findings will be discussed and reviewed at the monthly governance meetings- complete and ongoing

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Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

A review of all bedrooms will be completed by the 30th April 2026 to identify where lockable storage is not currently available for resident use. Appropriate lockable units will be installed to ensure every resident has secure storage for personal possessions.

A full review of the laundry process will be undertaken by the 30th April 2026, including labelling, sorting, and return procedures. Additional controls will be implemented to ensure all items are traceable throughout the process. Compliance will be monitored through monthly audits, and outcomes will be discussed at governance meetings.

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Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A review of the care planning process has been completed to ensure that all care plans are developed following a comprehensive assessment of need, in line with regulatory requirements.

A review of all residents' assessments and care plans will be completed by the 15th May 2026 to ensure that every identified need has a corresponding, up to date care plan. From the 17th April 2026, the PIC has implemented a strengthened care plan audit schedule, with weekly checks to ensure timely development, review, and updating of all plans.

By the 31st May 2026, additional training will be provided to nursing staff on assessment,

care planning, and documentation standards.
Compliance will be monitored through the monthly governance meetings, where audit outcomes and any required corrective actions will be reviewed- complete and ongoing.

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Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

A full review of all twin rooms has been completed to identify where divider curtains did not provide full enclosure- complete

From 30th April 2026, the PIC and maintenance team have implemented a monthly review of shared room divider curtains to ensure all privacy measures remain functional and effective.

Staff have been reminded of the importance of actively promoting resident privacy, including ensuring curtains are fully drawn during personal care or at the resident's request- complete and ongoing

Compliance with privacy requirements will be monitored and discussed at monthly governance meetings- complete and ongoing

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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 12(b)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that his or her linen and clothes are laundered regularly and returned to that resident.	Substantially Compliant	Yellow	30/04/2026
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain	Substantially Compliant	Yellow	30/04/2026

	his or her clothes and other personal possessions.			
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.	Substantially Compliant	Yellow	15/05/2026
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (i) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 2 working days of its occurrence.	Not Compliant	Orange	15/05/2026
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/05/2026
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/04/2026

