Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Catherine's Nursing Home
Name of provider:	Newcastle West Nursing Home Limited
Address of centre:	Bothar Buí, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	05 August 2025
Centre ID:	OSV-0000429
Fieldwork ID:	MON-0047756

About the designated centre

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

St Catherine's Nursing home is located in the town of Newcastle west, in Co Limerick. The building was previously a convent and has been in operation as a designated centre for over ten years. It is a two story building set in large grounds and in close proximity to all amenities in the town. Resident's private accommodation consists of 51 single bedrooms, two single bedroom apartments and seven twin bedrooms with en-suite facilities. Communal accommodation, such as dining and lounge facilities are located on both floors. There are three lifts allowing easy access between floors. There is an enclosed courtyard/garden area with seating for resident and relative use. The centre is registered to provide care to 73 residents. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring, convalescent and respite care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs a full time physiotherapist and physical therapist. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70

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
Tuesday 5 August 2025	09:00hrs to 17:45hrs	Rachel Seoighthe	Lead
Tuesday 5 August 2025	09:00hrs to 17:45hrs	Una Fitzgerald	Support

What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. With the exception of feedback in relation to the frequency of activities, residents were generally very complimentary of staff, who were described as "very good", and the quality of the service provided in St Catherine's Nursing Home.

Upon arrival to the centre, inspectors were met by the person in charge. Following an introductory meeting, the inspectors walked around the centre with the clinical nurse manager, giving an opportunity to meet with residents and staff.

Located in Newcastle West, Co. Limerick, the designated centre is registered to provide care to a maximum of 73 residents. There were 70 residents living in the centre on the day of inspection.

The centre was a large two-storey building. Resident bedroom and communal accommodation was laid out over both floors, which were accessible by stairs and passenger lift. The entrance to the centre opened into a reception, offices and resident accommodation areas on the ground floor. Inspectors noted that residents had unrestricted access to an enclosed garden area, which was furnished with tables and chairs, and decorated with colourful flowers. Other communal areas on the ground floor included a dining room, two sitting rooms and a chapel.

Resident bedroom accommodation on the ground floor consisted of single and shared bedrooms, with ensuite toilet and shower facilities. Inspectors observed that resident bedrooms were generally clean and tidy, and residents were encouraged to personalise their bedrooms with items of significance, including photographs and soft furnishings. Residents living on the ground floor of the centre were observed spending their time in the communal sitting room, where there was a staff presence at all times. Inspectors noted that there was no activities taking place in this area on the day of inspection. Inspectors observed that individual therapeutic activities were being provided by the centres' sports therapist and physiotherapist.

Residents bedroom accommodation on the first floor consisted of shared and single rooms. Call bells and television were provided in each resident bedroom. Inspectors observed that privacy curtains in some shared rooms were visibly unclean, and privacy curtains did not extend fully around the residents' bed in several resident bedrooms.

The majority of residents living in on the first floor of centre were observed spending time in a large communal sitting room located. Inspectors noted that the television was on in there was a constant staff were presence in the communal sitting room. While there was a programme of activities in place, supported by staff five days per week, inspectors were informed there were no activities taking place on on the day of inspection, as the person dedicated to the provision of activities was on planned leave. Inspectors found that, while residents had great praise for

the activities programme, they reported that, outside of this, they felt that the days were long. When asked about how they spend the day, a resident told inspectors that they "sat and waited for time to pass". Another resident reported to inspectors that they would read or go for a walk with a member of staff, to pass the time.

Inspectors observed a lunchtime meal service which took place in one of two dining rooms in the centre. A large number of residents were observed attending the first floor dining room. Tables were arranged so that the majority of residents were seated together in small groups, and inspectors noted that the atmosphere was sociable. Residents were observed chatting together, and there were adequate numbers of staff present to support and assist residents with their meals. There was a choice of menu displayed, meals appeared to be well-portioned, and residents were offered a choice of drinks. A member of the clinical management team was present to supervise the meal service.

As inspectors walked through the centre, they noted that some fire safety concerns which had been on identified on several previous inspections had been addressed. Stairwells which served as fire escape routes were free of large items of equipment and fire detection was in place in the record storage room. However, inspectors observed that there was a supply of chemicals stored in the maintenance equipment room, which may pose a risk in the event of a fire in the centre.

Inspectors spoke with residents who had recently come to live in the centre, and to residents who they had met on the previous inspections. With the exception of feedback in relation to the frequency of activities and one concern regarding laundry, residents' who spoke with inspectors reported satisfaction with the quality of the service provided. Residents were complimentary of the choice of food and one resident described an occasion where they requested an alternative to the menu. They told inspectors they could always get a choice. Staff were described as "helpful" and "doing their best." Inspectors observed two occasions where the delivery of personal care lacked discretion, as a bathroom and bedroom door were not closed. However, all other interactions between residents and staff were observed to be kind and respectful.

Visiting was facilitated and inspectors observed a number of visitors coming and going throughout the day of the inspection.

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

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013, and to follow up on the action taken following the last

inspection of the centre in July 2024 in relation to governance and management, contracts for the provision of services, infection control and fire precautions.

The findings of this inspection were that the provider had an established management structure that were committed to the provision of a good quality service. The provider was found to have taken action to address some regulatory non-compliance from the previous inspection, resulting in full compliance with Regulation 24: Contracts for the provision of care services and Regulation 5: Individual assessment and care planning. While a good level of compliance was identified on this inspection overall, inspectors found that the care environment in relation to fire precautions and infection control were not fully aligned to the requirements of the regulations. Furthermore, residents rights', staffing, and governance and management did not achieve full compliance with the regulations.

The registered provider of St. Catherine's Nursing Home is Newcastle West Nursing Home Limited. A director of the company represented the provider entity. The person in charged worked full-time in the centre and they were supported by an assistant director of nursing and two clinical nurse managers. There were deputising arrangements in the absence of the person in charge. A team of nurses, health care assistants, administration, household, activity, sports therapy, catering and maintenance staff made up the staffing compliment. Additional operational management support was provided by a board of management.

On the day of inspection, the number and skill mix of nursing and healthcare staff was appropriate, with regard to the needs of the residents being accommodated in the designated centre. There were a minimum of two registered nurses on duty 24 hours a day. However, inspectors found that the staffing resources available for the provision of activities for residents were not adequate. There was one full-time activities coordinator employed to deliver a programme of activities to 73 residents, over two floors. At the time of inspection, they were on planned leave for several days. While inspectors were informed that health care assistants were allocated to facilitate activities in the absence of the activities coordinator, in addition to the provision of direct care and resident supervision, they noted that activities did not take place on the day of inspection. The person in charge gave assurances that recruitment for an additional activities coordinator was in progress. This is detailed further under Regulation 15: Staffing.

A comprehensive training programme was delivered to all grades of staff. Staff were facilitated to attend mandatory training and training appropriate to their role. The staff with whom inspectors spoke were knowledgeable about safeguarding, and were aware of how to report an allegation in the centre. Staff also demonstrated awareness of relevant aspects of fire precautions, infection control and safe manual handling.

There was evidence of regular meetings with the various staff departments to review key aspects of the service. Agenda items included staffing, communication, documentation and key topics such as safeguarding and infection control. The clinical management team met weekly and key performance indicators (KPIs) were reviewed in areas including falls, wounds and nutrition. Infection control meetings

were held monthly and records showed that the person in charge provided educational sessions around Multi-drug resistant organisms (MDROS) , in response to findings from the previous inspection. The person in charge met regularly with the board of management. Agenda items included staffing, human resource issues and the premises. Records demonstrated that agenda items such as staffing were actioned following review, for example, following complaints relating to the laundry service. At the time of inspection, the implementation of an electronic record system was under review by the provider, as the person in charge had identified that record management systems required enhancement.

There was a schedule of audits in clinical care areas including medication management and call bell response times. Audits, which identified areas for quality improvement, had an associated action plan. However, inspectors found that monitoring of some aspects of the service was ineffective. For example, audit systems failed to identify gaps in the completion of repositioning records for residents with impaired skin integrity. Similarly, although regular environmental audits of resident bedrooms were undertaken, records demonstrated that the privacy of residents in shared rooms was not included as part of the audit.

An up-to-date complaints procedure was displayed adjacent to resident accommodation areas. A log of complaints was maintained and a review of the records found that complaints and concerns were responded to promptly and managed in line with the requirements of Regulation 34.

The provider had arrangements for recording accidents and incidents involving residents in the centre, and notifications were submitted as required by the regulations.

A sample of staff personnel files were reviewed by inspectors. These were maintained in line with Schedule 2 of the regulations for the sector. There was evidence that each staff member had a garda vetting disclosure in place, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, prior to commencing employment.

An annual review of the quality and safety of services delivered to residents in 2024 was completed.

Regulation 15: Staffing

Staffing levels were not appropriate, having regards to the assessed needs of the residents in accordance with Regulation 5, Individual assessment and care plan. This is evidenced by;

- Staffing resources allocated to the provision of social care were not sufficient and did not ensure that all residents accommodated in the designated centre had access to meaningful occupation and entertainment in line with their

preferences and capacity to participate, as described in the first section of this report.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There were arrangements in place to ensure that staff were facilitated to access training in areas such as fire safety, safeguarding of residents and moving and handling practices.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in place to monitor the quality and safety of the service were not robust. For example:

- Monitoring of pressure related injury prevention and care was not fully effective. Audit systems failed to identify gaps in the completion of repositioning records for residents with impaired skin integrity. This posed a risk to the care of residents with impaired skin integrity.
- There was inadequate oversight of residents' rights, infection control, and fire precautions.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were reviewed. These included details of the service provided, fees to be charged for such services and detailed the residents room number and occupancy.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications to the Chief Inspector, in line with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the logged complaints found that concerns were promptly managed and responded to, in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant

Quality and safety

Overall, inspectors found that residents living in the centre received a good standard of care and that they were supported to enjoy a good quality of life. Residents had good access to health care services, including general practitioners (GP), dietitian and speech and language therapy services. Clinical risks such as falls, nutrition, and wounds were well-monitored. Residents generally spoke highly of the quality of the service provided. However, residents' rights, infection control and fire precautions did not fully meet the requirements of the regulations.

Inspectors observed that there was a generally a rights-based approach to care; residents lived in an unrestricted manner according to their needs and capabilities. However, the provider had not ensured that some residents could carry out personal activities in private, as privacy curtains in multiple shared bedrooms did not provide sufficient coverage, to ensure the privacy and dignity of both residents occupying the bedroom. Furthermore, the provider had failed to ensure that there were consistent opportunities for residents to participate in meaningful activities on a daily basis, in accordance with their interests and capacities.

Inspectors identified examples of good practice in the prevention and control of infection. For example, 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 hand hygiene, appropriate use of personal protective equipment, and safe handling and disposal of used sharps and waste. Overall, the general environment and residents' bedrooms and communal areas appeared visibly clean, with some exceptions. For example, areas of the floor along communal corridors on the ground floor was ripped and uneven, and some resident bedroom flooring was badly marked, which meant the floor was not amenable to cleaning.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed, and checks to ensure that equipment was accessible and functioning. Staff had received fire safety training and regular fire drills had been completed to ensure that resident could be evacuated in a safe and timely manner. However, the recorded drills did not provide assurance that residents could be safely evacuated to a place of safety in a timely manner.

Residents' meetings were regularly convened and records showed that they were well-attended by residents. Meeting records demonstrated that items discussed included the quality of food, recreational activities, and services. There was evidence that residents had access to independent advocacy if they wished. Residents had access to internet, local and national newspapers, televisions and radios. Residents had access to religious services and were supported to practice their religious faiths in the centre. A Catholic Mass took place on weekly in the centre and there was a chapel available for residents' use.

A sample of assessments and care plans for residents were reviewed. In the main, care plans described residents' care needs and personal preferences in a detailed and person-centred manner. Inspectors found that care plans were reviewed and updated when there was a change in a resident's condition and, following a review by health care professionals, to ensure that they effectively guided staff in the care to be provided to residents.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. Staff described how residents received ongoing support from visiting GP's and allied healthcare professionals including physiotherapists, occupational therapists, dieticians and speech and language therapists (SALT).

There were measures in place to safeguard and protect residents from the risk of abuse. A safeguarding policy was in place and staff had access to safeguarding training. All staff spoken with were clear about their role in protecting residents from abuse. The provider did not act as a pension agent for any resident.

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious diet, based on their choices and dietary requirements. The inspectors observed that there were sufficient staff available to assist residents with dining. Residents who required modified and fortified diets were seen to be facilitated, with meals prepared, as recommended by the dietitian. Meals were nicely presented and residents expressed their contentment about the quality and quantity of the food available.

Visitors were observed coming and going to the centre on the day of inspection. Residents were able to meet with visitors in private or in the communal spaces throughout the centre.

Regulation 27: Infection control

The provider did not fully ensure that procedures consistent with the standards for the prevention and control of health-care associated infections published by the Authority were implemented. This was evidenced by:

- The storage of clean linen and incontinence supplies alongside dirty linen on personal care trolleys posed a risk of cross infection.
- Privacy curtains in some resident bedrooms were visibly unclean and many were heavily soiled.
- Some resident bedroom and circulating corridor floor surfaces were visibly damaged and could not be cleaned effectively.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider did not have adequate precautions against the risk of fire in place. For example:

- A supply of chemicals was stored on the first floor of the centre. This created a potential fire risk, as if a fire did develop it may be accelerated by the presence of this item.

The arrangements for evacuating, where necessary in the event of a fire, all persons in the designated centre and the safe placement of residents was not adequate. For example:

- Although records of simulated drills were available, they did not clearly detail the number of participants involved and the type of equipment used to evacuate each resident in the event of a fire safety emergency in the centre.

Judgment: Substantially 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 medical and health and social care professionals, as necessary. Arrangements were in place for residents to access general practitioner service, physiotherapy, dietitian services and speech and language therapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was evidence to show that the centre was working towards a restraint-free environment, in line with the centre's policy and national policy. The provider had systems in place to monitor and review environmental restrictive practices, such as bedrails and sensor mats, to ensure that they were appropriate and necessary. Residents were encouraged and supported to optimise their independence, where possible, and were seen to have unrestricted access to safe outdoor spaces.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure any allegations of abuse were investigated and appropriately managed to ensure residents were safeguarded. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that some residents could carry out personal activities in private. The privacy curtains in multiple shared bedrooms did not provide sufficient coverage, to ensure the privacy and dignity of both residents occupying the bedroom. Furthermore, inspectors observed two occasions where the provision

of personal care lacked discretion, as a bathroom and bedroom door were not closed by staff prior to care delivery. The provider had failed to ensure adequate opportunities for the current residents in accordance with their interests and capacities. As evidenced on the day of inspection the staff providing supervision in the communal rooms where not able to meet both roles of supervision and providing meaningful activities to the residents. Resident told inspectors that the quality of activities was adequate but was not frequent enough.
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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Catherine's Nursing Home OSV-0000429

Inspection ID: MON-0047756

Date of inspection: 05/08/2025

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: · A second Activity coordinator has been employed to ensure all residents are accommodated in the centre, to have meaningful activities and entertainment and commenced duty on the 17/09/2025.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: · A new audit tool has been created to ensure repositioning records are monitored for residents with impaired skin integrity. · Staff are reminded about the importance of maintaining privacy and dignity, and staff are supervised to ensure it is maintained. · An activity co-ordinator has been employed and has commenced duty. · A Contractor has been contacted in relation to replacing the damaged floor areas, and we are awaiting a schedule for replacement. · Dirty linen will be taken to the laundry immediately and no longer placed in clean linen areas to reduce the risk of infection. Incontinence wear is now stored in a clean area. · A schedule for cleaning the curtains has been implemented. · Fire drills now include the number of participants involved and the type of equipment used to evacuate each resident. · The PIC will review and sign off on the fire drills once completed. · The chemical supply has been removed and this will be monitored by management.	

Regulation 27: Infection control	Substantially Compliant

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

· Dirty linen and incontinence wear will be stored in appropriate areas and unclean laundry will be taken to the laundry immediately and no longer placed in the clean linen area. This will reduce the risk of cross infection. This will be monitored on a regular basis.
· A curtain cleaning schedule has been implemented and all dividing curtains have been cleaned. New dividing curtains have been purchased and awaiting delivery.
· Flooring contractor has been contacted and we are awaiting a schedule for the replacement the floors.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

· The chemical supply in the maintenance store room has been removed and this will be monitored on a regular basis.
· The fire drill reports have been amended and now include the number of participants involved, and the type of equipment used to evacuate.

Regulation 9: Residents' rights	Substantially Compliant

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

· A second activity coordinator has been recruited and has commencement duty on the 17/09/2025.
· The privacy curtains in bedrooms provide sufficient coverage to ensure the privacy and dignity of residents. New privacy curtains have been purchased and we awaiting their arrival.
· Staff reminded of the importance of privacy and dignity and staff are supervised to ensure privacy and dignity is maintained at all times.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	17/09/2025
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.	Substantially Compliant	Yellow	30/01/2026
Regulation 27(a)	The registered provider shall ensure that infection prevention and control procedures consistent with the	Substantially Compliant	Yellow	30/01/2026

	standards published by the Authority are in place and are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	15/09/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/09/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	17/09/2025
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	30/10/2025

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			